

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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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

<p>1a Name of plan <u>OMAHA CONSTRUCTION INDUSTRY PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>OMAHA CONST. IND. PENSION PLAN JOINT BOARD OF TRUSTEES</u></p> <p><u>3930 S 147TH STREET, SUITE 100</u> <u>OMAHA, NE 68144</u></p>	<p>1c Effective date of plan <u>01/01/1967</u></p> <p>2b Employer Identification Number (EIN) <u>47-0468085</u></p> <p>2c Plan Sponsor's telephone number <u>402-951-7900</u></p> <p>2d Business code (see instructions) <u>238900</u></p>

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.	10/13/2025	BOB GROTHE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	JOSH RENDER
	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 <input type="checkbox"/> Same as Plan Sponsor OMAHA CONST. IND. PENSION PLAN JOINT BOARD OF TRUSTEES 3930 S 147TH STREET, SUITE 100 OMAHA, NE 68144		3b Administrator's EIN 47-0468085	
		3c Administrator's telephone number 402-951-7900	
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	1402	
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	1402	
6a(2) Total number of active participants at the end of the plan year	6a(2)	1458	
b Retired or separated participants receiving benefits.....	6b	1723	
c Other retired or separated participants entitled to future benefits	6c	1121	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	4302	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	409	
f Total. Add lines 6d and 6e	6f	4711	
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)		
g(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	124	

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) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

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 MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>OMAHA CONSTRUCTION INDUSTRY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OMAHA CONST. IND. PENSION PLAN JOINT BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>47-0468085</u>

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) <u>328387005</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>344424625</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>397341474</u>
(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) <u>397341474</u>
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) <u>722256640</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>24231438</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>28835085</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>29234451</u>

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 Signature of actuary <u>KATHRYN GARRITY, FSA, EA, MAAA</u> Type or print name of actuary <u>UNITED ACTUARIAL SERVICES, INC.</u> Firm name <u>11590 N MERIDIAN STREET, STE 610</u> <u>CARMEL, IN 46032-4529</u> Address of the firm	<u>10/08/2025</u> Date <u>23-05379</u> Most recent enrollment number <u>317-580-8670</u> Telephone number (including area code)
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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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	328387005
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2128	324283348
(2) For terminated vested participants	1094	128981780
(3) For active participants:		
(a) Non-vested benefits		17261549
(b) Vested benefits		251729963
(c) Total active	1478	268991512
(4) Total	4700	722256640
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	45.47 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2024	20483799				
			Totals ▶	3(b)	20483799
				3(c)	
			(d) Total withdrawal liability amounts included in line 3(b) total	3(d)	29800

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	86.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	2.77 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A A
(2) Females	6c(2)	AF AF
d Valuation liability interest rate	6d	7.40 % 7.40 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.40 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.5 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	617768
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	572253	59988
4	491345	51506

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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	9376361

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)		153687344	23005475
9c(2)			
9c(3)			

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	2396252
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e Total charges. Add lines 9a through 9d.....

9e	34778088
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Credits to funding standard account:

f Prior year credit balance, if any.....

9f	77911447
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g Employer contributions. Total from column (b) of line 3.....

9g	20483799
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h Amortization credits as of valuation date.....

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

		Outstanding balance	
9h		22859048	5803124
9i			6952781

j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)		167802050	
9j(2)		324842212	
9j(3)			

k (1) Waived funding deficiency

(2) Other credits

9k(1)	
9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	111151151
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	76373063
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

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

(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

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

(3) Total as of valuation date.....

9o(1)	
9o(2)(a)	
9o(2)(b)	
9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	0
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 OMAHA CONSTRUCTION INDUSTRY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OMAHA CONST. IND. PENSION PLAN JOINT BOARD OF TRUSTEES	D Employer Identification Number (EIN) 47-0468085	

Part I Service Provider Information (see instructions)

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

MORGAN STANLEY AIP GP LP

23-3060887

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

HAMILTON LANE ADVISORS LLC

23-2962336

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

GREAT GRAY TRUST COMPANY LLC

52-6328901

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

ANGELO, GORDON & CO

13-3478879

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

GROSVENOR CAPITAL MANAGEMENT LP

36-3795985

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

WHITE OAK GLOBAL ADVISORS, LLC

26-0340395

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

BNY MELLON

25-6078093

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

BLACKSTONE INFRASTRUCTURE ADVISORS

345 PARK AVENUE
NEW YORK, NY 10154

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

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

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

(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)

UNITED ACTUARIAL SERVICES, INC.

35-2156428

(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		89075	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLAKE & UHLIG, P.A.

48-0918231

(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		85337	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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		275000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

COMERICA

42-1741646

(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 49 59 62 72		28062	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DEBOER & ASSOCIATES, PC

47-0836395

(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		121465	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMPUSYS OF UTAH, INC.

84-0869853

(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?
13		154596	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

IRON MOUNTAIN

1000 CAMPUS DR
800-899-4766
COLLEGEVILLE, PA 19426

(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?
64		28337	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MCGRATH NORTH MULLIN & KRATZ PC

47-0551221

(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		17841	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BENESYS

38-2383171

(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?
13		90382	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>OMAHA CONSTRUCTION INDUSTRY PENSION PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OMAHA CONST. IND. PENSION PLAN JOINT BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>47-0468085</u>

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: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3935514</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MCG FIXED INCOME GROUP TRUST</u>		
b Name of sponsor of entity listed in (a): <u>SEGAL ADVISORS, INC.</u>		
c EIN-PN <u>27-6230536-002</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>82711991</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO SL LARGE CAP STOCK INDEX FU</u>		
b Name of sponsor of entity listed in (a): <u>BNY MELLON</u>		
c EIN-PN <u>25-6078093-355</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>113897627</u>
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)
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)

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)

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)

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)

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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 OMAHA CONSTRUCTION INDUSTRY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OMAHA CONST. IND. PENSION PLAN JOINT BOARD OF TRUSTEES	D Employer Identification Number (EIN) 47-0468085

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2767942	3848090
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1751357	2547969
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	349381	238794
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5036642	5981368
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	79670234	87072341
(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)	124485999	117833141
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	59768158	82711991
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	55287252	56215859
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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		
f Total assets (add all amounts in lines 1a through 1e).....	1f	329116965	356449553
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	611595	591869
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	611595	591869
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	328505370	355857684

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)	20453999	
(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)		20453999
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	464109	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		464109
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	10783386	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	12023932	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-1240546
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1223697	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		26865015
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		1443834
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5752539
c Other income	2c		32
d Total income. Add all income amounts in column (b) and enter total	2d		54962679

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26358691	
(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)		26358691
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)		
(2) Contract administrator fees	2i(2)	244978	
(3) Recordkeeping fees	2i(3)	71615	
(4) IQPA audit fees	2i(4)	49850	
(5) Investment advisory and investment management fees	2i(5)	287349	
(6) Bank or trust company trustee/custodial fees	2i(6)	29810	
(7) Actuarial fees	2i(7)	89075	
(8) Legal fees	2i(8)	103178	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	19818	
(11) Other expenses	2i(11)	356001	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1251674
j Total expenses. Add all expense amounts in column (b) and enter total	2j		27610365

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		27352314
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: **DEBOER & ASSOCIATES, PC**

(2) EIN: **47-0836395**

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.)		X	
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.)		X	
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.)		X	
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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 557261.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>OMAHA CONSTRUCTION INDUSTRY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OMAHA CONST. IND. PENSION PLAN JOINT BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>47-0468085</u>	

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): _____		
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

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 **J E DUNN CONSTRUCTION**

b EIN **44-0229405**

c Dollar amount contributed by employer

2255119

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 **TOPPING OUT INC**

b EIN **42-1115854**

c Dollar amount contributed by employer

1635578

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 **MOEN STEEL ERECTION INC**

b EIN **47-0800267**

c Dollar amount contributed by employer

942510

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 **M&M STEEL ERECTION INC**

b EIN **37-1541885**

c Dollar amount contributed by employer

755182

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 **BARNHART CRANE & RIGGING**

b EIN **62-1269879**

c Dollar amount contributed by employer

723903

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 **PATRIOT MILLWRIGHT SERVICES**

b EIN **85-4114032**

c Dollar amount contributed by employer

610506

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): _____

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 ATLAS STEEL ERECTION

b EIN 47-0843302 **c** Dollar amount contributed by employer 585380

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 05 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) 8.58

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

a Name of contributing employer PATRIOT CRANE & RIGGING

b EIN 45-4295633 **c** Dollar amount contributed by employer 472904

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 05 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) 8.58

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

a Name of contributing employer ELITE RIGGING & MILLWRIGHT

b EIN 99-1484812 **c** Dollar amount contributed by employer 443016

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 05 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) 8.01

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

a Name of contributing employer ICON INDUSTRIAL SERVICES LLC

b EIN 45-3698367 **c** Dollar amount contributed by employer 383141

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 05 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) 8.01

(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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	0

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	1.08
b The corresponding number for the second preceding plan year	15b	1.05

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: 48.8 % Private Equity: 5.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 21.7 %
 High-Yield Debt: 2.0 % Real Assets: 11.0 % Cash or Cash Equivalents: 1.7 % Other: 9.8 %

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 _____.

Omaha Construction Industry Pension Fund

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

YEARS ENDED
December 31, 2024 and 2023

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Chris Wassenaar, CPA Brad Yoder, CPA
Eryn Stevens, CPA Chery DeBoer, CPA

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Omaha Construction Industry Pension Fund
Omaha, NE

Opinion

We have audited the accompanying financial statements of Omaha Construction Industry Pension Fund, 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, 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Omaha Construction Industry Pension Fund as of December 31, 2024 and 2023, and the 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. 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 Omaha Construction Industry Pension Fund 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 Omaha Construction Industry Pension Fund'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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Omaha Construction Industry Pension Fund'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 Omaha Construction Industry Pension Fund'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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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.

