

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CONNECTICUT LABORERS' PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 04/01/1961
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CONNECTICUT LABORERS' PENSION FUND BOARD OF TRUSTEES 435 CAPTAIN THOMAS BOULEVARD WEST HAVEN, CT 06516
2b	Employer Identification Number (EIN) 06-6044348
2c	Plan Sponsor's telephone number 203-934-7991
2d	Business code (see instructions) 237990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/09/2025	KEITH BROTHERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/09/2025	PETER ARBORIO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 6942
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 2401 6a(2) 2425 6b 2437 6c 1528 6d 6390 6e 629 6f 7019 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 237

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan CONNECTICUT LABORERS' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT LABORERS' PENSION FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 06-6044348	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-02072	7019	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	33755349

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- ▶ Round off amounts to nearest dollar.
- ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan CONNECTICUT LABORERS' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONNECTICUT LABORERS' PENSION FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 06-6044348

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets.....	1b(1) 564201909
(2) Actuarial value of assets for funding standard account	1b(2) 598937574
c (1) Accrued liability for plan using immediate gain methods	1c(1) 641417140
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 605596524
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 957998200
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 19930632
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 42583320
(3) Expected plan disbursements for the plan year.....	1d(3) 44396026

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	09/04/2025
Signature of actuary A. DONALD MORGAN, FSA, MAAA, EA	Date 23-05662
Type or print name of actuary SEGAL	Most recent enrollment number 617-424-7338
Firm name 116 HUNTINGTON AVENUE, 9TH FLOOR BOSTON, MA 02116-5744	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

j	If box h is checked, enter period of use of shortfall method	5j	
k	Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l	If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m	If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.29 %
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☐ No ☒ N/A		Post-retirement ☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	6.75 %	6.75 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		6.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		8.8 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		1750000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	729078	73807
3	10622970	1075406
4	16933077	1714203

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	8926147

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	241713176	32601243
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 2803099**e** Total charges. Add lines 9a through 9d.....**9e** 44330489**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 134447174**g** Employer contributions. Total from column (b) of line 3.....**9g** 31901162**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	64786436	13561757

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 10977545**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

9j(1) 235478279

(2) "RPA '94" override (90% current liability FFL)

9j(2) 276726988

(3) FFL credit

9j(3)**k (1)** Waived funding deficiency**9k(1)**

(2) Other credits

9k(2)**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 190887638**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 146557149**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1)

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b)

(3) Total as of valuation date

9o(3)**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan CONNECTICUT LABORERS' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT LABORERS' PENSION FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 06-6044348	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SEI TRUST COMPANY
06-1271230

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ALLIANCE BERNSTEIN
13-4064930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ASB CAPITAL MANAGEMENT

52-6257033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	376208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52 99 19	NONE	331809	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	281928	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ULLICO INVESTMENT ADVISORS

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	259985	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

GMO BENCHMARK FREE FUND CLASS III

45-2174907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	229161	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

THE UNION LABOR LIFE INSURANCE CO.

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 72	NONE	181847	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LAZARD ASSET MANAGEMENT SECURITIES

13-5545100

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	175284	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

J.P. MORGAN ASSET MANAGEMENT

12-0359999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	153637	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

THE SEGAL COMPANY, INC.

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	129433	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	107000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ROBERT M. CHEVERIE

06-1335139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	94684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

EMPLOYEE D

06-6044348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	91112	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMPLOYEE H

06-6044348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	80276	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

GOODWIN CAPITAL ADVISORS

13-5155720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	67751	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

EMPLOYEE G

06-6044348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	56692	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMPLOYEE J

06-6044348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	49050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	48047	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

EMPLOYEE L

06-6044348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	47331	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMPLOYEE I

06-6044348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45112	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

EMPLOYEE E

06-6044348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40041	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PRINCIPAL CUSTODY SOLUTIONS

42-1520346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 18 50	NONE	35161	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMPLOYEE K

06-6044348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34088	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

EMPLOYEE B

06-6044348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32427	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

EMPLOYEE M

06-6044348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30757	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMPLOYEE F

06-6044348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30656	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

EMPLOYEE C

06-6044348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29535	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

EMPLOYEE A

06-6044348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan CONNECTICUT LABORERS' PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CONNECTICUT LABORERS' PENSION FUND BOARD OF TRUSTEES		D Employer Identification Number (EIN) 06-6044348
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTL ACTIVE SL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-0025081-189	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52601171
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P 500 (R) FLAGSHIP N		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-0025081-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144149523
a Name of MTIA, CCT, PSA, or 103-12 IE: GMO MULTI-STRATEGY FUND		
b Name of sponsor of entity listed in (a): GMO MULTI-STRATEGY FUND (ONSHORE)		
c EIN-PN 01-0745810-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3651170
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO ALL ASSET COLLECTIVE TRUST		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 27-0834112-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48769286
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO-COMINGLED MORTGAGE ACCT		
b Name of sponsor of entity listed in (a): UNION LABOR LIFE INSURANCE COMPANY		
c EIN-PN 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33755349
a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD EMERGING MARKETS EQUITY GROU		
b Name of sponsor of entity listed in (a): LAZARD ASSET MANAGEMENT LLC		
c EIN-PN 13-5545100-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26732481
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43700037

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FU**b** Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC

c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17006364
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan CONNECTICUT LABORERS' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT LABORERS' PENSION FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 06-6044348

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	6768601	10104033
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3113359	3107872
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	3471338	3910074
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1174264	2527565
(2) U.S. Government securities	1c(2)	11484305	6250439
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	11173236	10273631
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	52103764	60462553
(5) Partnership/joint venture interests	1c(5)	68411031	68318446
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	270298531	289220017
(10) Value of interest in pooled separate accounts	1c(10)	32329214	33755349
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	44175986	47390015
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	57098613	62741302
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1803141	1122904

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	1325466	1373012
f Total assets (add all amounts in lines 1a through 1e)	1f	564730849	600557212
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	528940	522133
i Acquisition indebtedness	1i		
j Other liabilities	1j		253012
k Total liabilities (add all amounts in lines 1g through 1j)	1k	528940	775145
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	564201909	599782067

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	31901162	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		31901162
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	28604	
(C) Corporate debt instruments	2b(1)(C)	125856	
(D) Loans (other than to participants)	2b(1)(D)	174373	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	771311	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1100144
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1668792	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	30589	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1699381
(3) Rents	2b(3)		57048
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	53646045	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	48481008	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		5165037
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	-253012	
(B) Other	2b(5)(B)	-148113753	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-148366765

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		128522273
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		4263773
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		13387854
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		44503743
c Other income	2c		90108
d Total income. Add all income amounts in column (b) and enter total	2d		82323758

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	42927945	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		42927945
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	611072	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	15047	
(4) IQPA audit fees	2i(4)	33000	
(5) Investment advisory and investment management fees	2i(5)	2166110	
(6) Bank or trust company trustee/custodial fees	2i(6)	35161	
(7) Actuarial fees	2i(7)	129433	
(8) Legal fees	2i(8)	94684	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	731148	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3815655
j Total expenses. Add all expense amounts in column (b) and enter total	2j		46743600

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		35580158
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **NOVAK FRANCELLO, LLC**

(2) EIN: **61-1436956**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562665.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan CONNECTICUT LABORERS' PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT LABORERS' PENSION FUND BOARD OF TRUSTEES				D Employer Identification Number (EIN) 06-6044348	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 06-6044348					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3 0	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **BURNS CONSTRUCTION CO. INC.**

b EIN **06-0925788**

c Dollar amount contributed by employer **2403186**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.84**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **MANAFORT BROTHERS INC.**

b EIN **06-0619109**

c Dollar amount contributed by employer **1224762**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.84**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **O&G INDUSTRIES INC.**

b EIN **27-3670554**

c Dollar amount contributed by employer **1504086**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.84**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **TILCON CONNECTICUT, INC.**

b EIN **06-1035087**

c Dollar amount contributed by employer **1100985**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.84**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **YONKERS CONT CO INC**

b EIN **13-2981331**

c Dollar amount contributed by employer **749486**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.84**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **CONNECTICUT MASON CONTR**

b EIN **06-0842883**

c Dollar amount contributed by employer **771061**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.84**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **ROTHA CONTRACTING CO INC**

b EIN **06-1311976**

c Dollar amount contributed by employer **726925**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.84**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **CAMPUTARO & SON EXCAVATING, INC.**

b EIN **06-1025162**

c Dollar amount contributed by employer **664084**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.84**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **PCI ENERGY SERVICES**

b EIN **37-1589100**

c Dollar amount contributed by employer **789940**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.84**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **SUPREME INDUSTRIES INC.**

b EIN **20-3957828**

c Dollar amount contributed by employer **607671**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **7.84**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 10.4 % Private Equity: 38.5 % Investment-Grade Debt and Interest Rate Hedging Assets: 22.1 %

High-Yield Debt: 0.0 % Real Assets: 13.6 % Cash or Cash Equivalents: 0.7 % Other: 14.7 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number_____.

**CONNECTICUT LABORERS’
PENSION FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**CONNECTICUT LABORERS’
PENSION FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Connecticut Laborers' Pension Fund

Opinion

We have audited the financial statements of the Connecticut Laborers' Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Administrative Expenses, Schedule of Assets Held at End of Year and Schedule of Reportable Transactions, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

Norak Francella LLC

Killingworth, Connecticut
September 16, 2025

**CONNECTICUT LABORERS'
PENSION FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

ASSETS	<u>2024</u>	<u>2023</u>
INVESTMENTS - at fair value		
US Government and Agency securities	\$ 6,250,439	\$ 11,484,305
Corporate bonds	10,273,631	11,173,236
Municipal obligations	1,122,904	1,803,141
Common stocks	60,462,553	52,103,764
Registered investment companies	62,741,302	57,098,613
Separate account	33,755,349	32,329,214
Common and collective trusts	289,220,017	270,298,531
103-12 investment entities	26,732,481	44,175,986
Limited partnerships	88,975,980	68,411,031
Cash and cash equivalents	2,527,565	1,174,264
Total investments	<u>582,062,221</u>	<u>550,052,085</u>
RECEIVABLES		
Employer contributions	3,107,872	3,113,359
Accrued interest, dividends and unsettled transactions	254,423	331,391
Due from related parties	1,035,920	616,900
Total receivables	<u>4,398,215</u>	<u>4,061,650</u>
CASH	<u>10,104,033</u>	<u>6,768,601</u>
OTHER ASSETS		
Prepaid expenses and other	<u>2,619,731</u>	<u>2,523,047</u>
PROPERTY AND EQUIPMENT		
Land	69,983	69,983
Building and improvements	2,638,051	2,522,428
Office equipment	192,364	192,364
	<u>2,900,398</u>	<u>2,784,775</u>
Less: Accumulated depreciation	<u>(1,527,386)</u>	<u>(1,459,309)</u>
Net fixed assets	<u>1,373,012</u>	<u>1,325,466</u>
Total assets	<u>600,557,212</u>	<u>564,730,849</u>

See accompanying notes to financial statements.

	<u>2024</u>	<u>2023</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Account payable	\$ 451,056	\$ 460,784
Due from broker	60,400	57,023
Accrued expenses	<u>10,677</u>	<u>11,133</u>
Total liabilities	<u>522,133</u>	<u>528,940</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 600,035,079</u>	<u>\$ 564,201,909</u>

See accompanying notes to financial statements.

**CONNECTICUT LABORERS'
PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 47,422,961	\$ 44,718,935
Interest and dividends	<u>3,105,491</u>	<u>3,550,518</u>
	50,528,452	48,269,453
Less investment fees	<u>(2,201,271)</u>	<u>(2,349,031)</u>
Investment income-net	<u>48,327,181</u>	<u>45,920,422</u>
Contributions		
Employer	<u>31,901,162</u>	<u>29,888,124</u>
Other income		
Rental income	57,048	57,048
Class Actions	<u>90,108</u>	<u>-</u>
Total other income	<u>147,156</u>	<u>57,048</u>
Total additions	80,375,499	75,865,594
DEDUCTIONS		
Benefits paid directly to participants	42,927,945	42,055,958
Administrative expenses	<u>1,614,385</u>	<u>1,667,617</u>
Total deductions	<u>44,542,330</u>	<u>43,723,575</u>
NET INCREASE	35,833,169	32,142,019
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>564,201,909</u>	<u>532,059,890</u>
End of year	<u><u>\$ 600,035,079</u></u>	<u><u>\$ 564,201,909</u></u>

See accompanying notes to financial statements.

