

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></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><b>1a</b> Name of plan <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u></p> <p><u>12200 N. AMBASSADOR DRIVE</u> <u>SUITE 400</u> <u>KANSAS CITY, MO 64163-1244</u></p>	<p><b>1c</b> Effective date of plan <u>10/01/1964</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>43-6060737</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>816-756-3313</u></p> <p><b>2d</b> Business code (see instructions) <u>237990</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	NATE ROSE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	14615
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	5525
	<b>6a(2)</b>	5147
	<b>6b</b>	4556
	<b>6c</b>	3509
	<b>6d</b>	13212
	<b>6e</b>	1012
	<b>6f</b>	14224
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	497

**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:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" 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
(3) <input checked="" type="checkbox"/> Trust	(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)

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

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>43-6060737</b></p>	

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

**1 Coverage Information:**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA01102		01/01/2024	12/31/2024

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**ULLICO INVESTMENT COMPANY** **8403 COLESVILLE ROAD, 13TH FLOOR**  
**SILVER SPRING, MD 20910**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	23928014

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier .....

**c** Premiums due but unpaid at the end of the year .....

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....  
 Specify nature of costs ▶

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

<b>6b</b>	
<b>6c</b>	
<b>6d</b>	

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>43-6060737</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**PRINCIPAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	802010		01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	42031801

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

**b** Balance at the end of the previous year ..... **7b**

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	

(6) Total additions ..... **7c(6)** 0

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	

(5) Total deductions ..... **7e(5)** 0

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>43-6060737</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>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	<u>984171898</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>1045283391</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>959979001</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>959979001</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	<u>1641581262</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>37892867</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>66390537</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>68943722</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.

<b>SIGN HERE</b>  <u>HEATH MERLAK</u> Type or print name of actuary  <u>CHEIRON, INC.</u> Firm name  <u>8300 GREENSBORO DRIVE SUITE 800</u> <u>MCLEAN, VA 22102</u> Address of the firm	<u>09/30/2025</u> Date  <u>23-05967</u> Most recent enrollment number  <u>877-243-4766</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



**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29 %
<b>b</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
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A
<b>(2)</b> Females .....	<b>6c(2)</b>	A
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	7.00 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	6.50 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	4.5 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	11.6 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	1577714
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<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	26718952	2741680

**8 Miscellaneous information:**

<b>a</b> 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 .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> 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	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> 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	
<b>c</b> 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	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> 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	
<b>(4)</b> 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)) .....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> 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	
<b>e</b> 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). ....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	17494694

<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	325876907	43573258
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>		
<b>(3)</b> Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>		
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		4274757
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		65342709
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		219208990
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		44387069
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	106667917	23127491
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		18490826
<b>j</b> Full funding limitation (FFL) and credits:			
<b>(1)</b> ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	227386542	
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	452401351	
<b>(3)</b> FFL credit .....	<b>9j(3)</b>		
<b>k (1)</b> Waived funding deficiency .....	<b>9k(1)</b>		
<b>(2)</b> Other credits .....	<b>9k(2)</b>		
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		305214376
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		239871667
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		
<b>o</b> Current year's accumulated reconciliation account:			
<b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year.....	<b>9o(1)</b>		
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
<b>(a)</b> Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		
<b>(3)</b> Total as of valuation date.....	<b>9o(3)</b>		
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>43-6060737</b>	

**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

**MACKAY SHIELDS LLC**

**06-1271230**

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

**FIRST EAGLE INVESTMENT MANAGEMENT**                      **227 WEST MONROE STREET SUITE 3200**  
**CHICAGO, IL 60606**

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

**PRINCIPAL LIFE INSURANCE COMPANY**

**42-0127290**

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

**CHEVY CHASE TRUST COMPANY**

**52-2037618**

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

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

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

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

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**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)

WILSON MCSHANE CORP

41-0956552

(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 15 49 50	CONTRACT ADMINISTRATOR	574404	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)

ARISTOTLE

95-4833644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	402332	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LSV

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	320602	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)

ULLICO

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	301050	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)