De Boer + Associates, PC

October 10, 2025

OMAHA CONSTRUCTION INDUSTRY PENSION FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
Investments at fair value (Notes 2 and 5)		
Cash equivalents	\$ 5,981,368	\$ 5,036,642
Common/collective trusts	117,833,141	124,485,999
Investment partnerships	169,784,332	139,438,392
Mutual funds	56,215,859	55,287,252
Total investments	<u>349,814,700</u>	<u>324,248,285</u>
Cash and cash equivalents	3,848,090	2,767,942
Receivables		
Employer contributions (Note 2)	2,547,969	1,751,357
Accrued interest and dividends	101,706	204,991
Assessed withdrawal liability (Note 9)	88,565	118,365
Other receivable	48,523	26,025
Total receivables	<u>2,786,763</u>	<u>2,100,738</u>
Total assets	\$ 356,449,553	\$ 329,116,965
LIABILITIES		
Accounts payable	\$ 320,633	\$ 225,526
Reciprocal contributions payable	271,236	386,069
Total liabilities	591,869	611,595
Net assets available for benefits	\$ 355,857,684	\$ 328,505,370

The accompanying notes are an integral part of these financial statements.

OMAHA CONSTRUCTION INDUSTRY PENSION FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions to plan assets attributed to		
Investment income		
Net appreciation in fair value of investments	\$ 31,477,027	\$ 32,895,190
Interest and dividends	3,031,621	1,946,382
Total investment income	34,508,648	34,841,572
Less: investment expenses	(315,412)	(297,387)
Net investment income	34,193,236	34,544,185
Employer contributions	20,453,999	17,181,289
Other income	32	2,805
Withdrawal liability income (Note 9)	-	140,715
Total additions	54,647,267	51,868,994
Deductions from plan assets attributed to		
Pension benefits paid	26,358,691	25,177,655
Administrative expenses:		
Accounting fees	49,850	31,500
Actuarial fees	89,075	66,175
Administrative expenses	246,726	188,710
Unrelated business income taxes	71,508	125,594
Conference and meeting expense	19,818	5,576
Insurance expense	72,170	68,787
Legal fees	103,178	82,921
Office expense	49,448	24,755
Payroll audit fees	71,615	55,700
PBGC insurance	162,874	161,347
Total administrative expenses	936,262	811,065
Total deductions	27,294,953	25,988,720
Net increase during year	27,352,314	25,880,274
Net assets available for benefits		
Beginning of year	328,505,370	302,625,096
End of year	\$ 355,857,684	\$ 328,505,370

The accompanying notes are an integral part of these financial statements.

**OMAHA CONSTRUCTION INDUSTRY PENSION FUND
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Omaha Construction Industry Pension Fund (Plan) provides only general information. Participants should refer to the Plan Agreement for a complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit pension plan. It was established in 1967 as a result of collective bargaining agreements between the Associated General Contractors' Employers' Association of Omaha, Nebraska and various local labor unions. The name "Associated General Contractors Employers Association of Omaha, Nebraska" was changed to "Omaha Building Contractors Employers Association".

The plan is financed entirely by contributions as specified in the various collective bargaining agreements, and is managed by a Board of Trustees consisting of an equal number of representatives from Labor and Management.

Plan Benefits

The plan provides normal retirement benefits, early retirement benefits, joint and 50% survivor benefits, ten years certain and life benefits and total and permanent disability benefits.

A participant terminating employment with all participating employers who has earned 5 years of future service, but has not become eligible for early or normal retirement will have a non-forfeitable right to a percentage of his normal retirement benefits, payable at normal retirement age. An actuarially equivalent benefit is available at early retirement ages allowed under the plan.

The eligibility requirement for Normal Retirement Benefits is age 65 or, if later, the fifth anniversary of participation; or age 60 with 25 years of credited service; or age 55 with 30 years of service.

The eligibility requirement for Early Retirement benefits is age 55 with 5 years of service with a reduction of 5/12 of 1% per month of age less than 65 with 10 years of service or reduced by 5/12 of 1% per month of age less than 60 with 25 years of service. There is no reduction with 30 years of service.

The eligibility requirement for Disability Benefits is 10 years of credited service and having worked 500 hours in covered employment in the plan year immediately preceding disability.

The following table summarizes the amendments made to the Plan to increase the future service benefit and to increase the pension benefit for those existing pensioners and for those who had applied for a pension by the effective date:

**OMAHA CONSTRUCTION INDUSTRY PENSION FUND
NOTES TO FINANCIAL STATEMENTS**

NOTE 1 – DESCRIPTION OF THE PLAN, Continued

Plan Benefits, Continued

<u>Adoption Date</u>	<u>Effective Date</u>	<u>Amended Future Service Benefit</u>	<u>Increase Given to Existing Pensioners</u>
05-19-82	01-01-82	2.25%	0
07-18-84	01-01-84	3.00%	30%
12-04-85	01-01-86	3.20%	0
11-12-86	01-01-87	3.60%	10%
11-18-87	01-01-88	3.90%	8%
08-29-90	01-01-90	4.00%	3%
08-31-92	01-01-92	4.5%/4.0%	*
10-07-93	01-01-92	4.5%/4.0%	*
09-05-00	01-01-00	4.5%/4.0%	**
11-21-02	02-01-03	3.50%	0
04-22-04	07-01-04	3.00%	0
02-16-06	04-01-06	2.00%	0
11-19-09	01-01-10	1.0%/1.5%	***
02-18-16	10-01-15	1.0%/1.5%/3.0%	****
11-18-21	01-01-22	1.0%/1.5%/2.75%	*****

* 4.50% rate is for employer contributions made on behalf of employee prior to January 1, 1992. 4.00% rate in effect for employer contributions made on or after January 1, 1992.

** 4.50% rate is for employer contributions made on behalf of employee prior to January 1, 2002. 4.00% rate in effect for employer contributions made on or after January 1, 2002.

*** 1.0% rate is for the first \$3.22 per hour of employer contribution made on behalf of employees and 1.5% is for the excess over \$3.22 per hour of employer contributing.

**** 1.0% rate is for the first \$3.22 per hour of employer contribution made on behalf of employees, 1.5% is for \$3.23 to \$4.99 per hour of employer contributions made, and 3.0% is for any excess over \$4.99 per hour of employer contributions made.

***** 1.0% rate is for the first \$3.22 per hour of employer contribution made on behalf of employees, 1.5% is for \$3.23 to \$4.99 per hour of employer contributions made, and 2.75% is for any excess over \$4.99 per hour of employer contributions made.

A non-forfeitable right to a vested benefit is available for those who have at least 5 years of future service in the Plan. The vested benefit will be based on a percentage of the accrued benefit available as a normal retirement benefit or a reduced early retirement benefit as shown on the following tables:

Participants with one or more hours of service on or after January 1, 1998:

<u>Years of future service</u>	<u>Percent of accrued benefit</u>
less than 5	0%
5 or more	100%

OMAHA CONSTRUCTION INDUSTRY PENSION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF THE PLAN, Continued

Plan Benefits, Continued

Participants who do not have any hours of service on or after January 1, 2002:

<u>Years of future service</u>	<u>Percent of accrued benefit</u>
5 but less than 6	50%
6 but less than 7	60%
7 but less than 8	70%
8 but less than 9	80%
9 but less than 10	90%
Over 10 years	100%

Contributions

Contributions by employers are payable on a monthly basis and are deposited with First National Bank of Omaha. Contribution rates are negotiated between the Unions and the Employers. Most of the Participating Employers' and Unions' business activity is in the construction industry working in Nebraska and Iowa. Employers must remit the contributions to the Pension Plan along with a report on a monthly basis. There is no collateral or other security held by the Plan to secure these contributions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with generally accepted accounting principles.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. For more information on fair value measurements see Note 5. 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Assessed Withdrawal Liability Receivable

The Plan's policy is to recognize a receivable at the settlement agreement value, net of any allowance for collectability once a withdrawal liability has been actuarially determined and formally assessed by the Plan. This is discounted to the receivables present value only if that adjustment is significant.

OMAHA CONSTRUCTION INDUSTRY PENSION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

Revenue Recognition

Employers' contributions receivable represents accrued contributions from employers for hours worked in the current year received by the Plan after the end of the year. Delinquent employer contributions are not recorded as revenue until the amounts are known and received. This effectively establishes an allowance for doubtful accounts of all outstanding delinquent contributions that the amounts are either not yet known or collected.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the plan provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are accumulated based on participants' years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of annual benefit accruals as of the benefit information 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 independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The forgoing actuarial assumptions are based on the presumption the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Funding Policy

The funding policy as of January 1, 2024 and 2023 is based on the sum of two cost elements: (1) the normal cost and (2) amortization of the unfunded actuarial accrued liabilities. The minimum funding requirements as required by ERISA have been met.

Date of Management's Review

Subsequent events were evaluated through October 10, 2025, which is the date the financial statements were available to be issued.