CONNECTICUT LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following description of the Connecticut Laborers' Pension Fund (the Plan) is provided for general information purposes only. Participants should refer to the summary plan description for more complete information.

General - The Plan was created on May 1, 1961, pursuant to an Agreement and Declaration of Trust adopted by the Trustees of the Connecticut Laborers' District Council and AGC/CCIA Building Contractors Labor Division of the Connecticut and The Connecticut Construction Industries Association, Inc. Its purpose is to provide for retirement, permanent and total disability and survivor benefits to eligible participants and beneficiaries for the eligible members of the Plan. The Plan is administered by the Board of Trustees (Trustees) consisting of an equal number of employer and union representatives.

The Plan is a non-contributory, defined benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Trustees have engaged an actuary to determine the required contribution based on the current benefit level.

Depending on this computation and pursuant to the collective bargaining agreement, the Plan provides for contributing employers to contribute a specified amount per hour worked by each of their employees who is a participant in the Plan. The hourly contribution rate was \$7.44 effective April 1, 2023 and \$7.84 effective April 7, 2024.

Participation - An individual initially becomes a participant in the Plan on January 1 or July 1 after the completion of 1,000 hours of service in covered employment for a contributing employer during a twelve consecutive month period.

Pension Benefits - The Plan provides pension benefits as defined in the Plan. A current participant with five or more non-forfeited pension credits or five or more years of non-forfeited vesting service is entitled to annual pension benefits beginning at normal retirement age of 65 based on the number of Past Service and Future Service Pension Credits accrued. Pension credits are based on hours worked in covered employment. Participants may accumulate up to 1 pension credit per year in ¼ credit increments. Monthly pension benefits are based on the number of credits earned, up to a maximum of 35, multiplied by the benefit rate.

On May 28, 2023 the Trustees amended the Plan to remove the benefit service cap for any retirement effective on or after September 1, 2023, which would be paid for by the corresponding hourly contribution rate increase of \$0.40 beginning April 2024. The benefit rate varies based on the date of retirement and the date last worked under covered employment. The maximum benefit accrual rate is \$80 per credit for credits earned after 2017.

NOTE 1. DESCRIPTION OF PLAN (continued)

On September 12, 2023, the Trustees amended the Plan to increase the benefit accrual rate for Pension Credits earned after December 31, 2017 to \$85.00 for a Participant who has worked at least 1,000 hours in a Plan Year in Plan Year 2018 or later and who has accrued at least ¼ of a Pension Credit on and after January 1, 2018.

The Plan permits early retirement for participants ages 55-64 with ten or more non-forfeited pension credits and also provides for a Thirty-Year Service Pension for laborers who have accrued at least thirty non-forfeited pension credits regardless of age. If participants terminate before attaining vested status, they may forfeit the right to receive the portion of their accumulated plan benefits attributable to their service.

Death and Disability Benefits - If a vested participant dies prior to receiving any retirement benefits from the Plan, a pension may be paid to the surviving spouse, dependent child or beneficiary. The surviving spouse, dependent child or beneficiary of a participant receiving monthly pension payments will continue to receive the monthly pension with certain limitations. A participant who is found to be totally and permanently disabled may be entitled to retire on a Total and Permanent Disability Pension. A participant who is found to be occupationally disabled may be entitled to retire on an Occupational Disability Pension. A participant needs five or more non-forfeited pension credits to retire on a disability pension.

Plan Amendments - During the year ended December 31, 2024, the Board of Trustees adopted the Eighth and Ninth Amendments to the Plan (as restated April 1, 2014). The purpose of these amendments was the following:

- Eighth Amendment: To eliminate the three (3) month penalty for engaging in Disqualifying Employment.
- Ninth Amendment: To increase the payout rate for unused banked hours from \$2.00 to \$3.00 for any retirement effective on or after September 1, 2024.

Subsequent to year end, on March 25, 2025, the Board of Trustees approved the 10th amendment to the Plan to increase required minimum distribution age to 73.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting

Estimates - The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates.

Investments Valuation and Income Recognition - The Plan's investments are stated at fair value as represented by investment managers and custodian. Fair value is the price that would be received by the Plan to sell or transfer an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Property and equipment - The Plan's property and equipment is stated at cost less accumulated depreciation. Depreciation is computed by the straight-line method over the estimated useful lives of three to seven years for office furniture and equipment and fifteen to one-hundred years for the building and improvements. Depreciation expense for the years ended December 31, 2024 and 2023 was \$85,380 and \$77,769, respectively.

Employer Contributions - The Plan is funded by contributions made by employers on behalf of eligible employees. These contributions are based on hourly rates set through collective bargaining agreements. For both years presented, the minimum funding requirements of ERISA have been met. Employer contributions are accounted for as exchange transactions.

Reciprocal Agreements - The Plan is a party to reciprocal agreements with other pension funds of the Laborers International Union of North America.

Payment of Benefits - Benefits are recorded when paid.

NOTE 3. PLAN TERMINATION

Although they have not expressed any intent to do so, the Trustees of the Plan have the right to terminate, suspend, withdraw, amend, or modify the Plan in whole or in part, at any time. In the event the Plan is terminated, the Trustees shall determine the disposition of the assets, provided that any distribution is made solely for the benefit of the former participants and for the purposes set forth in the Plan Trust Agreement, in accordance with ERISA.

In the event of Plan termination, each participant's rights will be non-forfeitable to the extent funded, after providing for any administrative expenses. Assets remaining in the fund will be allocated among the Pensioners, Spouses and Participants in the following order:

1. Pensioners and those eligible to receive pensions.
2. Other vested participants and vested former participants.
3. Other participants.

Under no circumstances shall any portion of the Plan, directly or indirectly, revert or accrue to the benefit of any contributing employer or the union.

NOTE 4. TAX STATUS

The Plan is qualified under Section 401(a) of the Internal Revenue Code and the related trust is exempt from federal income tax under Section 501(a).

The Plan obtained its latest determination letter on September 29, 2015 in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan's legal counsel believes that the Plan is currently designed, and the plan administrator believes that the Plan is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to credited services by the employees in covered employment to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the number of Past Service and Future Service Pension Credits accrued through the valuation date. The accumulated plan benefits for active participants are based on their pension credits accrued to the date as of which the benefit information is presented (the "valuation date"). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from the Segal Company and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and date of payment.

NOTE 5. ACCUMULATED PLAN BENEFITS (continued)

The actuarial present value of accumulated plan benefits as January 2024 is as follows:

	January 1 2024
Actuarial present value of vested accumulated plan benefits:	
Participants currently receiving benefits	\$ 358,402,791
Other vested benefits	231,868,522
Total vested benefits	590,271,313
Actuarial present value of nonvested accumulated plan benefits	15,325,211
Total actuarial present value of accumulated plan benefits	<u><u>\$ 605,596,524</u></u>

Change in present value of accumulated plan benefits during the prior year as reported by the actuary were:

	Year ended January 1, 2024
Actuarial present value of accumulated plan benefits at the beginning of the prior year	<u>\$ 580,801,244</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated net	
experience gains/losses, changes in data	7,839,176
Changes in actuarial assumptions	15,622,713
Interest	39,061,465
Benefits paid	(42,055,958)
Plan amendments	4,327,884
Net increase	<u>24,795,280</u>
Actuarial present value of accumulated plan benefits at the end of the prior year	<u><u>\$ 605,596,524</u></u>

NOTE 5. ACCUMULATED PLAN BENEFITS (continued)

Significant assumptions underlying the actuarial computations are as follows:

Actuarial Cost Method:	Entry Age Normal Actuarial Cost Method was used to determine the cost of this Plan.
Life expectancy of participants:	Pre-Retirement - RP-2006 Blue Collar Employee Mortality Table projected generationally with the MP-2021 projection scale. Healthy Annuitant - RP-2006 Blue Collar Healthy Annuitant Mortality Table projected generationally with the MP-2021 projection scale. Disabled Annuitant - RP-2006 Blue Collar Healthy Annuitant Mortality Table set forward 4 years projected generationally with the MP-2021 projection scale.
Retirement age assumptions:	The assumed weighted average retirement age was 62.
Investment return:	The valuations used an assumed average rate of return of 6.75% (previously 7.00%).
Annual administrative expenses:	\$1,750,000, payable at the beginning of the year, for year beginning January 1, 2024. The actuarial assumptions treat investment expenses as a reduction of investment return rather than as administrative expenses
Justification for changes in actuarial assumptions:	For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431 (c)(6)(E). Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2024: The net investment return was reduced from 7% to 6.75%.

NOTE 5. ACCUMULATED PLAN BENEFITS (continued)

The actuary certified that for the Plan year beginning January 1, 2024, the Plan is not considered “endangered”, “seriously endangered”, or “critical”, based on the terms defined in the Pension Protection Act 2006, as amended by the Multiemployer Pension Reform Act of 2014 (MPRA)

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2024 and the changes therein for the years then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2024 and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2024. The complete financial status is presented as of December 31, 2023.

NOTE 6. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset’s or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value, as well, as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2024 and 2023.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Cash and cash equivalents: Cash and cash equivalents consist of cash and money market mutual funds held for investment that are not debt securities and are included in investments on the statements of net assets available for benefits valued at fair-value.

Corporate bonds, U.S. Government and Agency securities and Municipal obligations: Investment include asset backed securities, corporate bonds, Federal Agency obligations, Government securities and mortgage securities. Fair values based on third-party pricing sources obtained by the custodians.

Common stocks: Are valued at the closing price on the active market on which the individual securities are traded.

Registered investment companies: Are valued at the closing price on the active market on which the individual securities are traded.

Common and collective trusts and 103-12 investment entities:

Ullico Infrastructure invests substantially all of its net assets in Ullico Infrastructure Master Fund, L.P, (the “Master Fund”), a Delaware limited partnership. The Master Fund makes investments on behalf of the Partnership with both minority and controlling interests in a diverse portfolio of quality infrastructure businesses, focusing on underserved and growing markets of the United States and Canada. Certain investments are made through a U.S. blocker corporation established to reduce the recognition of Unrelated Business Taxable Income (“UBTI”) as defined by IRS Section 512. The Master Fund seeks to achieve risk-adjusted returns with significant annual cash yield and relatively low volatility. There can be no assurance that the Partnership’s or the Master Fund’s investment objectives will be achieved.

State Street International Active Securities Lending Fund: The investment valuation policy of the Fund is to value investments at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other financial instruments over a reasonable period of time. By its nature, a fair value price is a good faith estimate of the valuation in a current sale and may not reflect an actual market price. Investments and other portfolio instruments are generally valued using a market approach.

State Street S&P 500 Flagship Securities Lending Fund was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust. The Fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the S&P 500 Index over the long term.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The participants in the Lending Fund have authorized the Lending Fund to participate in the State Street Global Securities Lending Program maintained by State Street Bank. The investment objective, techniques and results of operations of the Lending Fund are identical to those of the Non-Lending Fund, except that the Lending Fund may engage in securities lending activity. Accordingly, the financial statements of the Lending Fund and the Non-Lending Fund have been prepared on a combined basis, with separate disclosure of the participant transactions and financial highlights of the Lending Fund and the Non-Lending Fund. The Lending Fund and the Non-Lending Fund each maintain a divided pro-rata interest in the combined assets and liabilities (including each investment security position but excluding assets and liabilities related to securities lending activity) proportionate to the outstanding combined net assets of the Fund. All interfund transactions have been eliminated in the combined financial statements. Except as stated otherwise, use of the term "financial statements" herein shall refer to the combined financial statements of the Fund.

ASB Allegiance Real Estate Fund (the "Fund") is an open-ended, commingled collective investment fund established in 1984 as a means for collective investment in real estate assets by qualified employee benefits plans. The Fund is managed by Chevy Chase Trust Company (the "Trustee") in accordance with the Amended and Restated Declaration of Trust dated January 1, 2010. ASB Capital Management, LLC (the "Investment Advisor"), an investment advisor registered with the United States Securities and Exchange Commission, is the investment advisor for the Fund. The Trustee and the Investment Advisor are affiliated through common ownership, directors and officers.

The Fund has one core, open-end investment strategy. The Fund's strategy is to deliver superior investment performance through long-term NOI growth by assembling a portfolio of high-quality assets with unique and enduring competitive advantages that attract tenants. The strategy is focused on building a diversified portfolio of investments in high-demand U.S. markets.