ARNOLD NEWBOLD SOLLARS & HOLLINS

43-1174269

(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?
50	LEGAL	250154	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)

BAIRD

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 31	INVESTMENT MANAGER	195831	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)

US REAL ESTATE

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	192063	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)

SIGULER GUFF ADVISERS, LLC

13-3855629

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	189843	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	186493	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)

NUANCE

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51		175667	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)

WELLINGTON TRUST COMPANY, NA

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MANAGER	163937	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)

KENNEDY

10829 OLIVE BLVD 1  
ST LOUIS, MO 63141

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	161329	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)

HAMILTON LANE

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 50	INVESTMENT MANAGER	60178	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	79392	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CHEIRON

13-4215617

(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 17	ACTUARY	137056	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)

JP MORGAN INVESTMENT MANAGMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 27 52	INVESTMENT MANAGER	114367	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)

ENTRUST GLOBAL

90-0644478

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50		113736	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)

MARQUETTE & ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISOR	112000	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 SELECT INSURANCE CARRIER

333 WEST 34TH STREET  
NEW YORK, NY 10001

(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?
22 50	INSURANCE	106823	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)

MFS

57-1187281

(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?
50	INVESTMENT MANAGER	89193	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)

ABERDEEN

ONE BEACON STREET  
BOSTON, MA 02108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	67500	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)

THL

90-0789283

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	66328	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

PARAMETRIC

100 PARK AVENUE FLOOR 32  
NEW YORK, NY 10017

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	51430	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)

BROOKE PRIVATE EQUITY ASSOCIATES

20-0863070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51		50095	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)

STEPSTONE GROUP

33-1156466

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50		49702	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)

NEUBERGER BERMAN

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51		47519	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)

COMMERCE TRUST COMPANY

48-0862626

(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?
50 28	INVESTMENT MANAGER	42407	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)

BMO HARRIS BANK N.A.

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	38046	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"/>

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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	37164	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)

RCP

353 N. CLARK STREET  
CHICAGO, IL 60654

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	33632	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)

RUBINBROWN, LLP

43-0765316

(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	NONE	33400	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"/>

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

ANGELO GORDON

13-3478879

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50		31897	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)

INVESCO

27-0603835

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	27746	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)

BNY MELLON

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	18939	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

PENSION BENEFIT INFORMATION LLC

333 SOUTH 7TH STREET, SUITE 2400  
MINNEAPOLIS, MN 55402

(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?
49 50		18427	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE MAREK GROUP, INC.

74-1064688

(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?
49 50		7807	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INTERNATIONAL FOUNDATION OF EE BEN

18700 W. BLUEMOUND RD  
BROOKFIELD, WI 53045

(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?
49 50		6104	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)

PROXY VOTE PLUS, LLC

PO BOX 2458  
NORTHBROOK, IL 60065

(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?
49 99	NONE	6000	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)

(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?
			Yes <input type="checkbox"/> No <input 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)

(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?
			Yes <input type="checkbox"/> No <input 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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>43-6060737</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LSV INTL VALUE EQUITY TRUST

**b** Name of sponsor of entity listed in (a): LSV ASSET MANAGEMENT

<b>c</b> EIN-PN <u>20-0726879-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>47371617</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC DEFENSIVE EQUITY FUND

**b** Name of sponsor of entity listed in (a): PARAMETRIC PORTFOLIO ASSOCIATES LLC

<b>c</b> EIN-PN <u>45-2531297-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16951160</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX-EXPT FUND

**b** Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC

<b>c</b> EIN-PN <u>90-0622302-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11715673</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET US CORE PLUS LLC

**b** Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY LLC

<b>c</b> EIN-PN <u>20-1575788-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>61569463</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL US PROPERTY SA-PGL1

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

<b>c</b> EIN-PN <u>42-0127290-027</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>42031801</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO SEPARATE ACCOUNT J

**b** Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC

<b>c</b> EIN-PN <u>13-1423090-203</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23928014</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MFS EMERGING MARKETS DEBT FUND