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

OMAHA CONSTRUCTION INDUSTRY PENSION FUND NOTES TO FINANCIAL STATEMENTS

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE 3 – TAX STATUS

The Internal Revenue Service has informed the Plan Sponsors by a letter dated September 14, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The Plan sponsor believes that the Plan is currently designed and operated in compliance with applicable requirements of the Internal Revenue Code and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

The plan has adopted guidance on accounting for uncertainty in income taxes issued by the Financial Accounting Standards Board. Management of the Plan believes that the Plan has taken no uncertain tax positions that require adjustment to the financial statements in order to comply with the provisions of this guidance. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4 – PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- 1) To provide Benefits for those Participants already receiving Retirement Benefits; and
- 2) To provide Benefits for those participants then eligible to retire and receive Retirement Benefits; and
- 3) To provide Benefits for those Participants who have ten (10) Years of Service but have not reached their respective 65th birthdays; and
- 4) To provide for all other Non-Forfeitable Benefits under the Plan; and
- 5) Use the balance of available funds in a non-discriminatory manner for the benefit of all Participants not heretofore provided for under the Plan at the date of termination.

Benefits under this plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits and certain disability and survivor’s pensions. However, PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

The PBGC guarantees vested benefits at the level in effect on the date of plan termination. However, if a plan has been in effect less than five (5) years before it terminates, or if benefits have been increased within the five (5) years before plan termination the whole amount of the plan’s vested benefits or the benefit increase may not be guaranteed. In addition, there is a ceiling on the amount of monthly benefit that PBGC guarantees which is adjusted periodically.

OMAHA CONSTRUCTION INDUSTRY PENSION FUND NOTES TO FINANCIAL STATEMENTS

NOTE 5 – FAIR VALUE MEASUREMENTS

The framework for measuring fair values 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows.

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.
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Level 2	Inputs to the valuation methodology include: <ul style="list-style-type: none">• 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.
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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.
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The asset 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Cash Equivalents (Money Markets): Valued at cost, which is equal to net asset value at year-end.

Common and Collective Trusts: Valued at the NAV of units of the fund held by the Plan. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair market value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases/sales) may occur daily. Were the plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure the securities liquidations will be carried out in an orderly business manner. Additional information on redemptions of these investments can be found on the table under the heading "Fair Value of Investments in Entities that Use Net Asset Value with Redemption Restrictions".

Mutual Funds: Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

OMAHA CONSTRUCTION INDUSTRY PENSION FUND NOTES TO FINANCIAL STATEMENTS

NOTE 5 – FAIR VALUE MEASUREMENTS, Continued

Investment Partnerships: Valued based on the NAV per share held by the Plan. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair market value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases/sales) may occur daily. Additional information on redemptions of these investments can be found on the table under the heading “Fair Value of Investments in Entities that Use Net Asset Value with Redemption Restrictions”.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

The following table sets forth by level, within the fair value hierarchy, the Plan’s asset at Fair Value as of December 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, 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 following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Assets at Fair Value as of December 31, 2024				
	Total	Level 1	Level 2	Level 3
Money Market Funds	\$ 5,981,368	\$ 5,981,368	\$ -	\$ -
Mutual Funds	56,215,859	56,215,859	-	-
Total assets in fair value hierarchy	62,197,227	<u>\$62,197,227</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV	<u>287,617,473</u>			
Total Investments at fair value	<u>\$ 349,814,700</u>			

Assets at Fair Value as of December 31, 2023				
	Total	Level 1	Level 2	Level 3
Money Market Funds	\$ 5,036,642	\$ 5,036,642	\$ -	\$ -
Mutual Funds	55,287,252	55,287,252	-	-
Total assets in fair value hierarchy	60,323,894	<u>\$60,323,894</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV	<u>263,924,391</u>			
Total Investments at fair value	<u>\$ 324,248,285</u>			

OMAHA CONSTRUCTION INDUSTRY PENSION FUND NOTES TO FINANCIAL STATEMENTS

NOTE 5 – FAIR VALUE MEASUREMENTS, Continued

Fair Value of Investments in Entities that Use Net Asset Value with Redemption Restrictions

The following table summarizes investments measured at fair value based on net asset value (NAVs) per shares at December 31, 2024 and 2023 with redemption restrictions:

Investment	Fair Value 12/31/2024	Fair Value 12/31/2023	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period	Holdback Provision
CCT - AFL-CIO Building Investment Trust	\$ 3,935,514	\$ 3,920,591	N/A	Quarterly but manager reserves the right to pay out redemption over a year	31 days	None
CCT - AFL-CIO Large Cap Stock Index Fund	113,897,627	120,565,408	N/A	Daily	None	None
Investment Partnership - Marco Fixed Income Trust	82,711,991	59,768,158	N/A	Daily	3 business days	None
Investment Partnership - Morgan Stanley Private Markets Private Equity ¹	46,058	50,540	182,608	Only by secondary sale	N/A	None
Investment Partnership - Lexington Partners Private Equity ³	21,935	20,566	65,388	Only by secondary sale	N/A	None
Investment Partnership - Intercontinental Real Estate Fund ⁴	13,479,335	14,494,846	N/A	Quarterly	90 days before the end of the quarter	None
Investment Partnership - Hamilton Lane PE Fund ⁵	4,123,145	4,682,298	1,371,884	Only by secondary sale	N/A	None
Investment Partnership - Hamilton Lane Strategic Opportunities Offshore Fund ⁶	508,361	1,464,235	4,403,437	Only by secondary sale	N/A	None
Investment Partnership - Angelo Gordon ⁷	4,653,374	4,398,187	N/A	Only by secondary sale	N/A	None
Investment Partnership - Mesriow Financial Private Equity Fund VII-B ⁸	5,789,064	5,297,146	33,000	Only by secondary sale	N/A	None
Investment Partnership - Mesriow Financial Segal Marco Select Private Equity Fund II ⁹	8,133,299	9,002,352	1,150,200	Only by secondary sale	N/A	None
Investment Partnership - Mesriow Financial Real Estate Value Fund III ¹⁰	9,833,050	10,365,493	N/A	Only by secondary sale	N/A	None
Investment Partnership - White Oak Spectrum Peer Fund, L.P. ¹¹	6,893,289	6,945,235	1,350,427	Only by secondary sale	N/A	None
Investment Partnership - GCM Grosvenor Multi-Asset Class Master Fund II, L.P. ¹²	22,452,641	22,949,336	N/A	Only by secondary sale	N/A	None
Investment Partnership - Mesriow Financial Real Estate Value Fund V ¹³	3,407,954	-	9,464,524	Only by secondary sale	N/A	None
Investment Partnership - Blackstone Infrastructure Partners - V Feeder L.P. ¹⁴	7,730,836	-	N/A	Redemption is not allowed for the first 3 years of holding the investment. Therefore, the Plan cannot request a redemption until at least September 30, 2027.		None

OMAHA CONSTRUCTION INDUSTRY PENSION FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 5 – FAIR VALUE MEASUREMENTS, Continued

¹Morgan Stanley Private Markets Private Equity's investment objective is to seek capital appreciation by creating a diversified portfolio of global private market investment strategies, including investments selected by third party investment managers. The Partnership emphasizes private equity, while also looking to buyouts, venture capital, special situations, distressed securities, growth capital and other non-traditional categories where the Adviser believes the risk adjusted returns or diversification benefits from such categories may be compelling. These are illiquid investments not open to redemptions, and cash will be distributed back to the investors after the investment period is completed.

²Landmark Partners Private Equity was formed to acquire a diversified portfolio of interests in (i) established venture capital funds, buy-out funds, mezzanine funds and other pooled investment vehicles which primarily invest in equity oriented investments and (ii) direct private equity and equity related investments (generally referred to as "limited 'partnerships'"), primarily through secondary market purchases ("secondary transactions") with maximum amount of 10% of capital commitments allocated to primary transactions ("primary transactions"). These are illiquid investments not open to redemptions, and cash will be distributed back to the investors after the investment period is completed.

³Lexington Partners Private Equity was formed to acquire a diversified portfolio of interests in private investment funds, principally established leveraged buyout, mezzanine and venture capital funds primarily through secondary market transactions ("secondary limited partnerships"). The Partnership can also invest up to 10% of its committed capital in newly formed leveraged buyout, mezzanine and venture capital funds ("primary limited partnerships") and invest up to 10% of its committed capital in direct investments in operating companies through secondary market transactions. These are illiquid investments not open to redemptions, and cash will be distributed back to the investors after the investment period is completed.

⁴Intercontinental Real Estate Fund is organized for the objective and purpose of enabling its operating subsidiaries, U.S. Real Estate Investment REIT Fund, Inc (U.S. REIT), Bay State REIT, LLC (Bay State REIT) and U.S. Real Estate Investment Fund Non-REIT, LLC, to make investments in real estate assets; owning, managing, supervising, and disposing of such investments through its subsidiaries; sharing the profits and losses there from and engaging in such activities necessary, incidental, or ancillary thereto; and engaging in any other lawful act or activity for which limited liability companies may be organized under the Act in furtherance of the foregoing; provided, however, that the Fund shall make all qualifying investments only through one or more subsidiaries.

⁵All of the Hamilton Lane Private Equity Fund's investments are in collective private equity investment funds that make private equity and equity-related investments. These investment funds (hereinafter referred to as "fund investments" or "funds") have varying investment strategies and geographical focuses. These are illiquid investments not open to redemptions, and cash will be distributed back to the investors after the investment period is completed.

⁶Hamilton Lane Strategic Opportunities Offshore Fund's investment objective, through the Main Partnership, is to create a portfolio of opportunistically-oriented private market investments that generate attractive risk-adjusted returns through a flexible and diversified investment strategy, including investments in credit co-investments, direct credit and equity investments ("coinvestments") and secondary investments ("fund investments" or "funds"). Co-investments and fund investments are collectively hereinafter referred to as "portfolio investments". These are illiquid investments not open to redemptions, and cash will be distributed back to the investors after the investment period is completed.

⁷The Angelo Gordon Partnership has been established to capitalize on investment opportunities available in middle market direct lending. The Partnership intends to provide corporate financing support to North American middle-market companies, focusing on senior secured debt and other debt instruments, including unitranche facilities, second lien debt, mezzanine loans and equity co-investments. These are illiquid investments not open to redemptions, and cash will be distributed back to the investors after the investment period is completed.