PIMCO Collective Investment Trust (the "Trust") was established on October 1, 2009 pursuant to a Declaration of Trust filed with the Department of Banking and Securities for the Commonwealth of Pennsylvania. The Trust is intended to constitute an exempt trust under Section 501(a) of the Internal Revenue Code of 1986, as amended, and a "group trust" within the meaning of Revenue Ruling 81-100. The Trust is designed to be exempt from registration under the Investment Company Act of 1940, as amended.

The objective of the PIMCO All Asset Collective Trust (the "Fund") is to seek maximum real return, investing under normal circumstances substantially all of its assets in Institutional Class shares of the PIMCO All Asset Fund (the "Underlying Fund"), consistent with preservation of real capital and prudent investment management. The Fund's return objective is to outperform the Barclays Capital U.S. 1-10 Year Index and achieve a return equal to the annual change in the Consumer Price Index plus 5% annualized ("CPI+5%"), as measured over a full business cycle. There is no assurance that these objectives will be achieved.

Lazard Emerging Markets Equity Group Trust (the "Trust"), a New York Trust, was created pursuant to an Agreement of Trust dated January 30, 1998, as amended and/or restated from time to time. The Trust's investment objective is to achieve long-term capital appreciation by investing primarily in equity and equity-related securities of issuers that are located, or do significant business, in emerging markets countries.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

GMO Multi-Strategy Fund (Offshore), L.P. (the “Offshore Feeder Fund”) is a Bermuda exempted limited partnership organized under the Exempted Partnerships Act, 1992, (as amended) of Bermuda and the Limited Partnership Act 1883 (as amended) of Bermuda (together, the “Partnership Acts”). Grantham, Mayo, Van Otterloo & Co. LLC (“GMO LLC”) serves as investment adviser (the “Investment Adviser”) of the Offshore Feeder Fund. GMO Investment Partners, LLC serves as general partner (the “General Partner”) of the Offshore Feeder Fund.

The investment objective of the Offshore Feeder Fund and the Master Fund is positive total return. The Offshore Feeder Fund pursues its investment objective by investing all or substantially all of its assets in the Master Fund. The Master Fund pursues its investment objective primarily through investments in other pooled investment vehicles advised by the Investment Adviser or its affiliates

Separate Account:

Ullico Separate Account J: Is primarily a pooled first mortgage account established on July 1, 1977 and administered by Union Labor Life as a funding vehicle for group annuity contracts issued to qualified pension plans. Under applicable insurance law, the assets and liabilities of the Account are clearly identified and distinguished from Union Labor Life’s other assets and liabilities. The assets of the Account are not chargeable with liabilities arising out of any other business Union Labor Life conducts.

The Account’s investment strategy aims to capitalize on opportunities in the U.S. commercial real estate market by making loans to borrowers in connection with the acquisition, development or refinancing related to multi-family (rental and for sale), multi-tenanted, single-tenanted and owner-occupied properties, including, but not limited to, office, medical office, anchored retail, industrial, and business-oriented hotels with major chains. The assets allocated to the Account shall primarily consist of mortgage investments collateralized by first mortgages on real property. Assets may be temporarily held uninvested or invested in other investments as deemed appropriate by Union Labor Life. The Account's assets are managed by Union Labor Life, who has entered into a Sub-Advisory Agreement (the "Agreement") with Ullico Investment Advisors, Inc. (the "Sub-Advisor"), an affiliate of Union Labor Life who acts as an exclusive discretionary investment advisor to Union Labor Life with respect to Account assets pursuant to the terms of the Agreement.

Limited Partnerships:

UBS Trumbull Property Income Funds, the real estate investments of the Fund, are stated at estimated fair value. Fair value means the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at measurement date. The fair values of real estate investments generally do not reflect transaction costs which may be incurred upon disposition of the real estate investments. The Fund’s real estate values do not necessarily represent the prices at which the real estate investments would be sold or repaid, since market prices of real estate investments can only be determined by negotiation between a willing buyer and seller. Amounts ultimately realized from each investment may vary materially from the fair values reflected in the consolidated financial statements.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

MacKay Shields Core Fixed Income Fund LP (the “Partnership”) is a Delaware limited partnership that commenced operations on September 1, 2011. The investment objective of the Partnership is to seek to outperform the Barclays Capital U.S. Aggregate Bond Index by selectively investing in a diversified portfolio of fixed and floating rate notes and bonds offering relatively attractive current market yields after adjusting for pertinent risks (including security structure and creditworthiness). MacKay Shields Core Fixed Income Fund GP LLC, a Delaware limited liability company, is the general partner of the Partnership (the “General Partner”). MacKay Shields LLC, a Delaware limited liability company, will act as the investment manager (in such capacity, the “Investment Manager” or “MacKay”) of the Partnership.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

JP Morgan IIF ERISA LP: This investment consists of a broad range of infrastructure assets through an open-ended structure diversified across primarily Organizations for Economic Cooperation and Development countries and by subsector. These assets may include toll roads, bridges, tunnels, oil and gas pipelines, electricity transmission and distribution facilities, contracted power generation assets, water distribution and wastewater collection and processing assets, railway lines and rapid transit links, seaports and airports. Investments may be in the form of direct investments, securities of infrastructure issuers, joint ventures and other infrastructure-related assets (such as debt, indices, synthetics and other interests).

The following table presents assets and liabilities measured at fair value on a recurring basis at December 31, 2024:

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
US Government and Agency securities	\$ 6,250,439	\$ -	\$ 6,250,439	\$ -
Corporate bonds	10,273,631	-	10,273,631	-
Municipal obligations	1,122,904	-	1,122,904	-
Common stocks	60,462,553	60,462,553	-	-
Registered investment companies	62,741,302	62,741,302	-	-
Cash and cash equivalents	2,527,565	2,527,565	-	-
Total assets in the fair value hierarchy	143,378,394	<u>\$ 125,731,420</u>	<u>\$ 17,646,974</u>	<u>\$ -</u>
Investments measured at NAV	<u>438,683,827</u>			
Total investments at fair value	<u>\$ 582,062,221</u>			

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following table presents assets and liabilities measured at fair value on a recurring basis at December 31, 2023:

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
US Government and Agency securities	\$ 11,484,305	\$ -	\$ 11,484,305	\$ -
Corporate bonds	11,173,236	-	11,173,236	-
Municipal obligations	1,803,141	-	1,803,141	-
Equity securities	52,103,764	52,103,764	-	-
Mutual funds	57,098,613	57,098,613	-	-
Cash and cash equivalents	1,174,264	1,174,264	-	-
Total assets in the fair value hierarchy	134,837,323	\$ 110,376,641	\$ 24,460,682	\$ -
Investments measured at NAV	415,214,762			
Total investments at fair value	<u>\$ 550,052,085</u>			

In accordance with Subtopic 820-10, certain investments that were measured in net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items in the statements of net assets for benefits.

Fair Value of Investments in Entities that are NAV

The following table summarized investments measured at fair value based on NAV per share as of December, 2024 and 2023:

Investment	Fair Value at December 31, 2024	Fair Value at December 31, 2023	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Ullico Separate Account J	\$ 33,755,349	\$ 32,329,214	N/A	Monthly	90 days
State Street Daily Intl. Active SL Fund	52,601,171	48,425,171	N/A	Daily	N/A
State Street S&P 500 (R) Flagship	144,149,523	123,145,160	N/A	Daily	N/A
ASB Allegiance Real Estate Fund	43,700,037	51,835,424	N/A	Quarterly	90 days
Pimco All Asset Collective Trust	48,769,286	46,892,777	N/A	Daily	5 days
Lazard Emerging Mkts. Eqt. Gr.	26,732,481	24,552,762	N/A	Monthly	5 days
UBS Trumbull Property Fund 1289	10,129,011	11,598,666	N/A	Quarterly	60 days
UBS Trumbull Property Income Fund	25,328,103	25,310,277	N/A	Quarterly	60 days
GMO Multi-Strategy Fund	3,651,170	3,847,871	N/A	Monthly	14 days
Mackay Shields Core Fixed Income Fund Limited Partnership	16,428,349	16,063,120	N/A	Daily	5 days
JP Morgan IIF ERISA LP	16,432,983	15,438,967	N/A	Twice per year	Min. of 90 days
Ullico Infrastructure Tax-Exempt Fund	17,006,364	15,775,353	N/A	Quarterly	45 days
	<u>\$ 438,683,827</u>	<u>\$ 415,214,762</u>			

NOTE 7. PENSION BENEFIT GUARANTY CORPORATION

The Plan is a defined benefit plan and certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions.

However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

If plan benefits have been increased within the five year period before plan termination, the entire amount of the Plan's vested benefits or the benefit increase may not be guaranteed. In addition, there is a statutory ceiling on the amount of monthly benefit that PBGC guarantees, which is adjusted periodically.

Whether participants will receive all their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by PBGC.

NOTE 8. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risks associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to investment returns and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

NOTE 9. INVESTMENT CONCENTRATION

The Plan is invested in the State Street International Active Securities Lending Fund, a common collective trust (CCT). The plan's investment in the CCT represents 69% ownership of the units outstanding of the CCT at December 31, 2024.

NOTE 10. RELATED - PARTY AND PARTY IN INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor (DOL) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the contributing employers, and certain others.

NOTE 10. RELATED - PARTY AND PARTY IN INTEREST TRANSACTIONS (continued)

The Plan's activities are administered by employees of the Connecticut Laborers' Health Fund (Health Fund). An allocation of costs is made annually by the Health Fund. Allocated expenses for the years ended December 31, 2024 and 2023 were \$730,734 and \$754,426, respectively.

The Plan incurs professional fees for the audit of contributing employer records and for the collection of unpaid contributions. Collection costs incurred are reduced by recoveries received from contributing employers for legal fees, interest and late charges. The unrecovered costs are allocated among those related funds which benefit from these activities. Amounts allocated to related funds for audit and attorney fees for the years ended December 31, 2024 and 2023 were \$123,795 and \$102,005, respectively.

The Plan rents a portion of its facilities to the Connecticut Laborers' Health Fund and the Connecticut Laborers' Annuity Fund under operating type leases. The lease terms expire in July 2025, but may be terminated by either the landlord or the tenant upon 60 days' notice. Rental income was \$57,048 for the years ended December 31, 2024 and 2023.

Contributing employers and reciprocating labor unions have the option of remitting their contributions to the Connecticut Laborers' Funds in one remittance to the Connecticut Laborers' Health Fund (Health Fund). The Health Fund then periodically internally transfers the contributions to their intended fund. At December 31, 2024 and 2023, contributions received by the Health Fund and due to the Plan amounted to \$947,367 and \$458,479, respectively.

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Fund paid fees during the year for legal, accounting, investment management and other services rendered by parties in interest. These transactions are considered exempt party-in-interest transactions under ERISA.

At December 31, 2024 and 2023, the balance sheet asset Due from Related Parties consisted of the following:

	2024	2023
Internal transfers of employer contribution due from Health Fund	\$ 947,367	\$ 458,479
Net management fees and other allocated expense due from (to) Health Fund	64,763	137,914
Allocated fees due from Annuity Fund	17,807	15,745
Allocated fees due from other associated funds	5,672	4,762
	<u>\$ 1,035,609</u>	<u>\$ 616,900</u>

NOTE 11. EMPLOYER CONTRIBUTIONS

Contributions receivable due from employers under collective bargaining agreements and amounts due from other labor unions under reciprocal agreements in the amount of \$3,107,872 and \$3,113,359 at December 31, 2024 and 2023, respectively, have been shown on the statements of net assets available for benefits and the changes in these amounts have been reflected in the statements of changes in net assets available for benefits. The receivable balance at December 31, 2024 and 2023 consists of amounts known to be due for work performed through December 31, 2024 and 2023. The balance also includes actual collections subsequent to year end and delinquent amounts owed under settlement agreements, net of allowance for credit losses for uncollectible amounts. Allowances for credit losses under settlement agreements were \$-0- for the years ended December 31, 2024 and 2023. Additional amounts due for unreported hours or disputed amounts are not subject to reasonable estimation and are recorded when collected. Contributing employers are predominantly construction contractors operating in the State of Connecticut.