**b** Name of sponsor of entity listed in (a): MFS TRUST COMPANY

<b>c</b> EIN-PN <u>57-1187281-004</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19829459</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MACKAY SHIELDS CIT

**b** Name of sponsor of entity listed in (a): SEI TRUST COMPANY

<b>c</b> EIN-PN 47-1818241-076	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62184293
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: ASB LABOR EQUITY INDEX FUND

**b** Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

<b>c</b> EIN-PN 27-3350609-010	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91626629
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO HOUSING INVESTMENT TRUST

**b** Name of sponsor of entity listed in (a): BNY MELLON

<b>c</b> EIN-PN 52-6220193-048	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11684100
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: DB SL LARGE CAP GROWTH STOCK INDEX

**b** Name of sponsor of entity listed in (a): BNY MELLON

<b>c</b> EIN-PN 25-6078093-003	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84062640
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS INTERNATIONAL EQUITY C

**b** Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

<b>c</b> EIN-PN 82-6253445-011	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43023247
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MESIROW SMALL CAP VALUE EQUITY CIT

**b** Name of sponsor of entity listed in (a): SEI TRUST COMPANY

<b>c</b> EIN-PN 82-0633167-105	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23973444
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MESIROW HIGH YIELD CIT CL A

**b** Name of sponsor of entity listed in (a): SEI TRUST COMPANY

<b>c</b> EIN-PN 82-0633167-105	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17040031
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**b** Name of sponsor of entity listed in (a):

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

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>43-6060737</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		19228434
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	4675297	4500770
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	407160	314350
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	28270082	73759940
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	7062255	4974948
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1333441	914664
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	159932219	162728723
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	158043923	164337209
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	343869425	353423843
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	86370784	65959815
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	140314705	137607913
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	58049410	63627774
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	988328701	1051378383
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	4055123	2674240
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	4055123	2674240
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	984273578	1048704143

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	44345634	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	48864	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		44394498
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	1323435	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	192433	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	41478	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	4096279	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		5653625
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	35922	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	2512072	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1116572	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		3664566
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	72475880	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	62124085	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		10351795
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	7280961	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		55573582
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		-1614537
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		6193482
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-1647115
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		129850857

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	60434549	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		60434549
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	567900	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	33400	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	3338306	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	137056	
(8) Legal fees .....	<b>2i(8)</b>	250154	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	658927	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		4985743
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		65420292

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		64430565
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: RUBINBROWN LLP

(2) EIN: 43-0765316

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.		X	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 560664.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

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

<b>A</b> Name of plan <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CONSTRUCTION INDUSTRY LABORERS PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>43-6060737</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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		0
---	--	---

**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): 43-6060737

**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		5
---	--	---

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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 **KISSICK CONSTRUCTION**

**b** EIN **43-1684835**

**c** Dollar amount contributed by employer

**950196**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2028**

**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) **5.95**

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

**a** Name of contributing employer **SUPERIOR BOWEN ASPHALT CO.**

**b** EIN **43-1861896**

**c** Dollar amount contributed by employer

**1004834**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2028**

**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) **5.95**

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

**a** Name of contributing employer **CENTRAL MECHANICAL CONSTRUCTION CO.**

**b** EIN **48-0735970**

**c** Dollar amount contributed by employer

**1015468**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2028**

**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) **5.00**

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

**a** Name of contributing employer **CONSTRUCTION SUPPORT SERVICES**

**b** EIN **45-3740206**

**c** Dollar amount contributed by employer

**669940**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2028**

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

(1) Contribution rate (in dollars and cents) **7.15**

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

**a** Name of contributing employer **FRONABARGER CONCRETTERS INC**

**b** EIN **43-1396603**

**c** Dollar amount contributed by employer

**778501**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2028**

**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) **6.65**

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

**a** Name of contributing employer **CLARKSON CONSTRUCTION CO**

**b** EIN **44-0522076**

**c** Dollar amount contributed by employer

**614578**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2028**

**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) **5.95**

(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 **IDEKER INC**

**b** EIN **43-0977060** **c** Dollar amount contributed by employer **529232**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2028**