⁸The primary purpose of Mesirow Financial Private Equity Fund VII-B is to seek to generate significant returns for its Partners, principally through long-term capital appreciation, by acquiring, making, holding, funding and disposing of privately negotiated equity and equity-related investments, principally in companies of the nature described in the "Co-Investment Strategy" section of the Offering Memorandum. These are illiquid investments not open to redemptions, and cash will be distributed back to the investors after the investment period is completed.

⁹The primary purpose of Mesirow Financial Segal Marco Select Private Equity Fund II is to seek to generate significant returns for its Partners, principally through long-term capital appreciation, by acquiring, making, holding, funding and disposing of privately negotiated equity and equity-related investments, principally through the purchase and funding of interests in private equity funds, including venture capital, buyout, mezzanine, restructuring, distressed company assets and special situation funds, and other privately-held entities. These are illiquid investments not open to redemptions, and cash will be distributed back to the investors after the investment period is completed.

¹⁰The Mesirow Financial Real Estate Value Fund III is organized for the object and purpose of making investments in Portfolio Investments, owning, managing, supervising and disposing of such investments, sharing the profits and losses therefrom and engaging in such activities necessary, incidental or ancillary thereto and to engage in any other lawful act or activity for which limited partnerships may be organized under the Act in furtherance of the foregoing. The Partnership intends to invest in REIT-qualifying assets through one or more REIT Subsidiaries established by the Partnership. These are illiquid investments not open to redemptions, and cash will be distributed back to the investors after the investment period is completed.

¹¹The White Oak Spectrum Peer Fund, L.P. is organized to earn substantial current income by originating, extending, and/or investing in a diversified portfolio of primarily senior secured corporate credit and debt instruments consisting of term loans, asset-based loans and equipment financing and opportunistic loans issued by small to middle-market companies located primarily in the United States and Canada. These are illiquid investments not open to redemptions, and cash will be distributed back to the investors after the investment period is completed.

OMAHA CONSTRUCTION INDUSTRY PENSION FUND NOTES TO FINANCIAL STATEMENTS

NOTE 5 – FAIR VALUE MEASUREMENTS, Continued

¹²The GCM Grosvenor Multi-Asset Class Master Fund's primary investment objective is to seek attractive risk-adjusted returns by investing opportunistically in alternative investments (i.e., hedge fund strategies (including investments across the liquidity spectrum), private equity, infrastructure and real estate). These are illiquid investments not open to redemptions, and cash will be distributed back to the investors after the investment period is completed.

¹³The Mesirov Financial Real Estate Value Fund V focuses on the geographically diversified US multi-family sector, primarily targeting existing assets and joint venture development opportunities to a lesser extent. The strategy seeks to reposition underperforming Class A and B multi-family properties in high growth markets by focusing on light and heavy renovations, substantial lease-ups and management enhancements.

¹⁴The Blackstone Infrastructure Partners – V Feeder L.P. investment objective is to invest in privately negotiated control or control-oriented infrastructure investments, as well as investments in public-private partnership infrastructure projects, primarily in North America. The Fund will participate in infrastructure investments alongside its parallel account, Blackstone Infrastructure Partners - P L.P. ("BIP-P") and its affiliated alternative investment vehicles ("BIP-P AIVs" and together with BIP-P, "BIP-P Fund") and may also include one or more other accounts (each, an "Other Parallel Account" and together with BIP-P Fund and the Fund, the "Program Participants"). The Program Participants hold investments through their ownership interests in certain investment vehicles and holding companies (collectively, investment vehicles and holding companies the "Aggregator Fund") all of which are affiliated entities.

NOTE 6 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The latest actuarial valuation reports prepared by United Actuarial Services, Inc. as of January 01, 2024 and January 01, 2023 are summarized in the following tables.

Statements of Accumulated Benefits

	<u>January 1, 2024</u>	<u>January 1, 2023</u>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving benefits	\$ 219,918,001	\$ 212,072,644
Expenses on parts. currently rec. benefits	5,497,950	5,301,816
Other participants	171,256,484	167,565,087
Expenses on other participants	4,281,412	4,189,127
	400,953,847	389,128,674
Nonvested benefits	6,166,989	5,839,604
Expenses on nonvested benefits	154,175	145,990
Total actuarial present value of accumulated benefits	<u>\$ 407,275,011</u>	<u>\$ 395,114,268</u>

**OMAHA CONSTRUCTION INDUSTRY PENSION FUND
NOTES TO FINANCIAL STATEMENTS**

NOTE 6 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, Continued

Statements of Changes in Accumulated Benefits

	<u>Period Ended January 1, 2024</u>	<u>Period Ended January 1, 2023</u>
Actuarial present value of accumulated benefits as of January 1, 2023 and 2022	\$ 395,114,268	\$ 380,108,385
Increase (decrease) during the period attributable to:		
Change in actuarial assumptions	503,629	3,225,813
Benefits accumulated and actuarial experience gain	8,281,783	8,802,390
Interest	29,238,456	28,128,020
Benefits paid	(25,177,655)	(24,574,624)
Operational expenses paid	<u>(685,470)</u>	<u>(575,716)</u>
Net increase	<u>12,160,743</u>	<u>15,005,883</u>
 Actuarial present value of accumulated benefits as of January 1, 2024 and 2023	 <u>\$ 407,275,011</u>	 <u>\$ 395,114,268</u>

The more significant assumptions underlying the actuarial computations are:

Actuarial value of assets - For January 1, 2024 and 2023, the actuarial value of assets is equal to the market value of the 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 expected return on the actuarial value, and is recognized 20% per year over a five year period. The actuarial value can be no less than 80% nor more than 120% of market value as of the determination date.

Mortality rates - For 2024, 100% for males and 105% for females of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. For 2023, 100% for males and 110% for females of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale.

Future benefit accruals – For 2024 and 2023, 1,750 hours of contributions per year per active vested participants are included in the valuation.

Funding method – Traditional unit credit cost method, effective January 1, 2016. Individual entry age normal with costs spread as a level dollar amount over service.

Assumed future rate of return on investments – 7.40% for 2024 and 2023

Administration Expenses – \$640,625 for 2024 and \$625,000 for 2023. For the present value of expenses for ASC 960, a 2.50% load (3.00% the prior year) was applied to the ASC 960 liabilities.

OMAHA CONSTRUCTION INDUSTRY PENSION FUND NOTES TO FINANCIAL STATEMENTS

NOTE 6 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, Continued

Retirement age - 65 or if later, the fifth anniversary of participation, or age 60 with 25 years of credited service; or age 55 with 30 years of credited service.

Pre-retirement death beneficiary benefits - 60 payments of the employees' normal retirement benefits.

Other changes in actuarial assumptions and methods from the prior valuation include the following:

1. The assumed hourly contribution rates were increased to reflect negotiated increases effective during the plan year.
2. The current liability interest rate was changed from 2.19% to 2.77%. The new rate is within established statutory guidelines.

Other changes in projection assumptions used in this valuation differ from those used in the prior valuation in the following respects:

1. The future hours assumption used for projection purposes was increased from 2,200,000 for all years to 2,500,000 for all years. This reflects input from the Trustees regarding future industry activity as used for the 2024 PPA certification.

Unfunded Actuarial Liability

As of January 01, 2024 and January 01, 2023, the unfunded actuarial liability was as follows:

	2024	2023
Actuarial accrued liability	\$ 452,984,745	\$ 439,787,721
Fund balance-actuarial value	344,424,625	329,793,888
Unfunded accrued liability	\$ 108,560,120	\$ 109,993,833

NOTE 7 – CONCENTRATION OF CREDIT RISK

As of December 31, 2024, the book balance of deposits in local banks was \$3,848,090 while the bank balance was \$3,763,664, of which \$3,513,664 was not insured by the Federal Depository Insurance Company (“FDIC”).

OMAHA CONSTRUCTION INDUSTRY PENSION FUND NOTES TO FINANCIAL STATEMENTS

NOTE 8 – RISK AND UNCERTAINTIES

The Plan invests in various investments securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and to uncertainties in estimates and assumptions, it is at least reasonably possible that changes in values of such investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on the certain assumptions pertaining to interest rates, inflation rates, and employee 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 would be material to the financial statements.

NOTE 9 – WITHDRAWAL LIABILITY

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 (MPPAA), which requires imposition of a withdrawal liability on a participating employer that partially or totally withdraws from the Plan. Under the provisions of the MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. A withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Plan entered into a settlement agreement with a participating employer who withdrew from the Plan and was subject to a withdrawal liability assessment. Quarterly assessments are being paid through December 2027. The Trustees, at times, approve settlements and payment plan arrangements for assessment amounts owed to the Plan.

During 2023, the Plan recognized withdrawal liability income of \$140,715. Subsequently, the Plan started receiving withdrawal assessment payments under payment plan arrangements from one former participating employer. The receivable amount represents the settlement agreement value (including interest) of the remaining payments. There is not currently any allowance for uncollectible accounts as the Plan expects to collect the entire amount. The plan received total payments of \$29,800 and \$22,350 during the years ended December 31, 2024 and 2023, respectively.