The composition of employers' contributions receivable was as follows at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Current Accounts (subsequent collections)	\$ 3,107,872	\$ 3,113,359
Amounts owed under settlement agreements, net	<u>-</u>	<u>-</u>
Total	<u><u>\$ 3,107,872</u></u>	<u><u>\$ 3,113,359</u></u>

NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for plan benefits per the financial statements	\$ 600,035,080	\$ 564,201,909
Adjustment required to report buildings and land use in plan operations at fair market value	<u>(253,013)</u>	<u>(205,466)</u>
Net assets available for plan benefits per Form 5500	<u><u>\$ 599,782,067</u></u>	<u><u>\$ 563,996,443</u></u>

NOTE 13. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 16, 2025, which is the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**CONNECTICUT LABORERS'
PENSION FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024			2023		
	Direct	Allocated		Direct	Allocated	
	Expenses	From	Total	Expenses	From	Total
		Health Fund			Health Fund	
Salaries	\$ -	\$ 340,629	\$ 340,629	\$ -	\$ 370,583	\$ 370,583
Employee benefits	-	242,800	242,800	-	250,386	250,386
Pension benefit guaranty corporation insurance	256,854	-	256,854	242,445	-	242,445
Actuarial and consultants' fees	129,433	-	129,433	186,431	-	186,431
General insurance	125,103	2,796	127,899	134,567	2,910	137,477
Repairs and maintenance	63,403	38,597	102,000	65,236	38,151	103,387
Legal services	94,684	-	94,684	88,622	-	88,622
Office supplies and miscellaneous expense	69,074	48,381	117,455	51,374	34,031	85,405
Depreciation	68,077	17,303	85,380	64,310	13,459	77,769
Accounting services	33,000	-	33,000	33,000	-	33,000
Payroll taxes	-	27,643	27,643	-	31,047	31,047
Utilities	16,926	5,965	22,891	15,306	5,917	21,223
Field audit fees	15,047	-	15,047	18,984	-	18,984
Property taxes	8,751	3,623	12,374	10,445	3,593	14,038
Auto expenses	-	2,997	2,997	-	4,349	4,349
Travel expenses - conferences	2,544	-	2,544	1,750	-	1,750
Meeting expense	755	-	755	721	-	721
Total administrative expenses	<u>\$ 883,651</u>	<u>\$ 730,734</u>	<u>\$ 1,614,385</u>	<u>\$ 913,191</u>	<u>\$ 754,426</u>	<u>\$ 1,667,617</u>

CONNECTICUT LABORERS'
PENSION FUND

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500, Schedule H, Item 4i

EIN 06-6044348
Plan No. 001

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Share/ Type	Principal	Interest Rate	Maturity Date		
		U.S. Government and Agency securities:					
	Fed Home Ln Mtg Corp	Bond	90,000	4.050 %	07/25/33	\$ 85,411	\$ 84,541
	Fed Home Ln Mtg Corp	Bond	50,000	4.284	07/25/30	47,993	48,733
	Fed Home Ln Mtg Corp	Bond	65,000	VAR	07/25/33	62,553	62,993
	Fed Home Ln Mtg Corp	Bond	45,000	VAR	11/25/30	45,347	45,212
	Fed Home Ln Mtg Corp	Bond	115,000	5.150	12/25/33	119,645	116,532
	Fed Home Ln Mtg Corp Pool	Bond	27,878	4.000	03/01/42	29,995	26,281
	Fed Home Ln Mtg Corp Pool	Bond	7,643	4.500	03/01/42	8,179	7,420
	Fed Home Ln Mtg Corp Pool	Bond	21,019	3.000	12/01/42	21,867	18,570
	Fed Home Ln Mtg Corp Pool	Bond	30,100	3.500	03/01/42	31,050	27,463
	Fed Home Ln Mtg Corp Pool	Bond	33,085	3.500	06/01/42	34,346	30,186
	Fed Home Ln Mtg Corp Pool	Bond	46,923	3.000	09/01/42	48,906	41,454
	Fed Home Ln Mtg Corp Pool	Bond	46,308	2.500	06/01/51	47,997	38,134
	Fed Home Ln Mtg Corp Pool	Bond	54,532	3.000	02/01/52	55,240	46,680
	Fed Home Ln Mtg Corp Pool	Bond	15,974	3.000	02/01/47	16,994	13,877
	Fed Natl Mtg Assn Pool	Bond	1,111	5.500	11/01/32	1,121	1,104
	Fed Natl Mtg Assn Pool	Bond	1,963	6.000	01/01/33	2,036	1,990
	Fed Natl Mtg Assn Pool	Bond	949	5.500	04/01/33	958	955
	Fed Natl Mtg Assn Pool	Bond	1,346	5.500	04/01/33	1,380	1,354
	Fed Natl Mtg Assn Pool	Bond	1,238	5.500	04/01/33	1,275	1,247
	Fed Natl Mtg Assn Pool	Bond	700	5.000	07/01/33	674	687
	Fed Natl Mtg Assn Pool	Bond	6,516	4.500	03/01/34	6,955	6,388
	Fed Natl Mtg Assn Pool	Bond	1,479	5.500	11/01/34	1,486	1,489
	Fed Natl Mtg Assn Pool	Bond	631	5.500	08/01/33	636	632
	Fed Natl Mtg Assn Pool	Bond	4,062	6.500	09/01/33	4,244	4,144
	Fed Natl Mtg Assn Pool	Bond	1,199	6.000	09/01/36	1,201	1,243
	Fed Natl Mtg Assn Pool	Bond	3,169	5.000	03/01/34	3,200	3,143
	Fed Natl Mtg Assn Pool	Bond	67	5.500	04/01/35	68	67
	Fed Natl Mtg Assn Pool	Bond	1,962	5.000	07/01/35	1,953	1,947
	Fed Natl Mtg Assn Pool	Bond	757	5.000	11/01/35	737	752
	Fed Natl Mtg Assn Pool	Bond	2,397	5.000	10/01/35	2,563	2,378
	Fed Natl Mtg Assn Pool	Bond	3,826	5.000	04/01/38	3,942	3,796
	Fed Natl Mtg Assn Pool	Bond	356	6.000	04/01/38	364	369
	Fed Natl Mtg Assn Pool	Bond	1,025	5.500	02/01/37	1,031	1,033
	Fed Natl Mtg Assn Pool	Bond	2,988	5.000	04/01/38	3,048	2,977
	Fed Natl Mtg Assn Pool	Bond	1,153	5.000	03/01/38	1,172	1,135
	Fed Natl Mtg Assn Pool	Bond	1,142	6.000	02/01/38	1,141	1,178
	Fed Natl Mtg Assn Pool	Bond	1,437	5.500	07/01/28	1,475	1,444
	Fed Natl Mtg Assn Pool	Bond	626	6.000	08/01/38	622	642
	Fed Natl Mtg Assn Pool	Bond	1,529	5.000	01/01/39	1,556	1,524
	Fed Natl Mtg Assn Pool	Bond	4,894	4.500	3/1/2039	4,948	4,745

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Share/ Type	Principal	Interest Rate	Maturity Date		
		U.S. Government and Agency securities (continued):					
	Fed Natl Mtg Assn Pool	Bond	2,967	4.500 %	03/01/39	\$ 3,025	\$ 2,877
	Fed Natl Mtg Assn Pool	Bond	25,094	4.000	06/01/42	26,850	23,559
	Fed Natl Mtg Assn Pool	Bond	1,885	4.500	07/01/39	1,881	1,824
	Fed Natl Mtg Assn Pool	Bond	11,562	4.500	10/01/39	12,068	11,210
	Fed Natl Mtg Assn Pool	Bond	10,459	4.500	02/01/40	10,576	10,140
	Fed Natl Mtg Assn Pool	Bond	5,506	5.000	03/01/40	5,794	5,486
	Fed Natl Mtg Assn Pool	Bond	14,086	4.500	04/01/40	14,083	13,656
	Fed Natl Mtg Assn Pool	Bond	2,978	4.500	08/01/40	3,137	2,888
	Fed Natl Mtg Assn Pool	Bond	17,284	4.000	12/01/40	16,988	16,308
	Fed Natl Mtg Assn Pool	Bond	12,296	4.000	10/01/40	12,135	11,602
	Fed Natl Mtg Assn Pool	Bond	673,757	3.000	02/01/52	677,547	573,697
	Fed Natl Mtg Assn Pool	Bond	7,458	2.500	08/01/51	7,716	6,180
	Fed Natl Mtg Assn Pool	Bond	375,239	3.000	09/01/51	380,398	321,824
	Fed Natl Mtg Assn Pool	Bond	645,704	3.000	08/01/51	650,345	555,164
	Fed Natl Mtg Assn Pool	Bond	27,734	4.000	08/01/50	29,411	26,166
	Fed Natl Mtg Assn Pool	Bond	59,989	2.000	08/01/50	61,983	47,029
	Fed Natl Mtg Assn Pool	Bond	474,087	3.000	03/05/03	475,976	403,533
	Fed Natl Mtg Assn Pool (30 Yr)	Bond	85,415	4.500	09/01/52	83,787	80,512
	Fed Natl Mtg Assn Pool (30 Yr)	Bond	53,351	5.000	11/01/52	53,318	51,674
	Fed Natl Mtg Assn Pool (30 Yr)	Bond	94,202	5.000	06/01/53	93,627	91,070
	Fed Natl Mtg Assn Pool (29 Yr)	Bond	35,103	3.000	11/01/51	31,028	30,080
	Fhlmc Multifamily Structured	Bond	19,608	3.176	11/28/28	19,999	19,327
	Govt Natl Mtg Assn Ii Pool	Bond	17,249	4.000	02/20/43	18,169	16,346
	Govt Natl Mtg Assn Ii Pool	Bond	20,444	4.000	04/20/43	21,320	19,248
	Govt Natl Mtg Assn Ii Pool	Bond	17,234	4.500	05/20/40	18,360	16,726
	Govt Natl Mtg Assn Ii Pool	Bond	10,297	4.500	06/20/42	11,118	9,995
	Govt Natl Mtg Assn Ii Pool	Bond	23,762	3.000	08/20/44	23,907	21,039
	Govt Natl Mtg Assn Pool	Bond	1,387	6.000	09/15/28	1,372	1,399
	Govt Natl Mtg Assn Pool	Bond	5,090	7.000	07/15/29	5,015	5,123
	Govt Natl Mtg Assn Pool	Bond	438	6.500	10/15/31	445	457
	Govt Natl Mtg Assn Pool	Bond	3,568	5.000	09/15/33	3,534	3,540
	Govt Natl Mtg Assn Pool	Bond	20,294	3.000	11/15/42	20,053	18,067
	Govt Natl Mtg Assn Pool	Bond	20,243	3.500	06/15/43	20,971	18,464
	Govt Natl Mtge Assn Ii Pool (30 Yr)	Bond	1,238,834	5.500	04/20/53	1,200,653	1,232,392
	Govt Natl Mtge Assn Ii Pool	Bond	1,115,399	6.000	09/20/53	1,103,636	1,127,668
	Govt of Bermuda	Bond	200,000	5.000	07/15/32	200,800	192,600
	Republic of Chile	Bond	200,000	4.950	01/05/36	199,116	189,160
	Republic of Poland	Bond	30,000	5.750	11/16/32	29,686	30,600
	United States Treasury Bond	Bond	90,000	4.250	08/15/54	93,326	82,188
	United States Treasury Bond	Bond	865,000	0.000	02/15/51	261,987	245,132
	Small Business Administration	Bond	24,522	5.240	05/01/49	24,522	24,305
	Small Business Administration	Bond	34,483	5.040	06/01/49	34,484	33,745
		Total U.S. Government and Agency securities				6,669,455	6,250,439
		Municipal obligations:					
	Port Auth NY & NJ Tax Trans Revenue	Bond	90,000	5.072	07/15/53	90,000	85,127
	New York General Obligation	Bond	50,000	5.263	10/01/52	50,000	48,571
	Univ. Michigan Univ Higher Education	Bond	80,000	3.504	04/01/52	80,000	58,917
	Ok. Dev Fin Auth Rev Taxable	Bond	50,000	5.087	02/01/52	50,000	47,301
	OK State Development Finance	Bond	50,000	4.380	11/01/45	50,000	45,504
	Hillsborough Cnty FL Aviation Airport	Bond	100,000	3.858	10/01/44	100,000	81,415

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Share/ Type	Principal	Interest Rate	Maturity Date		
		Municipal obligations (continued):					
	OK Development Finance Power Revenue	Bond	50,000	4.623 %	06/01/44	\$ 50,000	\$ 46,321
	Texas Natural Gas Securitization	Bond	75,000	5.169	04/01/41	75,000	73,859
	Indianapolis Ind Loc Pub Impt Build	Bond	220,000	6.004	01/15/40	282,729	223,953
	Metropolitan Transn Auth N Y Build	Bond	95,000	6.668	11/15/39	127,619	101,292
	Missouri St Hlth & Educational Fac	Bond	35,000	3.229	05/15/50	35,000	24,672
	Louisiana State Local Govt Envrnmntl	Bond	100,000	4.475	08/01/39	100,000	93,131
	New York Transprtn Dev Corp	Bond	45,000	4.248	09/01/35	45,000	43,077
	Jobsohio Beverage Sys Ohio	Bond	25,000	4.433	01/01/33	25,000	24,573
	California State Earthquake Auth	Bond	100,000	5.603	07/01/27	100,000	100,396
	University California Revs Education	Bond	25,000	4.932	05/15/34	25,000	24,795
		Total municipal obligations				1,285,348	1,122,904
		Corporate bonds:					
	Agree Lp Dtd		25,000	2.900	10/01/30	24,982	22,154
	Altria Group Inc		100,000	5.800	02/14/39	93,743	98,792
	Amcor Finance Inc		100,000	5.625	05/26/33	99,022	101,268
	Amer Airline 17-1B		38,467	4.950	02/15/25	39,141	38,425
	American National Group		150,000	6.144	06/13/32	150,000	147,610
	Amgen Inc		75,000	4.200	03/01/33	73,333	69,554
	Angel Oak Mortgage Trust		99,081	4.000	01/25/67	98,021	93,267
	Anheuser-Busch Cos Llc		50,000	4.700	02/01/36	54,618	47,426
	Aon Corp		38,000	3.750	05/02/29	37,014	36,082
	Ares Capital Corp		60,000	4.250	03/01/25	59,773	59,874
	Athene Holding Ltd		5,000	3.950	05/25/51	4,968	3,592
	Athene Holdings Ltd		60,000	4.125	01/12/28	59,908	58,538
	Autonation Inc		45,000	3.850	03/01/32	44,926	40,333
	Banc Of America Commercial		50,000	3.705	09/15/48	51,496	49,500
	Bank of America Corp		85,000	2.496	02/13/31	78,960	74,740
	Bank Cmo Ser 2022-Bnk43		200,000	4.134	08/15/55	201,990	186,584
	Bank Nova Scotia Convertible		65,000	VAR	11/10/32	65,000	62,886
	Bat Capital Corp		75,000	6.421	08/02/33	74,182	79,270
	Boeing Co		65,000	5.040	05/01/27	68,710	65,168
	Borgwarner Inc		20,000	5.400	08/15/34	19,893	19,685
	Bourzou Issuer LLC		50,000	5.781	11/22/49	50,000	49,832
	Bpr Trust Cmo		200,000	8.362	05/15/39	199,500	200,086
	BMW Us Capital		75,000	4.850	08/13/31	74,793	73,465
	Brighthouse Financial In		50,000	3.700	06/22/27	49,958	48,512
	Broadcom Inc		50,000	2.450	02/15/31	40,589	43,118
	Brookfield Finance Inc		50,000	3.900	01/25/28	49,827	48,642
	Capital One Financial Co		100,000	2.618	11/02/32	83,160	82,817
	Cenovus Energy Inc		50,000	5.250	06/15/37	49,459	46,814
	Citigroup Inc		175,000	2.976	11/05/30	167,881	157,831
	Citizens Financial Group		65,000	2.638	09/30/32	64,932	52,236
	Civitas Resources Inc		75,000	8.625	11/01/30	75,700	78,544
	Chase Mortgage Finance Corp		83,284	VAR	01/25/55	84,038	84,156
	Chase Mortgage Finance Corp		89,332	VAR	04/25/55	88,667	89,486
	Chase Mortgage Finance Corp		100,000	VAR	09/25/55	98,382	96,080
	Comcast Corp		90,000	1.500	02/15/31	79,020	73,253
	Commonbond Student Loan Trust		3,627	2.900	10/25/40	3,626	3,521
	Community Preservation C		50,000	2.867	02/01/30	50,000	44,264
	Corebridge Financial Inc		30,000	4.350	04/05/42	29,992	24,974
	Cox Communications Inc		50,000	5.700	06/15/33	49,936	49,673

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Share/ Type	Interest Principal	Maturity Rate Date		
		Corporate bonds (continued):				
	Crown Castle Intl Corp	75,000	2.500 %	07/15/31	\$ 62,678	\$ 63,163
	Cvs Health Corp	50,000	3.750	04/01/30	51,276	45,798
	Dartmouth-Hitch Health	100,000	4.178	08/01/48	100,000	75,007
	Dell Int Llc / Emc Corp	45,000	5.750	02/01/33	44,905	46,227
	Discover Finl Svcs	50,000	6.700	11/29/32	49,731	53,289
	Duke Energy Corp	70,000	3.400	06/15/29	69,562	65,585
	Empower Finance 2020	15,000	1.776	03/17/31	15,000	12,268
	Enel Chile Sa	25,000	4.875	06/12/28	24,706	24,670
	Elm Trust 2024	125,000	VAR	06/10/39	125,000	126,207
	Energy Transfer LP	35,000	5.550	05/15/34	34,881	34,821
	Entergy LA LLC	40,000	5.150	09/15/34	39,848	39,339
	Ethiopian Leasing 2012	10,859	2.646	05/12/26	10,858	10,715
	Flexential Issuer, Llc Ser 2021-1A	200,000	3.250	11/27/51	184,641	188,332
	Fox Corp	75,000	4.709	01/25/29	75,251	74,082
	Fortress Trans & Infrast	60,000	5.500	05/01/28	58,050	58,682
	F & G Annuities & Life Inc	35,000	6.250	10/04/34	34,777	33,955
	Gcat Cmo Ser 2022-Nqm5 Cl A1	81,830	VAR	08/25/67	79,243	81,645
	General Elec Cap Corp Med Term	55,000	6.750	03/15/32	69,395	60,256
	General Motors Co	60,000	6.600	04/01/36	59,952	62,980
	General Motors Finl Co	125,000	6.100	01/07/34	124,802	126,810
	Goodman Us Fin Five Llc	70,000	4.625	05/04/32	69,889	66,291
	Goldman Sachs Group Inc	210,000	3.102	02/24/33	201,054	180,993
	Great America Leasing Recievables	30,000	4.980	01/18/28	29,995	30,151
	Gs Mortgage Securities Trust	141,907	VAR	06/25/52	138,870	118,088
	Gs Mortgage Securities Trust	100,000	3.734	11/10/48	102,993	98,320
	Gs Mortgage-Backed Securities	169,104	VAR	08/26/52	162,816	141,024
	Gtp Acquisition Partners	110,000	3.482	06/16/25	110,000	109,235
	Halliburton Co	50,000	2.920	03/01/30	45,554	44,995
	Hess Midstream Operation	100,000	4.250	02/15/30	92,694	92,192
	Hilton Domestic Operatin	120,000	3.625	02/15/32	113,706	104,242
	Hudson Pacific Propertie	60,000	3.950	11/01/27	59,889	52,075
	Huntington Bancshares	75,000	VAR	05/17/33	76,506	72,082
	Icahn Enterprises/Fin	77,000	6.250	05/15/26	78,269	76,345
	Iron Mountain Inc 144A	80,000	4.875	09/15/29	76,700	76,030
	Ingersoll Rand Inc	40,000	5.450	06/15/34	39,975	40,270
	Johnson Controls Intl	75,000	4.900	12/01/32	73,882	73,072
	JP Morgan Chase & Co	210,000	2.956	05/13/31	200,017	187,847
	Jp Morgan Mortgage Trust	97,460	VAR	12/25/51	85,277	85,102
	Jp Morgan Mortgage Trust	165,177	VAR	08/25/52	157,512	137,716
	Keysight Technologies	75,000	4.600	04/06/27	74,905	74,608
	Kraft Heinz Foods Co	75,000	3.750	04/01/30	71,023	70,897
	Ladder Cap Fin	80,000	4.750	06/15/29	77,491	75,434
	Lazard Group Llc	50,000	4.500	09/19/28	49,539	48,936
	Lyb Int Finance III	100,000	5.625	05/15/33	99,895	100,954
	Masco Corp	105,000	6.500	08/15/32	109,200	110,622
	Martin Marietta Matls Inc	75,000	5.150	12/01/34	74,447	73,644
	Meta Platforms Inc	35,000	3.850	08/15/32	34,991	32,527
	Morgan Stanley Dtd	120,000	4.350	09/08/26	120,534	119,075
	Morgan Stanley Dtd	70,000	4.000	03/15/25	64,399	58,654
	Mplx Lp Dtd	65,000	4.250	12/01/27	64,884	63,979
	Mt Sinai Hospital	40,000	3.831	07/01/35	40,000	33,004
	MMAF Equipment Finance LLC	25,000	4.950	07/14/31	24,995	25,099

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Share/ Type	Interest Principal Rate	Maturity Date		
		Corporate bonds (continued):				
	New Residential Mortgage Loan	71,481	VAR %	11/25/52	\$ 70,808	\$ 71,597
	New Residential Mortgage Loan	139,421	VAR	06/25/62	138,949	137,897
	Nisource Finance Corp	50,000	4.375	05/15/47	40,981	40,868
	Oakst Commercial Mortgage Trust	150,000	VAR	03/15/40	151,818	150,850
	Owens Corning	75,000	5.700	06/15/34	74,720	76,189
	Air Canada 2013-1A	14,261	4.125	11/15/25	14,261	14,191
	Air Canada 2015-1A	17,228	3.600	03/15/27	17,228	16,762
	Sbl Holdings Inc	50,000	5.000	02/18/31	49,804	44,854
	Penske Truck Leasing Co	65,000	5.750	05/24/26	64,924	65,663
	Pepsico Inc	50,000	3.900	07/18/32	49,795	46,732
	Petroleos Mexicanos	39,000	6.700	02/16/32	35,441	33,928
	Pfizer Invt Enterprises	50,000	4.750	05/19/33	49,925	48,584
	Plains All American Pipe	50,000	3.800	09/15/30	45,440	46,399
	Prov St Joseph Hlth Obl	190,000	3.930	10/01/48	190,000	142,532
	Prologis TA US Log	35,000	5.250	01/15/35	34,775	34,373
	Republic Of Peru	30,000	3.300	03/11/41	28,895	21,600
	Retail Properties Of Ame	60,000	4.000	03/15/25	59,716	59,827
	Sammons Financial Group	150,000	4.750	04/08/32	149,857	137,217
	Santander Holdings Usa	50,000	VAR	09/06/30	50,000	49,412
	Seagate Hdd Cayman	38,000	4.875	06/01/27	37,893	37,436
	Seagate Hdd Cayman	40,000	4.091	06/01/29	36,896	37,301
	Sequoia Mortgage Trust	72,897	VAR	12/25/53	70,927	72,701
	Sequoia Mortgage Trust	176,986	VAR	07/25/47	170,486	154,447
	Sequoia Mortgage Trust	80,696	VAR	04/25/54	80,393	80,792
	Sherwin Williams Co	50,000	4.800	09/01/31	49,853	49,341
	Sg Capital Partners Cmo	182,720	VAR	07/25/61	157,938	146,378
	Stryker Corporation	35,000	4.625	09/11/34	34,814	33,392
	Targa Resources Corp	75,000	6.125	03/15/33	74,893	73,439
	Target Corp	100,000	4.500	09/15/32	99,824	96,663
	Tesla Sustainable Energy Trust	20,000	5.290	06/21/50	19,990	19,756
	Textainer Marine Containers	242,667	1.680	02/20/46	224,505	219,431
	T-Mobile Usa Inc	75,000	5.050	07/15/33	74,874	77,325
	TransCanada Pipelines	100,000	4.100	04/15/30	97,852	94,952
	Truist Financial Corp Md Term Note	75,000	VAR	07/28/33	74,388	70,860
	Tucson Elec Pwr	50,000	5.500	04/15/53	49,860	47,672
	Union Pacific Corp	100,000	4.500	01/20/33	99,662	96,134
	United Rentals North Am	80,000	4.875	01/15/28	80,896	77,858
	Vale Overseas Limited	100,000	6.125	06/12/33	99,117	101,256
	Verizon Communications	65,000	4.500	08/10/33	69,062	61,255
	Virginia Electric & PWR Co	75,000	5.050	08/15/34	74,831	73,132
	Vodafone Group Plc	9,000	6.150	02/27/37	8,945	9,449
	Wells Fargo & Company Med Term	140,000	2.879	10/30/30	134,989	126,283
	Wells Fargo Mortgage Backed	71,726	VAR	12/25/49	73,686	60,727
	Walmart Inc	50,000	4.150	09/09/32	49,843	48,149
	Wells Fargo Commercial Mtg Ser	125,000	3.664	09/15/58	128,742	123,970
	Wells Fargo Commercial Mortgag Ser	150,000	3.836	06/15/52	153,850	126,883
	Williams Companies Inc	50,000	4.650	08/15/32	49,850	47,589
	Woodward Capital Management	78,725	7.113	11/25/43	78,723	80,120
	Wyndham Worldwide Corp	30,000	5.100	10/01/25	29,992	30,079
	Total corporate bonds				10,730,508	10,273,631