OMAHA CONSTRUCTION INDUSTRY PENSION FUND
EIN 47-0468085 PLAN 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) <u>Identity of Issuer, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	<u>Description</u>	<u>Shares / Par Value</u>		
CASH EQUIVALENTS:				
*	COMERICA SHORT TERM FUND	5,981,368	\$ 5,981,368	\$ 5,981,368
	TOTAL CASH EQUIVALENTS		<u>5,981,368</u>	<u>5,981,368</u>
COMMON AND COLLECTIVE TRUSTS:				
	AFL-CIO BUILDING INVESTMENT TRUST	720	2,354,486	3,935,514
	AFL-CIO LARGE CAP	5,375,065	63,990,893	113,897,627
	TOTAL COMMON AND COLLECTIVE TRUSTS		<u>66,345,379</u>	<u>117,833,141</u>
INVESTMENT PARTNERSHIPS - FIXED INCOME GROUP TRUST				
	MARCO CONSULTING GROUP TRUST 1 FIXED INCOME	5,691,797	75,348,148	82,711,991
	TOTAL INVESTMENT PARTNERSHIPS - FIXED INCOME GROUP TRUST		<u>75,348,148</u>	<u>82,711,991</u>
INVESTMENT PARTNERSHIPS - HEDGE FUNDS				
	GROSVENOR MULTI-ASSET CLASS FUND II	21,913,084	13,836,781	22,452,641
	TOTAL INVESTMENT PARTNERSHIPS - HEDGE FUNDS		<u>13,836,781</u>	<u>22,452,641</u>
INVESTMENT PARTNERSHIPS - REAL ESTATE FUND				
	MESIROW FINANCIAL REAL ESTATE VALUE FUND III	9,876,132	6,125,327	9,833,050
	MESIROW FINANCIAL REAL ESTATE VALUE FUND V	3,834,574	3,947,802	3,407,954
	INTERCONTINENTAL US REAL ESTATE INVESTMENT FUND	7,371,942	9,604,677	13,479,335
	TOTAL INVESTMENT PARTNERSHIPS - REAL ESTATE FUND		<u>19,677,806</u>	<u>26,720,339</u>
INVESTMENT PARTNERSHIPS - PRIVATE EQUITY				
	ANGELO GORDON	4,620,295	1,921,245	4,653,374
	BLACKSTONE INFRASTRUCTURE PARTNERS - V FEED LP	3,620	7,700,000	7,730,836
	HAMILTON LANE PRIVATE EQUITY FUND	4,105,930	1,891,517	4,123,145
	HAMILTON LANE STRATEGIC OPPORTUNITIES FUND	1,141,684	582,636	508,361
	LEXINGTON PARTNERS VI LP	22,409	52,314	21,935
	MESIROW FINANCIAL PRIVATE EQUITY FUND VII-B	5,490,507	1,147,142	5,789,064
	MESIROW FINANCIAL SEGAL MARCO SELECT PRIVATE	8,020,180	3,719,101	8,133,299
	MORGAN STANLEY PRIVATE MARKETS FUND III LP	49,953	941,800	46,058
	WHITE OAK YIELD SPECTRUM PEER	6,520,977	4,417,354	6,893,289
	TOTAL INVESTMENT PARTNERSHIPS - PRIVATE EQUITY		<u>22,373,109</u>	<u>37,899,361</u>
MUTUAL FUNDS				
	FIDELITY SMALL CAP INDEX PREMIUM-INS PR	687,266	16,640,660	19,023,517
	STATE STREET GLOBAL EQUITY EX-U.S. INDEX FUND-K	363,810	36,677,588	37,192,342
	TOTAL MUTUAL FUNDS		<u>53,318,248</u>	<u>56,215,859</u>
	GRAND TOTAL ALL INVESTMENTS		<u>\$ 256,880,839</u>	<u>\$ 349,814,700</u>

OMAHA CONSTRUCTION INDUSTRY PENSION FUND
EIN 47-0468085 PLAN 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) <u>Identity of Issuer, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	<u>Description</u>	<u>Shares / Par Value</u>		
SUMMARY OF INVESTMENTS BY CLASSIFICATION:				
	CASH EQUIVALENTS		\$ 5,981,368	\$ 5,981,368
	COMMON AND COLLECTIVE TRUSTS		66,345,379	117,833,141
	INVESTMENT PARTNERSHIPS - FIXED INCOME GROUP TRUST		75,348,148	82,711,991
	INVESTMENT PARTNERSHIPS - HEDGE FUNDS		13,836,781	22,452,641
	INVESTMENT PARTNERSHIPS - REAL ESTATE FUND		19,677,806	26,720,339
	INVESTMENT PARTNERSHIPS - PRIVATE EQUITY		<u>22,373,109</u>	<u>37,899,361</u>
	TOTAL INVESTMENT PARTNERSHIPS		131,235,844	169,784,332
	MUTUAL FUNDS		<u>53,318,248</u>	<u>56,215,859</u>
	TOTAL INVESTMENTS		<u>\$ 256,880,839</u>	<u>\$ 349,814,700</u>

* Indicates a party-in-interest to the Plan.

OMAHA CONSTRUCTION INDUSTRY PENSION FUND
EIN 47-0468085 PLAN 001
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

<u>(a)</u>	<u>(b)</u> <u>Description of Asset</u>	<u>(c)</u> <u>Purchase Price</u>	<u>(d)</u> <u>Selling Price</u>	<u>(g)</u> <u>Cost of Asset</u>	<u>(h)</u> <u>Current Value of</u> <u>Asset on</u> <u>Transaction Date</u>	<u>(i)</u> <u>Net or (Loss)</u>
	Comerica Short Term Fund	\$ 67,249,661	\$ -	\$ 67,249,661	\$ 67,249,661	\$ -
	Comerica Short Term Fund	-	66,506,324	66,506,324	66,506,324	-
	BNY Mellon AFL-CIO Large Cap	-	33,517,873	20,296,805	33,517,873	13,221,068
	Marco Consulting Fixed Income Group Trust	21,500,000	-	21,500,000	21,500,000	-

OMAHA CONSTRUCTION INDUSTRY PENSION FUND
EIN 47-0468085 PLAN 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) <u>Identity of Issuer, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	<u>Description</u>	<u>Shares / Par Value</u>		
CASH EQUIVALENTS:				
*	COMERICA SHORT TERM FUND	5,981,368	\$ 5,981,368	\$ 5,981,368
	TOTAL CASH EQUIVALENTS		<u>5,981,368</u>	<u>5,981,368</u>
COMMON AND COLLECTIVE TRUSTS:				
	AFL-CIO BUILDING INVESTMENT TRUST	720	2,354,486	3,935,514
	AFL-CIO LARGE CAP	5,375,065	63,990,893	113,897,627
	TOTAL COMMON AND COLLECTIVE TRUSTS		<u>66,345,379</u>	<u>117,833,141</u>
INVESTMENT PARTNERSHIPS - FIXED INCOME GROUP TRUST				
	MARCO CONSULTING GROUP TRUST 1 FIXED INCOME	5,691,797	75,348,148	82,711,991
	TOTAL INVESTMENT PARTNERSHIPS - FIXED INCOME GROUP TRUST		<u>75,348,148</u>	<u>82,711,991</u>
INVESTMENT PARTNERSHIPS - HEDGE FUNDS				
	GROSVENOR MULTI-ASSET CLASS FUND II	21,913,084	13,836,781	22,452,641
	TOTAL INVESTMENT PARTNERSHIPS - HEDGE FUNDS		<u>13,836,781</u>	<u>22,452,641</u>
INVESTMENT PARTNERSHIPS - REAL ESTATE FUND				
	MESIROW FINANCIAL REAL ESTATE VALUE FUND III	9,876,132	6,125,327	9,833,050
	MESIROW FINANCIAL REAL ESTATE VALUE FUND V	3,834,574	3,947,802	3,407,954
	INTERCONTINENTAL US REAL ESTATE INVESTMENT FUND	7,371,942	9,604,677	13,479,335
	TOTAL INVESTMENT PARTNERSHIPS - REAL ESTATE FUND		<u>19,677,806</u>	<u>26,720,339</u>
INVESTMENT PARTNERSHIPS - PRIVATE EQUITY				
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	TOTAL MUTUAL FUNDS		<u>53,318,248</u>	<u>56,215,859</u>
	GRAND TOTAL ALL INVESTMENTS		<u>\$ 256,880,839</u>	<u>\$ 349,814,700</u>

OMAHA CONSTRUCTION INDUSTRY PENSION FUND
EIN 47-0468085 PLAN 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) <u>Identity of Issuer, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
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	TOTAL INVESTMENT PARTNERSHIPS		131,235,844	169,784,332
	MUTUAL FUNDS		<u>53,318,248</u>	<u>56,215,859</u>
	TOTAL INVESTMENTS		<u>\$ 256,880,839</u>	<u>\$ 349,814,700</u>

* Indicates a party-in-interest to the Plan.