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	Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Share/ Principal	Interest Rate	Maturity Date		
		Type				
		<u>Common stocks:</u>				
	Affiliated Managers Group		1,210		\$ 224,825	\$ 223,753
	Agco Corp Com		5,900		578,320	551,532
	Albertsons Cos Inc		10,200		216,991	200,328
	Allison Transmission Holdings		9,400		405,153	1,015,764
	Ally Financial Inc		12,000		321,467	432,121
	Amc Networks Inc		4,400		249,767	43,560
	American Assets Trust Inc		11,800		257,226	309,868
	American International Group, Inc		9,900		585,599	720,720
	Ameriprise Finl Inc		1,024		103,461	545,208
	Amkor Technologies Inc Com		16,300		370,250	418,747
	Annaly Capital MGT Inc RE InvTrust		6,975		256,103	127,642
	Apa Corp		9,800		269,008	226,282
	Archer Daniels Midland Co		6,500		401,878	328,380
	Arrow Electrs Inc		4,900		432,064	554,288
	Atkore Inc		3,500		164,413	292,075
	Avnet Inc		4,400		186,787	230,208
	Bank NY Mellon Corp Com		10,500		557,920	806,715
	Baxter Intl Inc		8,400		294,118	244,944
	Berry Plastics Group Inc		4,700		230,075	303,949
	Best Buy Inc		3,400		185,187	291,720
	Biogen Inc		1,200		236,485	183,504
	Block H & R Inc		9,800		172,372	517,832
	Bloomin' Brands Inc.		12,000		250,172	146,520
	Blue Owl Capital Corp		21,200		302,643	320,544
	Boise Cascade Co		2,200		230,863	261,492
	Borg Warner Inc. Com		8,900		323,089	282,931
	Brandywine Rlty Tr Bd		14,400		220,874	80,640
	Brinks Co		2,200		235,755	204,094
	Brixmor Property Group Inc		3,700		65,781	103,008
	Brunswick Corp		2,100		114,212	135,828
	Builders Firstsource Inc		2,900		395,320	414,497
	Bunge Global		5,100		493,916	396,576
	California Resources Corp		6,700		290,624	347,663
	Capri Holdings Ltd		1,700		111,992	35,802
	Cardinal Health Inc Com		3,400		233,179	402,118
	Cathay Bancorp Inc Com		6,400		257,946	304,704
	Centene Corp Del Com		10,000		598,841	605,800
	Chemours Co/The		4,300		203,858	72,670
	Citizens Financial Group Inc		12,100		424,650	529,496
	City Office Reit, Inc.		9,100		119,193	50,232
	Cirrus Logic Inc		3,860		447,147	384,379
	Cnh Industrial Nv		63,400		780,063	718,322
	Cno Financial Group Inc		9,100		243,309	338,611
	Comerica Inc		3,900		271,413	241,215
	Conagra Brands Inc		10,500		370,608	291,375
	Cummins Inc.		2,500		283,881	871,500
	Davita Inc		1,900		113,657	284,145
	DHT Holding		19,600		223,492	182,084
	Delta Air Lines Inc		8,000		282,902	484,000
	Dicks Sporting Goods Inc		3,100		115,844	709,404
	Discover Financial Services		2,700		44,776	467,721
	Dropbox Inc		18,100		487,864	543,724

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	Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Share/ Type	Interest Principal	Maturity Rate	Date	
		<u>Common stocks (continued):</u>				
	East West Bancorp Inc Com		2,800		\$ 151,589	\$ 268,128
	Eastman Chem Co Com		2,000		155,587	182,640
	Ebay Inc		8,200		369,645	507,990
	Employers Holdings Inc		6,300		254,437	322,749
	Epr Properties		8,300		385,025	367,524
	Everest Group Ltd		600		112,167	217,476
	Exelixis Inc		12,500		285,407	416,250
	Fidelis Insurance Holdings LTd		17,600		337,939	319,088
	Fifth Third Bancorp		10,600		242,733	448,168
	First Finl Corp Ind		5,000		240,578	230,950
	Ford Motor Company		23,600		306,911	233,640
	Fox Corp		14,800		537,109	718,984
	Fs Kkr Capital Corp		9,150		230,878	198,738
	Gap Inc		13,700		350,373	323,731
	Gates Industrial Corp Plc		11,300		135,667	232,441
	Gen Digital Inc		10,000		217,113	273,800
	General Mills Inc		6,500		461,880	414,505
	General Motors Co		11,300		533,038	601,951
	Genworth Finl Inc Com Cl A		41,500		257,167	290,085
	G-Iii Apparel Group Ltd Com		4,800		64,779	156,576
	Goodyear Tire & Rubr Co		11,400		380,399	102,600
	Government Properties Income Trust		8,000		402,421	7,998
	Greif Inc-Cl A		4,500		234,439	275,040
	Harley Davidson Inc		10,500		422,133	316,365
	Harmony Biosciences Holdings I		8,300		282,230	285,603
	Hartford Financial Services Group Inc		8,400		307,475	918,960
	Halliburton Co		18,400		571,312	500,296
	Hewlett Packard Enterprise Co		23,300		367,692	497,455
	HCP, Inc		13,700		293,228	277,699
	Hf Sinclair Corp		6,700		364,481	234,835
	Highwoods PPTYS Inc Com		9,100		238,398	278,278
	Host Hotels & Resorts, Inc.		18,800		323,001	329,376
	Hp Inc		19,900		416,847	649,337
	Huntington Ingalls Industries		1,300		217,109	245,661
	Incyte Corporation, Inc.		7,600		464,356	524,932
	Innovation Industrial Properties		2,300		225,499	153,272
	Interface Inc		20,200		265,556	491,870
	Ironwood Pharmaceuticals Inc		12,600		150,288	55,818
	Jabil Inc		5,200		92,392	748,280
	Jackson Financial Inc		3,300		229,395	287,364
	Jazz Pharmaceuticals Plc		6,500		841,472	800,475
	JM Smucker Co		2,890		330,169	318,247
	Karat Packaging Inc		8,242		227,552	249,403
	Keycorp New		17,900		249,411	306,806
	Kohls Corp		4,000		249,431	56,160
	Koppers Hldgs Inc		7,900		246,966	255,960
	Kroger Co		17,900		635,797	1,094,585
	Lear Corp		1,020		131,804	96,594
	Lennar Corporation Class A		2,100		166,399	286,377
	Lincoln Natl Corp Ind		5,600		155,999	177,576
	Macy's Inc		7,700		216,298	130,361
	Manpowergroup Inc.		3,200		291,556	184,704

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Share/ Type Principal	Interest Rate	Maturity Date		
		<u>Common stocks (continued):</u>				
	Marathon Petroleum Corp	2,800			\$ 123,966	\$ 390,600
	Matador Resources Co	7,840			434,050	441,078
	Magnera Corp	1,298			20,869	23,585
	McKesson Corp	600			78,439	341,946
	MGIC Invt Corp	18,300			350,979	433,893
	MGM Resorts International	5,200			231,105	180,180
	Mohawk Inds Inc	1,800			244,259	214,434
	Molson Coors Brewing Company	9,100			528,059	521,612
	Mosaic Co/The	9,000			331,499	221,220
	Mr Cooper Group Inc	2,500			201,723	240,025
	Mueller Inds Inc	5,150			169,999	408,704
	National Fuel Gas Co N J	8,700			489,603	527,916
	Navient Corp	15,000			199,570	199,350
	Ncr Atleos Corp	1,900			36,556	64,448
	Newmarket Corp	700			304,916	369,845
	Nexstar Media Group Inc	1,700			207,310	268,549
	Nrg Energy Inc Com New	10,800			405,300	974,376
	NOV Inc	18,000			287,419	262,800
	O-I Glass Inc	11,700			268,804	126,828
	Omega Healthcare Invs Inc	4,900			171,956	185,465
	Oshkosh Corporation	2,500			260,458	237,675
	Organon & Co	23,800			486,349	355,096
	Outfront Media Inc	17,100			308,259	303,354
	Owens Corning Inc	2,300			143,527	391,736
	Paccar Inc	2,700			222,699	280,854
	Patterson Cos Inc Com	10,688			275,201	329,832
	Penske Auto Group Inc	3,600			166,053	548,784
	Phillips 66	3,300			324,217	375,969
	Phinia Inc	4,600			186,804	221,582
	Photronics Inc	10,100			203,574	237,956
	Piedmont Office Realty Trust Inc. Class A	9,600			184,563	87,840
	Playtika Holding Corp	24,100			266,326	167,254
	Pulte Group Inc	5,700			136,995	620,730
	Pvh Corp	3,100			157,147	327,825
	Regions Finl Corp New	25,100			260,353	590,352
	Ryder Sys Inc	2,500			215,806	392,150
	Safe Bulkers Inc	47,300			267,637	168,861
	Sabra Health Care Reit, Inc.	14,800			263,882	256,336
	Scorpio Tankers Inc	4,400			294,419	218,636
	Silgan Hldgs Inc	4,200			124,952	218,610
	Sirius XM Holdings Inc	6,500			156,912	148,200
	Snap On Inc	1,300			205,903	441,324
	State Street Corp	12,700			883,154	1,246,505
	Steel Dynamics Inc	3,300			117,312	376,431
	Stifel Financial Corp	286			21,793	30,339
	Sylvamo Corp	4,000			161,548	316,080
	Synchrony Financial	8,300			241,135	539,500
	TD Synnex Corp	2,710			306,601	317,829
	Tegna Inc	10,200			134,642	186,558
	Textron Inc	9,000			691,327	688,410
	The Kraft Heinz Company	11,800			447,704	362,378
	The Campell's Company	4,900			228,426	205,212

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Share/ Type	Interest Principal	Maturity Rate		
				Date		
		<u>Common stocks (continued):</u>				
	Titan International Inc		17,000		\$ 261,659	\$ 115,430
	Toll Bros Inc		6,000		252,529	755,700
	Twilio Inc		4,900		294,447	529,592
	Ugi Corp New		5,000		219,575	141,150
	United Airlines Holdings, Inc.		5,900		389,853	572,890
	United Therapeutics Corp Del		1,400		267,001	493,976
	Uniti Group Inc		10,700		211,753	58,850
	Universal Health Svcs Inc Cl B		2,170		286,444	389,341
	Universal Logistics Holdings, Inc		4,000		97,307	183,760
	Unum Group		6,400		220,196	467,392
	Upwork Inc		9,700		163,913	158,595
	Valero Energy Corp		1,300		87,016	159,367
	Viatis Inc		14,600		167,417	181,770
	Vistra Corp		1,200		29,539	165,444
	Vitesse Energy Inc		335		4,153	8,375
	Walgreens Boots Alliance Inc		5,700		222,487	53,181
	Wells Fargo & Co		100		3,902	7,024
	Western Union Co/The		16,900		286,253	179,140
	Western Digital Corp		4,500		293,056	268,335
	WK Kellogg Co		21,100		431,055	379,589
	Whirlpool Corp		3,000		389,272	343,440
	Xerox Holdings Corporation		9,100		279,113	76,713
	Zions Bancorporation, N.A.		10,000		484,492	542,511
			Total common stocks		<u>49,633,351</u>	<u>60,462,553</u>
		<u>Registered investment companies:</u>				
	GMO Benchmark-Free Fund III		1,062,824		21,999,018	20,545,976
	AB Discovery Growth Fund Inc Class Z		3,196,616		32,949,217	42,195,326
			Total registered investment companies		<u>54,948,235</u>	<u>62,741,302</u>
		<u>103-12 investment entities:</u>				
	Lazard Emerging Markets Equity Group		368,240		<u>20,000,000</u>	<u>26,732,481</u>
		<u>Common and collective trusts:</u>				
	ASB Allegiance Real Estate Fund		31,043		7,923,591	43,700,037
	PIMCO All Asset Collective Trust		1,996,287		27,726,608	48,769,286
	SSGA S&P 500 R Flagship NL Fund CM13		90,369		49,391,421	144,149,523
	State Street International Active		1,243,968		17,325,062	52,601,171
			Total common collective trusts		<u>102,366,682</u>	<u>289,220,017</u>
		<u>Limited partnerships:</u>				
	UBS Trumbull Property Fund 1289		1,167		11,762,238	10,129,011
	UBS Trumbull Property Income Fund		2,093		21,602,643	25,328,103
	J.P. Morgan IIF ERISA LP		18,906,696		15,736,936	16,432,983
	MacKay Shields Core Fixed Income Fund, LP		15,207,595		15,207,595	16,428,349
	Ullivo Infrastructure Tax-Exempt Fund		58,502		11,289,135	17,006,364
	GMO Multi-Strategy Fund Offshore E		3,072,354		3,259,098	3,651,170
			Total limited partnerships		<u>78,857,645</u>	<u>88,975,980</u>
		<u>Separate account:</u>				
	Ullico Fixed Income Sep Acct J		1,804,390		23,116,251	33,755,349

(a)	(b)	(c)				(d)	(e)	
	Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value	
		Type	Share/ Principal	Interest Rate	Maturity Date			
		<u>Cash and cash equivalents:</u>						
*	Allspring Government Money Market Fund		2,527,301			\$ 2,527,301	\$ 2,527,301	
*	Blackrock Liquidity Funds Fedfund		264			264	264	
			Total cash and cash equivalents			<u>2,527,565</u>	<u>2,527,565</u>	
			Total investments			<u>\$ 350,135,040</u>	<u>\$ 582,062,221</u>	

* A party-in-interest as defined by ERISA.

**CONNECTICUT LABORERS'
PENSION FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Item 4j

EIN: 06-6044348
Plan No. 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (loss)
*	Allspring Government MMKT Fund	\$ 27,035,905	N/A	\$ 27,035,905	\$ 27,035,905	N/A
*	Allspring Government MMKT Fund	N/A	\$ 25,682,827	25,682,827	25,682,827	\$ -

* A party-in-interest as defined by ERISA.

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of plan provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

January 1 through December 31

Pension credit year

April 1 through March 31

Plan status

Ongoing

Regular pension

- **Age Requirement:** 65
- **Service Requirement:** Five years
- **Amount:** \$85 per year of service accrued after 2017 plus \$77 per year of service accrued prior to 2018 and after 1960. No cap on service credits.

Service pension

- **Age Requirement:** None
- **Service Requirement:** Thirty years
- **Amount:** The amount of a Service Pension shall be determined in the same manner as a Regular Pension.

Section 3: Certificate of Actuarial Valuation

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** Ten years
- **Amount:** Regular pension accrued, reduced by 3% for each year of age between 60 and 65 and by 6% for each year of age less than 60.

Disability

- **Age Requirement:** None
- **Service Requirement:** Five years
- **Amount:** Regular pension accrued for Total Disability and Early Retirement Pension not reduced below age 55 for Occupational Disability.

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years
- **Amount:** Regular pension accrued
- **Normal Retirement Age:** 65 or fifth anniversary of participation, if later.

Partial pension

- **Age Requirement:** Combined service credit is at least 10 years including two for which contributions have been made.
- **Amount:** In accordance with section 4.6 of the plan.

Section 3: Certificate of Actuarial Valuation

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years
- **Amount:** 50% of the benefit the employee would have received had he retired the day before he died. If under age 55, calculated as if the participant were 55.

Five-year certain payment (if participant is not eligible for spouse's benefit)

- **Age Requirement:** None
- **Service Requirement:** Five years
- **Amount:** Monthly benefit to which participant would have been entitled had he retired the day before he died. If under age 55, calculated as if participant were 55.

Pre-retirement lump-sum death benefit (if participant is not eligible for five-year payment certain or spouse's benefit)

- **Age Requirement:** None
- **Service Requirement:** None
- **Amount:** \$1,000 per year of service

Post-retirement death benefit

Joint and Survivor: If the participant is married, pension benefits are paid in the form of a 50% joint-and-survivor annuity unless this form is rejected by the participant and spouse. If that form is not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. However, effective for retirements on or after January 1, 1997, if the spouse predeceases the participant, the benefit is increased to the unreduced amount. If that form is rejected, or if the participant is not eligible, benefits are payable for the life of the participant (or for 60 months if longer) without reduction or in any other available optional form elected by the participant in an actuarially equivalent amount.

Section 3: Certificate of Actuarial Valuation

Automatic benefit forms

- **Not Married:** Unless an optional election is made, the accrued pension paid as a Five-Year Certain and Life Benefit.
- **Married:** Lifetime monthly annuity to the retiree with 50% of such annuity continuing to the retiree's spouse following the retiree's death. Effective for retirements on or after January 1, 1997, if the spouse predeceases the participant, the benefit is increased to the unreduced amount. The accrued benefit is adjusted such that the value is converted from the Five-Year Certain and Life Benefit based on simplified factors.

Married participants may, with written consent of their spouse, elect optional form of payment.

Optional forms of benefits

Ten-Year Certain and Life: The retiree may elect the Ten-Year Certain and Life Benefit. The accrued pension is adjusted such that the value is converted from the Five-Year Certain and Life Benefit based on simplified factors.

75% Joint and Survivor Annuity: The retiree may elect the 75% Joint and Survivor Annuity. The accrued pension is adjusted such that the value is converted from the Five-Year Certain and Life Benefit based on simplified factors.

Participation

The earliest January 1 or July 1 after completion of a 12-consecutive-month period during which 1,000 hours were worked.

Pension credit

One-quarter credit is granted for each 250 hours worked during a calendar year to a maximum of one credit.

Vesting credit

The greater of (a) pension credit or (b) one credit for each calendar year in which at least 1,000 hours were worked in covered employment.

Banking of hours

Hours in excess of 1,600 earned in 1986 and thereafter may be banked (maximum application to three short years). Effective January 1, 1997, participants who have accrued 35 Pension Credits (exclusive of the bank of hours) will be able to bank hours in

Section 3: Certificate of Actuarial Valuation

excess of 1,000 hours. Excess hours remaining in the bank at retirement are paid out as a lump sum equal to two dollars for each hour or converted to an additional monthly benefit. The amendment effective September 10, 2024 increasing this to three dollars will be reflected in the next actuarial valuation.

Contribution rate

The hourly contribution rate increased from \$6.84 to \$7.44 on April 1, 2023.

Changes in plan provisions

There were no changes in plan provisions as of January 1, 2024.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Section 3: Certificate of Actuarial Valuation

Exhibit G: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Pension Credits

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	117	113	4	—	—	—	—	—	—	—
	\$195	\$185	—	—	—	—	—	—	—	—
25 - 29	193	138	52	3	—	—	—	—	—	—
	\$343	\$243	\$576	—	—	—	—	—	—	—
30 - 34	255	130	100	24	1	—	—	—	—	—
	\$458	\$233	\$618	\$972	—	—	—	—	—	—
35 - 39	294	114	95	52	31	2	—	—	—	—
	\$633	\$233	\$613	\$1,037	\$1,417	—	—	—	—	—
40 - 44	318	105	78	48	55	31	1	—	—	—
	\$839	\$234	\$646	\$1,055	\$1,490	\$1,847	—	—	—	—
45 - 49	303	55	53	59	57	58	21	—	—	—
	\$1,154	\$228	\$623	\$1,067	\$1,486	\$1,878	\$2,263	—	—	—
50 - 54	312	51	58	34	58	59	41	11	—	—
	\$1,317	\$251	\$662	\$1,067	\$1,504	\$1,914	\$2,297	—	—	—
55 - 59	313	29	44	34	53	87	32	25	9	—
	\$1,542	\$231	\$651	\$1,088	\$1,501	\$1,895	\$2,278	\$2,731	—	—
60 - 64	220	22	18	30	22	48	30	22	24	4
	\$1,781	\$247	—	\$1,115	\$1,491	\$1,886	\$2,313	\$2,744	\$3,099	—
65 - 69	70	8	16	7	10	15	3	4	6	1
	\$1,462	—	—	—	—	—	—	—	—	—
70 & over	3	—	—	—	1	1	—	1	—	—
	—	—	—	—	—	—	—	—	—	—
Unknown	3	3	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—
Totals	2,401	768	518	291	288	301	128	63	39	5
	\$1,001	\$228	\$625	\$1,057	\$1,485	\$1,886	\$2,288	\$2,724	\$3,027	—

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	04/01/1994	\$59,083	.25	\$59,083
Plan amendment	04/01/1994	111,629	.25	111,629
Plan amendment	04/01/1995	542,912	1.25	437,847
Plan amendment	04/01/1996	1,020,142	2.25	471,948
Plan amendment	04/01/1997	273,564	3.25	90,438
Change in assumptions	04/01/1997	1,306,143	3.25	431,801
Change in assumptions	04/01/1998	153,092	4.25	39,934
Plan amendment	04/01/1999	1,660,532	5.25	361,677
Change in assumptions	04/01/1999	2,435,709	5.25	530,517
Plan amendment	04/01/2000	5,128,373	6.25	967,455
Change in assumptions	04/01/2005	2,242,646	11.25	272,485
Change in assumptions	04/01/2006	3,795,259	12.25	435,740
Plan amendment	04/01/2007	870,001	13.25	94,987
Base due to Mar. 31, 2009 investment loss	04/01/2009	62,105,859	14.25	6,482,849
Change in assumptions	04/01/2010	302,724	1.25	244,140
Base due to Mar. 31, 2009 investment loss	04/01/2011	26,734,479	14.25	2,790,648
Experience loss	04/01/2012	2,216,628	3.25	732,800
Base due to Mar. 31, 2009 investment pool used	04/01/2012	2,941,929	14.25	307,090
Experience loss	04/01/2013	2,590,552	4.25	675,748
Change in assumptions	04/01/2014	438,480	5.25	95,504
Experience loss	04/01/2014	3,988,392	5.25	868,703
Change in assumptions	04/01/2015	1,774,073	6.25	334,675
Experience loss	04/01/2015	8,711,650	6.25	1,643,431
Change in assumptions	04/01/2016	4,419,121	7.25	740,754

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience loss	04/01/2016	17,169,944	7.25	2,878,108
Experience loss	04/01/2017	12,109,756	8.25	1,838,019
Experience loss	01/01/2018	7,987,689	9	1,136,296
Plan amendment	01/01/2019	1,445,791	10	190,610
Experience loss	01/01/2019	9,186,317	10	1,211,102
Experience loss	01/01/2020	3,764,007	11	464,379
Change in assumptions	01/01/2022	12,073,686	13	1,334,168
Change in assumptions	01/01/2023	1,265,618	14	133,541
Experience loss	01/01/2023	12,602,271	14	1,329,721
Experience Loss	01/01/2024	729,078	15	73,807
Plan amendment	01/01/2024	10,622,970	15	1,075,406
Change in assumptions	01/01/2024	16,933,077	15	1,714,203
Total		\$241,713,176		\$32,601,243

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	04/01/2007	\$1,562,879	13.25	\$170,635
Experience gain	04/01/2009	21,611	.25	21,611
Experience gain	04/01/2010	5,958,207	1.25	4,805,163
Base due to Mar. 31, 2009 investment loss	04/01/2010	15,804,634	14.25	1,649,749
Experience gain	04/01/2011	5,490,598	2.25	2,540,116
Change in assumptions	04/01/2017	5,511,188	8.25	836,488
Change in assumptions	01/01/2019	1,302,088	10	171,664
Change in assumptions	01/01/2020	7,603,507	11	938,071
Experience gain	01/01/2021	8,337,152	12	970,232
Experience gain	01/01/2022	13,194,572	13	1,458,028
Total		\$64,786,436		\$13,561,757

Exhibit I: Current Liability

The table below presents the current liability for the Plan Year beginning January 1, 2024.

Item ¹	Number of Participants	Current Liability
Interest rate assumption		3.29%
Retired participants and beneficiaries receiving payments	3,046	\$487,641,379
Inactive vested participants	1,495	166,093,633
Active participants		
• Non-vested benefits		28,605,640
• Vested benefits		275,657,548

¹ The actuarial assumptions used to calculate these values are shown in Exhibit K.