OMAHA CONSTRUCTION INDUSTRY PENSION FUND
EIN 47-0468085 PLAN 001
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

<u>(a)</u>	<u>(b)</u> <u>Description of Asset</u>	<u>(c)</u> <u>Purchase Price</u>	<u>(d)</u> <u>Selling Price</u>	<u>(g)</u> <u>Cost of Asset</u>	<u>(h)</u> <u>Current Value of</u> <u>Asset on</u> <u>Transaction Date</u>	<u>(i)</u> <u>Net or (Loss)</u>
	Comerica Short Term Fund	\$ 67,249,661	\$ -	\$ 67,249,661	\$ 67,249,661	\$ -
	Comerica Short Term Fund	-	66,506,324	66,506,324	66,506,324	-
	BNY Mellon AFL-CIO Large Cap	-	33,517,873	20,296,805	33,517,873	13,221,068
	Marco Consulting Fixed Income Group Trust	21,500,000	-	21,500,000	21,500,000	-

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 Omaha Construction Industry Pension Plan	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Omaha Const. Ind. Pension Plan Joint Board of Trustees	D Employer Identification Number (EIN) <u>47-0468085</u>

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

1a Enter the valuation date: Month 1 Day 1 Year 2024

b Assets

(1) Current value of assets.....	1b(1)	328,387,005
(2) Actuarial value of assets for funding standard account.....	1b(2)	344,424,625
c (1) Accrued liability for plan using immediate gain methods.....	1c(1)	397,341,474
(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)	397,341,474
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)	722,256,640
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	24,231,438
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	28,835,085
(3) Expected plan disbursements for the plan year.....	1d(3)	29,234,451

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		<u>10/8/2025</u>
	Signature of actuary	Date
	Kathryn A. Garrity, FSA, EA, MAAA	23-05379
	Type or print name of actuary	Most recent enrollment number
	United Actuarial Services, Inc.	(317) 580-8670
	Firm name	Telephone number (including area code)
	11590 N. Meridian Street, Suite 610 Carmel IN 46032-4529	
	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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	328,387,005
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2,128	324,283,348
(2) For terminated vested participants	1,094	128,981,780
(3) For active participants:		
(a) Non-vested benefits		17,261,549
(b) Vested benefits		251,729,963
(c) Total active	1,478	268,991,512
(4) Total	4,700	722,256,640
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	45.47%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2024	20,483,799				
Totals ▶			3(b)	20,483,799	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 29,800

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	86.7%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- | | | | |
|--|--|--|---|
| a <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input checked="" type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Other (specify): | | | |

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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	2.77 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.40 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.40%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.2%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.5%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	617,768
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	572,253	59,988
4	491,345	51,506

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.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> 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	0
b Employer's normal cost for plan year as of valuation date.....	9b	9,376,361

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	153,687,344	23,005,475
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		2,396,252
e Total charges. Add lines 9a through 9d.....	9e		34,778,088
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		77,911,447
g Employer contributions. Total from column (b) of line 3.....	9g		20,483,799
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	22,859,048	5,803,124
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		6,952,781
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	167,805,050	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	324,842,212	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		111,151,151
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		76,373,063
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)		0
(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)		0
(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		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			

Yes No

Attained age	Years of Service																					
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up			
	No.	Avg. Accrued Mo Ben	No.	Avg. Accrued Mo Ben	No.	Avg. Accrued Mo Ben	No.	Avg. Accrued Mo Ben	No.	Avg. Accrued Mo Ben	No.	Avg. Accrued Mo Ben	No.	Avg. Accrued Mo Ben	No.	Avg. Accrued Mo Ben	No.	Avg. Accrued Mo Ben	No.	Avg. Accrued Mo Ben		
Under 25	56	0	66	377	2	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
25 to 29	42	0	72	408	46	1,105	3	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
30 to 34	80	0	73	381	64	1,118	22	1,780	1	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
35 to 39	23	0	46	377	53	1,155	21	1,922	44	2,353	3	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
40 to 44	22	0	38	409	52	1,079	21	1,706	53	2,401	28	3,090	2	n/a	0	n/a	0	n/a	0	n/a	0	n/a
45 to 49	17	n/a	23	415	27	1,046	24	1,461	33	2,140	31	3,048	24	3,722	2	n/a	0	n/a	0	n/a	0	n/a
50 to 54	8	n/a	24	370	24	879	15	n/a	40	2,203	22	3,047	32	4,027	9	n/a	0	n/a	0	n/a	0	n/a
55 to 59	8	n/a	12	n/a	12	n/a	12	n/a	17	n/a	18	n/a	29	3,710	6	n/a	1	n/a	0	n/a	0	n/a
60 to 64	2	n/a	9	n/a	7	n/a	5	n/a	11	n/a	13	n/a	10	n/a	3	n/a	2	n/a	0	n/a	1	n/a
65 to 69	0	n/a	1	n/a	1	n/a	3	n/a	3	n/a	3	n/a	0	n/a	0	n/a	0	n/a	0	n/a	1	n/a
70 & up	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a

May contain values based on estimated data

ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

Valuation date	January 1, 2024
Interest rates	
<i>ERISA rate of return used to value liabilities</i>	7.40% per year net of investment expenses
<i>Unfunded vested benefits</i>	7.40% per year net of investment expenses
<i>Current liability</i>	2.77% (as prescribed by Section 431(c)(6) of the Internal Revenue Code).
Operational expenses	
<i>Funding</i>	\$640,625 in the 2024 plan year excluding investment expenses, increasing 2.5% per year.
<i>ASC 960</i>	A 2.50% load was applied to the accrued liabilities for 2024 (2.50% for 2023).
Loading for reciprocity	Liabilities for withdrawal benefits increased 2%.
Mortality	
<i>Assumed plan mortality</i>	100% for males and 105% for females of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale.
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONT.)

Withdrawal

T-5 Turnover Table from The Actuary's Pension Handbook (less GAM 51 mortality) – specimen rates shown below. Assumed rate during second year of employment is 45%* and 30% for the third year.

<u>Age</u>	Withdrawal <u>Rate</u>
25	.0772
30	.0722
35	.0628
40	.0515
45	.0398
50	.0256
55	.0094
60	.0009

* All newly reported participants are considered to have already worked their first year of employment.

Disability

50% of the 1964 OASDI Disability Table - specimen rates shown below:

<u>Age</u>	Disability <u>Rate</u>
25	.0009
30	.0011
35	.0015
40	.0022
45	.0036
50	.0061

ACTUARIAL ASSUMPTIONS (CONT.)

Future retirement rates
Active lives

According to the following schedule:

<u>Age</u>	<u>Retirement Rates</u>	
	<u>Service ≥ 30</u>	<u>Service < 30</u>
55	0.50	0.10
56	0.35	0.05
57	0.20	0.05
58	0.20	0.05
59	0.20	0.05
60	0.20	0.20
61	0.20	0.20
62	0.50	0.30
63	0.35	0.20
64	0.35	0.20
65	1.00	1.00

Resulting in an average expected retirement age of 60.1.

Inactive vested lives

Current inactive vested lives, age 60 (55 with 30 years of service). Lincoln participants, age 55.

Disabled lives

Payable until earlier of early retirement age, recovery or death.

Timing of decrements

Beginning of year

Future hours worked

Vested lives

1,750 hours per year, 0 after assumed retirement age

Non-vested lives

1,150 hours per year, 0 after assumed retirement age

Future hourly contribution rate

Each active participant's contribution rate depending on his craft for the most recent plan year. Participants with unknown crafts use their average contribution rate received from the most recent plan year.

Age of participants with unrecorded birth dates

Based on average entry age of participants with recorded birth dates and same vesting status.

Marriage assumptions

100% assumed married with the male spouse 4 years older than his wife.

Optional form assumption

All non-retired participants assumed to elect the life only form of benefit

ACTUARIAL ASSUMPTIONS (CONT.)

Inactive vested lives over age 74	Continuing inactive vested participants age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to January 1, 2020 are still assumed to be deceased.
QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences.
Section 415 limit assumptions <i>Dollar limit</i>	\$275,000 per year
<i>Assumed form of payment for those limited by Section 415</i>	Qualified joint and 100% survivor annuity
Benefits not valued	Pre-retirement death benefits following withdrawal for active participants. Pre-retirement death benefits following disability.
Benefits vested	No death benefits are vested. Disability benefits are considered vested only in relation to corresponding retirement benefit. Early retirement subsidies are considered vested when participant reaches age 55 and has 5 years of vesting service.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

ERISA rate of return used to value liabilities

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2024 survey of investment consultants.

Based on this analysis, we selected a final assumed rate of 7.40%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.

Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.

Mortality

The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale was chosen as the base table for this population.

The blue collar table was chosen based on the industry of plan participants.

Finally, a 100% multiplier for males and 105% multiplier for females was applied in order to more closely match projected deaths to actual post-retirement death experience. The period of actual data studied to develop this multiplier was from January 1, 2019 to December 31, 2023. Based on information from the CDC on COVID-19 deaths through April 20, 2024, this study was adjusted to reflect an ongoing expectation of slightly higher deaths due to COVID-19 by 1) including an increase in deaths due to COVID-19 for the study period prior to March 15, 2020 and 2) excluding the high increase in deaths due to COVID-19 for the study period March 15, 2020 to March 15, 2022.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS (CONT.)

Retirement	Actual rates of retirement by age were studied for the period January 1, 2019 to December 31, 2023. The assumed future rates of retirement were selected based on the results of this study. No further adjustments were deemed necessary at this time
Withdrawal	Actual rates of withdrawal by age were studied for the period January 1, 2019 to December 31, 2023. The assumed future rates of withdrawal were selected based on the results of this study. No further adjustments were deemed necessary at this time.
Future hours worked	Based on review of recent plan experience.

ACTUARIAL METHODS

Funding method <i>ERISA funding</i>	Traditional unit credit cost method, effective January 1, 2016.
<i>Funding period</i>	Individual entry age normal with costs spread as a level dollar amount over service.
Population valued	
<i>Actives</i>	Employees with at least 250 hours during the preceding plan year.
<i>Inactive vested</i>	Vested participants with less than 250 hours during the preceding plan year.
<i>Retirees</i>	Participants and beneficiaries in pay status as of the valuation date.
Asset valuation method <i>Actuarial value</i>	The actuarial value of assets is equal to 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 expected return on the actuarial value, and is recognized at 20% per year over a five year period. The actuarial value can be no less than 80% nor more than 120% of market value as of the determination date.
<i>Unfunded vested benefits</i>	For the presumptive method, actuarial value, as described above, is illustrated.

OMAHA CONSTRUCTION INDUSTRY PENSION PLAN
EIN: 47-0468085/PN: 001
ATTACHMENT TO 2024 SCHEDULE MB: LINE 3
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3(d) – Withdrawal Liability Amounts

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year with the exception of the below amounts which were owed for withdrawal liability.