Section 3: Certificate of Actuarial Valuation

Estimated rate of investment return

- On actuarial value of assets (Schedule MB, line 6g): 6.4%, for the Plan Year ending December 31, 2023
- On current (market) value of assets (Schedule MB, line 6h): 8.8%, for the Plan Year ending December 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2024:
 - The net investment return was reduced from 7.00% to 6.75%.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

Pre-Retirement: The RP-2006 Blue Collar Employee Mortality Table projected generationally with the MP-2021 projection scale

Healthy Annuitant: The RP-2006 Blue Collar Healthy Annuitant Mortality Table projected generationally with the MP-2021 projection scale

Disabled Annuitant: The RP-2006 Blue Collar Healthy Annuitant Mortality Table set forward 4 years projected generationally with the MP-2021 projection scale

The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. As part of the analysis, a comparison was made between the actual number of retiree deaths and the projected number based on the prior years' assumption over the most recent six years.

These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

Section 3: Certificate of Actuarial Valuation

Termination rates

Age	Disability ¹	Withdrawal ²
20	0.02%	6.58%
25	0.03%	5.27%
30	0.04%	4.83%
35	0.06%	4.47%
40	0.09%	3.84%
45	0.14%	3.21%
50	0.24%	1.55%
55	0.40%	0.00%
60	0.65%	0.00%

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgement. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior years' assumption over the most recent six plan years.

¹ Three-fourths of the rate for disabilities is assumed to be for total and permanent disabilities and one-fourth is assumed to be for occupational disabilities.

² Current withdrawal rates are multiplied by the following factors for years of service less than five:

Years of Service	Withdrawal Rate Multipliers
1	5
2	4
3	3
4	2
5 or more	1

Section 3: Certificate of Actuarial Valuation

Retirement rates for active participants

Age	Annual Rate
55 – 59	5%
60	15%
61	10%
62	20%
63 – 64	15%
65	40%
66 – 69	30%
70	100%

Rates are increased 25% for participants who are age 55 or older for the year they attain 32 years of experience.

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior years' assumption over the most recent six years.

Description of weighted average retirement age

Age 62, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Section 3: Certificate of Actuarial Valuation

Retirement age for inactive vested participants

Age	Annual Rate (%)
55-59	5%
60-61	10%
62	15%
63-64	10%
65	25%
66-69	20%
70	100%

Rates are for those who last worked after 1985.

Age 65 for those who last worked prior to 1985.

The retirement ages for inactive vested participants were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent six years.

Future pension credit per year

Active participants assumed to earn one pension credit per year. The future pension credit assumption was based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and actual pension credit accruals over the most recent two years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Employees who worked at least 250 hours in the prior calendar year and had at least one year of pension credit as of the end of the prior year were included in the valuation.

Section 3: Certificate of Actuarial Valuation

Percent married

75% (based on the experience of this and other multiemployer plans).

Age of spouse

Females 3 years younger than males (based on experience of this and other multiemployer plans).

Benefit election

Married participants elect the 50% Joint and Survivor form of payment and non-married participants are assumed to elect the Five-Year Certain and Life Annuity form of payment.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, and estimated future experience and professional judgement. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent six years.

Delayed retirement factors

Active participants assumed to qualify for six months of delayed retirement adjustments per year after normal retirement age.

Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.

Excess hours bank load

A load of 6.00% of normal cost and actuarial accrued liability is valued for excess banked hours (based on the Plan's historical experience).

Net investment return

6.75%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Section 3: Certificate of Actuarial Valuation

Annual administrative expenses

\$1,750,000, payable at the beginning of the year, for year beginning January 1, 2024.

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgement.

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Entry Age Normal Actuarial Cost Method. Entry Age is the current age minus accrued service. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current plan of benefits had always been in effect.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit L.

Elections under the Pension Relief Act of 2010

Extended Amortization of Net Investment Losses (IRC Section 431(b)(8)(A)): Effective March 31, 2013, the Trustees elected to no longer use extended amortization of the market value investment loss for the Plan Year ended March 31, 2009. This decision to opt out of pension funding relief does not affect bases established in the Funding Standard Account prior to March 31, 2013.

Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): Post-2024 Basis: Pri-2012 separate annuitant and non-annuitant healthy mortality tables (sex-specific) with generational projection using Scale 2024 Adjusted MP-2021. From IRS Final Regulations dated October, 2023.

Section 3: Certificate of Actuarial Valuation

Estimated rate of investment return

- On actuarial value of assets (Schedule MB, line 6g): 6.4%, for the Plan Year ending December 31, 2023
- On current (market) value of assets (Schedule MB, line 6h): 8.8%, for the Plan Year ending December 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2024:
 - The net investment return was reduced from 7.00% to 6.75%.

Section 2: Actuarial Valuation Results

Withdrawal liability assumptions

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- The present value of vested benefits is based on a blend of two liability calculations:
 - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
 - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

Assumption	Description
Interest	For liabilities up to market value of assets, 5.06% for 20 years and 4.37% beyond (3.90% for 20 years and 3.65% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding as of January 1, 2024 (the corresponding funding rate as of a year earlier was used for the prior year's value)
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of January 1, 2023 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of January 1, 2023 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

- The assumption changes made for funding purposes as of the beginning of the current year will be reflected in the end of the current year's unfunded present value of vested benefits for purposes of withdrawal liability.

Section 3: Certificate of Actuarial Valuation

Exhibit E: Schedule of projection of expected benefits

Schedule MB, line 8b(1)

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$1,603,361	\$745,402	\$40,203,875	\$42,552,638
2025	3,123,555	1,312,916	39,007,592	43,444,063
2026	4,527,919	1,908,373	37,705,088	44,141,380
2027	5,950,450	2,587,178	36,375,188	44,912,817
2028	7,275,120	3,262,833	34,949,233	45,487,187
2029	8,422,327	3,929,677	33,556,317	45,908,321
2030	9,520,467	4,553,713	32,167,949	46,242,129
2031	10,532,005	5,196,655	30,740,499	46,469,159
2032	11,457,405	5,708,593	29,283,454	46,449,451
2033	12,305,901	6,311,664	27,836,554	46,454,120
2034	13,076,288	6,840,798	26,397,272	46,314,358
2035	13,768,009	7,309,393	24,980,547	46,057,949
2036	14,384,222	7,735,569	23,571,887	45,691,678
2037	14,957,781	8,145,927	22,176,093	45,279,801
2038	15,445,480	8,487,701	20,797,765	44,730,947
2039	15,895,696	8,769,613	19,441,175	44,106,485
2040	16,310,090	9,021,800	18,110,426	43,442,316
2041	16,703,069	9,294,697	16,809,456	42,807,222
2042	16,933,393	9,538,753	15,542,083	42,014,230
2043	17,174,567	9,709,482	14,311,974	41,196,023
2044	17,307,672	9,839,279	13,122,547	40,269,498
2045	17,398,685	9,981,268	11,977,021	39,356,974

Section 3: Certificate of Actuarial Valuation

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2046	17,420,370	10,076,869	10,878,497	38,375,735
2047	17,354,637	10,042,191	9,829,866	37,226,694
2048	17,303,259	10,029,944	8,833,797	36,166,999
2049	17,150,950	9,968,285	7,892,801	35,012,036
2050	16,949,891	9,834,867	7,009,088	33,793,846
2051	16,630,955	9,671,312	6,184,417	32,486,684
2052	16,310,944	9,501,391	5,420,057	31,232,391
2053	15,958,840	9,275,579	4,716,686	29,951,105
2054	15,507,763	9,018,519	4,074,388	28,600,670
2055	15,021,154	8,735,488	3,492,616	27,249,258
2056	14,490,819	8,458,486	2,970,174	25,919,479
2057	13,943,640	8,101,600	2,505,217	24,550,457
2058	13,355,400	7,745,155	2,095,265	23,195,820
2059	12,730,459	7,382,835	1,737,305	21,850,599
2060	12,083,490	7,004,798	1,427,884	20,516,172
2061	11,444,959	6,609,621	1,163,216	19,217,796
2062	10,812,572	6,204,214	939,256	17,956,042
2063	10,174,008	5,799,381	751,817	16,725,206
2064	9,540,078	5,397,625	596,701	15,534,404
2065	8,921,164	5,009,019	469,761	14,399,943
2066	8,319,029	4,633,739	367,028	13,319,796
2067	7,737,105	4,266,694	284,804	12,288,602
2068	7,177,676	3,914,279	219,697	11,311,652
2069	6,641,524	3,581,092	168,670	10,391,286
2070	6,129,109	3,262,387	129,052	9,520,548

Section 3: Certificate of Actuarial Valuation

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2071	5,640,753	2,961,152	98,545	8,700,449
2072	5,176,510	2,677,552	75,217	7,929,279
2073	4,736,429	2,411,452	57,471	7,205,351

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$26,139,324	-	\$26,139,324
2025	\$26,139,324	-	\$26,139,324
2026	\$26,139,324	-	\$26,139,324
2027	\$26,139,324	-	\$26,139,324
2028	\$26,139,324	-	\$26,139,324
2029	\$26,139,324	-	\$26,139,324
2030	\$26,139,324	-	\$26,139,324
2031	\$26,139,324	-	\$26,139,324
2032	\$26,139,324	-	\$26,139,324
2033	\$26,139,324	-	\$26,139,324

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	▶ ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan CONNECTICUT LABORERS' PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 04/01/1961
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CONNECTICUT LABORERS' PENSION FUND BOARD OF TRUSTEE 435 CAPTAIN THOMAS BOULEVARD WEST HAVEN CT 06516	2b Employer Identification Number (EIN) 06-6044348 2c Plan Sponsor's telephone number 203-934-7991 2d Business code (see instructions) 237990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		9-9-25	KEITH BROTHERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		09/09/25	PETER ARBORIO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EIN
a Sponsor's name c Plan Name	4d PN

5 Total number of participants at the beginning of the plan year	5	6,942
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	2,401
a (2) Total number of active participants at the end of the plan year	6a(2)	2,425
b Retired or separated participants receiving benefits	6b	2,437
c Other retired or separated participants entitled to future benefits	6c	1,528
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	6,390
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	629
f Total. Add lines 6d and 6e	6f	7,019
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	237

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
(2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
(4) ☐ **DCG** (Individual Plan Information) - Number Attached _____
(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information - Small Plan)
(3) ☒ **A** (Insurance Information) - Number Attached 1
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan CONNECTICUT LABORERS PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONNECTICUT LABORERS PENSION FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 06-6044348

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 564,201,909
(2) Actuarial value of assets for funding standard account	1b(2) 598,937,574
c (1) Accrued liability for plan using immediate gain methods	1c(1) 641,417,140
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 605,596,524
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 957,998,200
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 19,930,632
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 42,583,320
(3) Expected plan disbursements for the plan year	1d(3) 44,396,026

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Kevin Ach KA Signature of actuary Kevin Ach, MAAA, EA Type or print name of actuary SEGAL Firm name 116 HUNTINGTON AVENUE 9TH FLOOR BOSTON MA 02116-5744 Address of the firm	09/04/2025 Date 2308594 Most recent enrollment number 617-424-7300 Telephone number (including area code)
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j If box h is checked, enter period of use of shortfall method	5j	
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k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 3.29 %

	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1) A	A
(2) Females	6c(2) A	A
d Valuation liability interest rate	6d 6.75 %	6.75 %
e Salary scale	6e % ☒ N/A	
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1) ☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2) %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g 6.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h 8.8 %	
i Expense load included in normal cost reported in line 9b	6i ☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1) %	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2) 1,750,000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3) ☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	729,078	73,807
3	10,622,970	1,075,406
4	16,933,077	1,714,203

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	8,926,147
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	241,713,176
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	2,803,099
e Total charges. Add lines 9a through 9d	9e	44,330,489
Credits to funding standard account:		
f Prior year credit balance, if any	9f	134,447,174
g Employer contributions. Total from column (b) of line 3	9g	31,901,162
h Amortization credits as of valuation date.....		
(1) ERISA FFL (accrued liability FFL)	9h(1)	235,478,279
(2) "RPA '94" override (90% current liability FFL)	9h(2)	276,726,988
(3) FFL credit	9h(3)	0
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	10,977,545
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	235,478,279
(2) "RPA '94" override (90% current liability FFL)	9j(2)	276,726,988
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	190,887,638
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	146,557,149
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		

☒ Yes ☐ No