Date	Withdrawal Liability Periodic Amounts	Withdrawal Liability Lump Sum Amounts	Total Amounts
01/31/2024	\$0	\$0	\$0
02/28/2024	0	0	0
03/31/2024	7,450	0	7,450
04/30/2024	0	0	0
05/31/2024	0	0	0
06/30/2024	7,450	0	7,450
07/31/2024	0	0	0
08/31/2024	0	0	0
09/30/2024	7,450	0	7,450
10/31/2024	0	0	0
11/30/2024	0	0	0
12/31/2024	7,450	0	7,450

OMAHA CONSTRUCTION INDUSTRY PENSION PLAN
EIN: 47-0468085/PN: 001
ATTACHMENT TO 2024 SCHEDULE MB: LINE 11
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 11 - Justification for Change in Actuarial Assumptions

The assumptions and methods differ from those used the preceding year in the following respects:

- The assumed mortality adjustment applied to the base mortality table was changed from 110% to 105% for females. The assumed mortality adjustment for males remains at 100%. Neither the base mortality table nor the mortality projection scale were changed. These percent adjustments incorporate credible plan experience into expected mortality.
- The assumed hourly contribution rates were increase to reflect the negotiated increases effective during the plan year.
- The current liability interest rate was changed from 2.19% to 2.77%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

Omaha Construction Industry Pension Plan
EIN: 47-0468085/PN: 001
Attachment to 2024 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2024 Outstanding Balance	1/1/2024 Amortization Payment
				Years	Months		
Charges							
1/1/1995	Amendment		30	1	0	42,311	42,311
1/1/1996	Amendment		30	2	0	24,817	12,852
1/1/1996	Assumptions		30	2	0	542,589	280,973
1/1/1997	Amendment		30	3	0	105,791	37,808
1/1/1997	Assumptions		30	3	0	2,995,005	1,070,392
1/1/1998	Amendment		30	4	0	1,262,484	350,179
1/1/1998	Assumptions		30	4	0	760,142	210,843
6/1/1998	Amendment		30	4	5	384,184	98,045
1/1/1999	Amendment		30	5	0	362,983	83,313
8/1/1999	Amendment		30	5	7	595,850	125,045
1/1/2000	Amendment		30	6	0	2,438,095	482,155
1/1/2001	Amendment		30	7	0	615,234	107,780
6/1/2001	Amendment		30	7	5	1,676,884	281,308
1/1/2005	Assumptions	1,448	30	11	0	897	114
1/1/2007	Assumptions	684,741	30	13	0	473,718	53,978
1/1/2009	Relief 08 Asset Loss	42,205,141	29	14	0	30,768,996	3,354,883
1/1/2010	Assumptions	1,835,884	15	1	0	194,702	194,702
1/1/2010	Relief 08 Asset Loss	8,085,978	28	14	0	5,954,795	649,278
1/1/2011	Assumptions	1,621,330	15	2	0	331,587	171,709
1/1/2011	Relief 08 Asset Loss	8,466,548	27	14	0	6,304,027	687,356
1/1/2012	Experience Loss	16,437,660	15	3	0	4,864,419	1,738,506
1/1/2012	Relief 08 Asset Loss	5,980,955	26	14	0	4,507,001	491,419
1/1/2013	Assumptions	1,295,086	15	4	0	493,175	136,794
1/1/2013	Relief 08 Asset Loss	7,145,563	25	14	0	5,455,501	594,838
1/1/2014	Assumption	1,456,950	15	5	0	669,623	153,695
1/1/2014	Relief 08 Asset Loss	12,891,349	24	14	0	9,983,936	1,088,594
1/1/2015	Assumption	3,350,233	15	6	0	1,784,910	352,982
1/1/2015	Experience Loss	7,647,526	15	6	0	4,074,389	805,747
1/1/2016	Assumptions	9,938,204	15	7	0	5,969,918	1,045,841
1/1/2016	Experience Loss	15,758,005	15	7	0	9,465,896	1,658,284
1/1/2017	Experience Loss	9,616,893	15	8	0	6,383,484	1,010,854
1/1/2018	Assumptions	1,090,129	15	9	0	787,563	114,474
1/1/2018	Experience Loss	10,277,934	15	9	0	7,425,274	1,079,282
1/1/2019	Assumptions	577,231	15	10	0	448,544	60,566
1/1/2019	Experience Loss	12,115,777	15	10	0	9,414,666	1,271,256

Omaha Construction Industry Pension Plan
EIN: 47-0468085/PN: 001
Attachment to 2024 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2024 Outstanding Balance	1/1/2024 Amortization Payment
				Years	Months		
1/1/2020	Assumptions	9,008,360	15	11	0	7,458,243	944,616
1/1/2020	Experience Loss	4,829,902	15	11	0	3,998,798	506,463
1/1/2021	Assumptions	6,212,772	15	12	0	5,439,088	651,269
1/1/2022	Assumptions	728,793	15	13	0	670,472	76,398
1/1/2023	Assumptions	3,131,857	15	14	0	3,011,014	328,305
1/1/2023	Experience Loss	4,662,648	15	14	0	4,482,741	488,774
1/1/2024	Assumptions	491,345	15	15	0	491,345	51,506
1/1/2024	Experience Loss	572,253	15	15	0	572,253	59,988

Total Charges: 153,687,344 23,005,475

Credits

1/1/2012	Assumptions	876,698	15	3	0	259,439	92,723
1/1/2013	Amendment-Merger	1,718,633	15	4	0	654,463	181,531
1/1/2013	Experience Gain	6,554,404	15	4	0	2,495,949	692,309
1/1/2014	Experience Gain	7,836,167	15	5	0	3,601,555	826,643
1/1/2016	Method	20,110,463	10	2	0	5,267,607	2,727,778
1/1/2017	Assumptions	2,405,764	15	8	0	1,596,892	252,875
1/1/2021	Experience Gain	1,118,409	15	12	0	979,131	117,240
1/1/2022	Experience Gain	8,700,247	15	13	0	8,004,012	912,025

Total Credits: 22,859,048 5,803,124

Net Charges: 130,828,296 17,202,351

Less Credit Balance: 77,911,447

Less Reconciliation Balance: 0

Unfunded Actuarial Liability: 52,916,849

PLAN HISTORY

Origins/Purpose

The Omaha Construction Industry Pension Plan was established effective October 1, 1967 as a result of a Collective Bargaining Agreement between the Omaha Building Contractors Employers Association and the Omaha Construction Industry.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from labor and from management.

The purpose of the Pension Plan is to provide normal and early retirement benefits, joint and survivor benefits, five year certain and life option, ten year certain and life option, total and permanent disability benefits, vested benefits and death benefits. Benefits first became payable on October 1, 1968.

Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreement. A list of Crafts and their associated contribution rate as of January 1, 2023 are shown on page A-2.

Reciprocity

The Trustees adopted the “money follows the man” reciprocity agreements with various signatories, where by a member who transfers employment between signatories to such agreement will not lose pension benefit credits as would otherwise occur.

PLAN HISTORY (CONT.)

<i>Craft</i>	<i>Contribution Rate Per Hour As of January 1, 2023</i>	<i>Contribution Rate Per Hour As of January 1, 2024</i>
Bricklayers (A)	\$ 6.90	\$ 7.10
Carpenters Regular (B)	5.72	5.92
Cement Workers (C)	5.70	5.70
Ironworkers (D)	8.03	8.03
Operating Engineers (G)	7.54	7.54
Millwrights (J)	6.91*	7.17*

* Millwrights (J) has two different rates of \$6.90 and \$6.92 as of January 1, 2023.

SUMMARY OF PLAN PROVISIONS

Plan year	12 month period beginning January 1 and ending December 31
Years of credited service	<p>Sum of the number of years of past credited service plus the number of years of future credited service:</p> <p><u>Prior to 1/1/1967:</u> Year of past service shall mean any plan year during which an employee worked for any employer. Maximum 15 years. Minimum 5 years future service (1967 through 1971) to be awarded past service.</p> <p><u>1/1/1967-12/31/1975:</u> One year of service for each plan year a participant works for an employer and contributions are required to be made on his behalf.</p> <p><u>1/1/1976-12/31/2021:</u> One year of service for each plan year a participant works at least 250 hours.</p> <p><u>On and after 1/1/2022:</u> One year of service for each plan year a participant works at least 1000 hours.</p>
Break in service	<p><u>Prior to 1/1/2022:</u> A plan year during which a participant does not complete at least 250 hours.</p> <p><u>On and after 1/1/2022:</u> A plan year during which a participant does not complete at least 500 hours.</p>
Forfeited service	All service and benefits credited to a non-vested participant shall be forfeited at such time as his consecutive one year breaks in service equal the greater of his years of service or five. A vested employee cannot forfeit service.

SUMMARY OF PLAN PROVISIONS (CONT.)

<p>Normal retirement benefit <i>Eligibility</i></p> <p><i>Monthly amount</i></p>	<p>Age 65 and 5 years of participation.</p> <ul style="list-style-type: none"> • \$3.00 per year prior to 1/1/1967, maximum \$45.00 • 4.5% of contributions through 12/31/1999 • 4.0% of contributions 1/1/2000-1/31/2003 • 3.5% of contributions 2/1/2003-6/30/2004 • 3.0% of contributions 7/1/2004-3/31/2006 • 2.0% of contributions 4/1/2006-12/31/2009 • 1.0% of the first \$3.22 per hour of contributions and 1.5% of contributions in excess of \$3.22 per hour 1/1/2010-9/30/2015 • 1.0% of first \$3.22 per hour of contributions plus 1.5% of contributions between \$3.23 and \$4.99 plus 3.0% of contributions in excess of \$4.99 per hour effective 10/1/2015 • 1.0% of first \$3.22 per hour of contributions plus 1.5% of contributions between \$3.23 and \$4.99 plus 2.75% of contributions in excess of \$4.99 per hour effective 1/1/2022 <p>Payable for life. If participant dies prior to receipt of 60 monthly payments, beneficiary receives payments for balance of 60 months.</p>
<p>Unreduced early retirement <i>Eligibility</i></p> <p><i>Monthly amount</i></p>	<p>Earlier of:</p> <ol style="list-style-type: none"> 1) Age 60 and 25 years of credited service or, 2) Age 55 and 30 years of credited service. <p>Same as normal.</p>
<p>Early retirement benefit <i>Eligibility</i></p> <p><i>Monthly amount</i></p>	<p>Age 55 and 5 years of credited service.</p> <p>Normal, reduced by 5/12th of 1% for each month under age 65 or age 60 if 25 years of service. Payable for life. If participant dies prior to receipt of 60 monthly payments, beneficiary receives payments for balance of 60 months.</p>

SUMMARY OF PLAN PROVISIONS (CONT.)

Optional forms of payment	<ul style="list-style-type: none"> • Qualified joint and 50% survivor annuity • Joint and 75% survivor annuity • Life annuity with 10 years certain
Total and permanent disability benefit <i>Eligibility</i>	10 consecutive years of credited service immediately preceding disability onset with 500 hours worked per year and 1 active year with fund.
<i>Monthly amount</i>	50% of accrued Normal. Payable until the earlier of early retirement age, recovery or death.
Vested benefit <i>Eligibility</i>	5 years of credited service.
<i>Monthly amount</i>	100% of normal. Commencing at age 65 or reduced amount payable at satisfaction of early retirement requirements. Payable for life. If participant dies prior to receipt of 60 monthly payments, beneficiary receives payments for balance of 60 months.
Pre-retirement single sum death benefit <i>Eligibility</i>	Death of active participant. Not eligible for other pre-retirement death benefit.
<i>Single sum amount</i>	100% of contributions, maximum \$20,000. Payable to beneficiary.
Pre-retirement surviving spouse benefit <i>Eligibility</i>	Death of active or inactive, married, vested participant.
<i>Monthly amount</i>	50% of participant's joint and 50% survivor. Payable to spouse for life when participant would have been age 55 or immediately if participant was eligible to retire.

SUMMARY OF PLAN PROVISIONS (CONT.)

Pre-retirement beneficiary benefit

Eligibility

Death of active or inactive, vested participant, no spouse.

Monthly amount

Normal. Payable for 60 months only. A surviving spouse may elect in lieu of surviving spouse benefit if it is at least equal in value to the surviving spouse benefit.

Post-retirement death benefit

Eligibility

Death of participant before receiving 60 monthly normal, early, or disability benefits. Not receiving joint & 50% survivor benefit.

Monthly Amount

Same as amount retiree was receiving prior to his death. Payable until a total of 60 monthly payments have been made to the retiree and his beneficiary.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments
Omaha Construction Industry Pension Plan EIN: 47-0468085/PN: 001
January 1, 2024

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments				
Plan Year Beginning	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 1,159,825	\$ 2,598,121	\$ 25,476,505	\$ 29,234,451
2025	2,207,990	3,036,967	24,797,055	30,042,012
2026	3,087,673	3,351,015	24,038,386	30,477,074
2027	4,097,702	3,787,337	23,198,926	31,083,965
2028	4,894,190	4,123,902	22,337,384	31,355,476
2029	5,695,340	4,191,519	21,487,612	31,374,471
2030	6,488,527	4,520,240	20,669,871	31,678,638
2031	7,228,123	4,878,270	19,823,701	31,930,094
2032	7,967,552	5,088,120	18,972,128	32,027,800
2033	8,722,637	5,412,076	18,108,240	32,242,953
2034	9,440,560	5,632,055	17,206,677	32,279,292
2035	10,100,330	5,715,213	16,332,874	32,148,417
2036	10,735,518	5,873,376	15,453,580	32,062,474
2037	11,308,159	6,032,250	14,571,569	31,911,978
2038	11,930,818	6,196,925	13,689,728	31,817,471
2039	12,441,454	6,373,418	12,811,158	31,626,030
2040	12,922,571	6,500,193	11,939,295	31,362,059
2041	13,329,096	6,617,141	11,077,873	31,024,110
2042	13,668,485	6,649,542	10,230,870	30,548,897
2043	14,014,359	6,666,219	9,402,376	30,082,954
2044	14,204,113	6,581,040	8,596,402	29,381,555
2045	14,396,572	6,545,300	7,816,849	28,758,721
2046	14,491,775	6,434,710	7,067,436	27,993,921
2047	14,596,552	6,311,038	6,351,625	27,259,215
2048	14,609,575	6,145,564	5,672,508	26,427,647
2049	14,570,407	5,949,689	5,032,687	25,552,783
2050	14,435,525	5,743,252	4,434,202	24,612,979
2051	14,317,285	5,509,437	3,878,561	23,705,283
2052	14,115,302	5,271,672	3,366,729	22,753,703
2053	13,906,924	5,040,440	2,899,161	21,846,525
2054	13,629,765	4,806,118	2,475,851	20,911,734
2055	13,299,763	4,551,713	2,096,201	19,947,677
2056	12,919,838	4,297,055	1,759,091	18,975,984
2057	12,553,924	4,044,870	1,462,897	18,061,691
2058	12,105,563	3,805,482	1,205,432	17,116,477
2059	11,654,370	3,552,569	984,125	16,191,064
2060	11,136,445	3,305,199	796,044	15,237,688
2061	10,615,780	3,063,848	638,005	14,317,633
2062	10,087,552	2,829,356	506,727	13,423,635
2063	9,555,968	2,602,150	398,914	12,557,032
2064	9,005,594	2,383,854	311,362	11,700,810
2065	8,458,640	2,174,578	241,041	10,874,259
2066	7,916,026	1,974,794	185,149	10,075,969
2067	7,383,313	1,784,870	141,159	9,309,342
2068	6,862,910	1,605,090	106,857	8,574,857
2069	6,357,341	1,435,656	80,343	7,873,340
2070	5,868,033	1,276,758	60,010	7,204,801
2071	5,396,550	1,128,552	44,526	6,569,628
2072	4,944,219	991,157	32,815	5,968,191
2073	4,512,205	864,670	24,011	5,400,886

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

Omaha Construction Industry Pension Plan EIN: 47-0468085/PN: 001

January 1, 2024

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments			
Plan Year Beginning	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 17,173,244	\$ 0	\$ 17,173,244
2025	17,173,244	0	17,173,244
2026	17,173,244	0	17,173,244
2027	17,173,244	0	17,173,244
2028	17,173,244	0	17,173,244
2029	17,173,244	0	17,173,244
2030	17,173,244	0	17,173,244
2031	17,173,244	0	17,173,244
2032	17,173,244	0	17,173,244
2033	17,173,244	0	17,173,244

Omaha Construction Industry Pension Plan (EIN 47-0468085)
Form 5500 Schedule R Attachment for Defined Benefit Pension Plans

Schedule R, line 13d - Collective Bargaining Agreement Expiration Date

<u>Name</u>	<u>EIN</u>	<u>CBA Expiration Date(s)-list all</u>
J E DUNN CONSTRUCTION CO	44-0229405	5/31/2027 9/30/2026
TOPPING OUT INC.	42-1115854	5/31/2025 9/30/2026
MOEN STEEL ERECTION INC.	47-0800267	5/31/2025 9/30/2026
M&M STEEL ERECTION INC.	37-1541885	5/31/2025 9/30/2026
BARNHART CRANE & RIGGING CO	62-1269879	5/31/2025 9/30/2026
PATRIOT MILLWRIGHT SERVICES	85-4114032	5/31/2025 5/31/2027 5/31/2025

Omaha Construction Industry Pension Plan (EIN 47-0468085)
Form 5500 Schedule R Attachment for Defined Benefit Pension Plans

Schedule R, line 13e - Information on Contribution Rates and Base Units

<u>Name</u>	<u>EIN</u>	<u>Contribution Rate/Unit</u>
J E DUNN CONSTRUCTION CO	44-0229405	\$6.24/hour \$5.95/hour
TOPPING OUT INC.	42-1115854	\$8.58/hour \$8.54/hour
MOEN STEEL ERECTION INC.	47-0800267	\$8.58/hour \$8.54/hour
M&M STEEL ERECTION INC.	37-1541885	\$8.58/hour \$8.54/hour
BARNHART CRANE & RIGGING CO	62-1269879	\$8.58/hour \$8.54/hour
PATRIOT MILLWRIGHT SERVICES	85-4114032	\$8.58/hour \$6.24/hour \$8.01/hour

47-0468085

Federal Statements

FYE: 12/31/2024

**Omaha Construction Industry Pension Plan
Plan: 001**

General Footnote

Description

Note #1 - Sch H, Parts III and IV
SCHEDULES REQUIRED TO BE ATTACHED TO FORM 5500, SCHEDULE H, PART III,
LINE 3a, PART IV, LINES 4i AND 4j
The independent accountants' report requested in Schedule H, Part III,
Line 3a of Form 5500, the schedules of assets held for investment
requested in Schedule H, Part IV, Line 4i of Form 5500 and the schedule of
plan transactions or series of transactions in excess of 5% of the current
value of the plan assets requested in Schedule H, Part IV, Line 4j of
Form 5500 are all included in the attached financial statements.