**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) **5.95**

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

**a** Name of contributing employer **GLOBAL EARTHWORKS & UNDERGROUND**

**b** EIN **88-2500563** **c** Dollar amount contributed by employer **743930**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2028**

**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) **5.95**

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

**a** Name of contributing employer **J.D. BISHOP CONSTRUCTION**

**b** EIN **27-1207240** **c** Dollar amount contributed by employer **519211**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2028**

**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) **6.00**

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

**a** Name of contributing employer **KCI CONSTRUCTION CO**

**b** EIN **43-0797053** **c** Dollar amount contributed by employer **706387**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2028**

**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) **4.40**

(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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	0
<b>b</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.....	<b>16b</b>	

**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: 50.1 % Private Equity: 10.6 % Investment-Grade Debt and Interest Rate Hedging Assets: 13.1 %  
 High-Yield Debt: 9.4 % Real Assets: 9.5 % Cash or Cash Equivalents: 2.4 % Other: 4.9 %

**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 \_\_\_\_\_.

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**CONSTRUCTION INDUSTRY LABORERS  
PENSION FUND**

*FINANCIAL STATEMENTS*

*DECEMBER 31, 2024*

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## Independent Auditors' Report

Board of Trustees  
Construction Industry Laborers Pension Fund  
Kansas City, Missouri

### *Opinion*

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Construction Industry Laborers 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 Auditors' Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of Construction Industry Laborers 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 Construction Industry Laborers Pension Fund's ability to continue as a going concern for one year after the date that 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.

### ***Auditors' 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 auditors' 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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 Construction Industry Laborers 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 Construction Industry Laborers 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 as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 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 auditing standards generally accepted in the United States of America.

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.

*RubinBrown LLP*

October 14, 2025

# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

## STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
<b>Assets</b>		
<b>Investments - At Fair Value</b>		
U.S. Government and municipal securities	\$ 4,974,948	\$ 7,062,255
Corporate obligations	914,664	1,333,441
Corporate stocks	162,728,723	159,932,219
Pooled separate accounts	65,959,815	86,370,784
Mutual fund	22,922,308	17,139,366
103-12 investment entities	137,607,913	140,314,705
Limited partnerships	164,337,209	158,043,923
Limited liability companies	40,705,466	40,910,044
Money market funds	73,759,940	28,270,082
Common/collective trusts	353,423,843	343,869,425
<b>Total Investments - At Fair Value</b>	<b>1,027,334,829</b>	<b>983,246,244</b>
<b>Receivables</b>		
Interest and dividends	225,482	291,980
Employer contributions	4,435,317	4,573,617
Withdrawal liability contributions	65,453	101,680
Due from brokers for securities sold	—	26,310
<b>Total Receivables</b>	<b>4,726,252</b>	<b>4,993,587</b>
<b>Cash</b>	<b>19,228,434</b>	<b>—</b>
<b>Other Assets</b>		
Prepaid expenses and deposits	88,868	88,870
<b>Total Assets</b>	<b>1,051,378,383</b>	<b>988,328,701</b>
<b>Liabilities</b>		
Accounts payable	404,280	837,626
Other liabilities	1,359,971	1,362,094
Temporary cash overdraft	—	376,191
Reciprocal transfers	887,744	874,267
Due to brokers for securities purchased	22,245	604,945
<b>Total Liabilities</b>	<b>2,674,240</b>	<b>4,055,123</b>
<b>Net Assets Available For Benefits</b>	<b>\$ 1,048,704,143</b>	<b>\$ 984,273,578</b>

# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended December 31,	
	2024	2023
<b>Additions To Net Assets Available For</b>		
<b>Benefits Attributed To:</b>		
Employer contributions	\$ 50,535,729	\$ 47,623,597
Less: reciprocal transfers	(6,190,095)	(5,696,247)
Withdrawal liability income	8,537	500
Other income	40,327	586,373
<b>Total Additions</b>	<b>44,394,498</b>	<b>42,514,223</b>
<b>Deductions From Net Assets Available For</b>		
<b>Benefits Attributed To:</b>		
Benefits paid	60,434,549	58,975,575
<b>Expenses</b>		
Investment management and consulting expenses	3,338,306	3,511,783
Insurance	603,770	565,631
Administrative fees	456,900	400,000
Legal fees	250,154	304,330
Actuarial expenses	137,056	147,249
Payroll audit fees	111,000	98,000
Audit fees	33,400	34,000
Other expenses	24,447	10,018
Printing and postage	15,728	16,266
Trustee and delegate expenses	14,982	14,911
Bad debt expense	—	1,191,550
<b>Total Expenses</b>	<b>4,985,743</b>	<b>6,293,738</b>
<b>Total Deductions</b>	<b>65,420,292</b>	<b>65,269,313</b>
<b>Investment Income</b>		
Interest and dividends	9,318,191	8,110,887
Net change in fair value of investments	76,138,168	97,712,691
<b>Net Investment Income</b>	<b>85,456,359</b>	<b>105,823,578</b>
<b>Net Increase</b>	<b>64,430,565</b>	<b>83,068,488</b>
<b>Net Assets Available For Benefits - Beginning Of Year</b>	<b>984,273,578</b>	<b>901,205,090</b>
<b>Net Assets Available For Benefits - End Of Year</b>	<b>\$ 1,048,704,143</b>	<b>\$ 984,273,578</b>

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# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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## NOTES TO FINANCIAL STATEMENTS

December 31, 2024 And 2023

### 1. General Information

#### Description Of The Plan

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

The Plan was established April 1, 1965, as a result of collective bargaining between the Missouri Kansas Laborers District Council of the Laborers International Union of North America, AFL-CIO, the Heavy Constructors Association of the Greater Kansas City Area and the Associated General Contractors of Missouri (CBA). The Plan is a multiemployer defined benefit pension plan covering participants who work under the terms of the CBA.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

#### Pension Benefits

A participant entitled to a regular monthly pension benefit is one who has attained the age of 62 and has at least 5 pension credits, including one hour of service after January 1, 1989, or at least 500 hours in a Plan credit year after December 31, 1986 or at least 100 hours of work in covered employment for which contributions were required to be made in the twelve-month period immediately before either becoming age 62 or retirement. Monthly pension benefits are generally also available to participants that are age 55 with 30 pension credits. The Plan permits participants who meet specific requirements to retire before age 62. Pension benefits are reduced for each month of age before 62. A participant has a nonforfeitable right to a pension benefit with 5 years of vested service determined based on service dates. The monthly pension is determined based on a benefit accrual rate that includes \$3 per year of credited service prior to 1996 and also includes varying percentages of contributions paid on a participant's behalf in the years subsequent to January 1, 1996.

Subject to certain limitations, a participant may elect to receive pension benefits in the form of a single life annuity with 60 months guaranteed, a 50% husband and wife pension, a ten-years-certain and life pension, or a 66 2/3% or 75% or 100% joint and survivor pension.

## **CONSTRUCTION INDUSTRY LABORERS PENSION FUND**

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### Notes To Financial Statements (*Continued*)

#### **Death And Disability Benefits**

If a participant that is eligible for a pension dies at any age before retirement, a death benefit may be paid to the participant's designated beneficiary as a lump sum that is actuarially equivalent to 60 payments of 50% of the monthly accrued vested benefit.

A participant who becomes permanently and totally disabled, as defined by the Plan Document, and meets the service requirements is entitled to disability benefits based on years of credited service as of the date of disability and the accrual rate for the regular retirement benefit.

#### **Contributions**

Employers of participants contribute to the Plan for each hour worked by the participants in covered employment and at various rates negotiated through collective bargaining agreements, which are up to \$8.00 for each hour worked.

Employer contributions are intended to be at least sufficient to fund the participants' current service costs and to fund the Plan's future benefit obligations. The Plan's employer contributions for the Plan years ended December 31, 2024 and 2023 met the minimum funding requirements of ERISA.

## **2. Summary Of Significant Accounting Policies**

#### **Basis Of Accounting**

The accompanying financial statements have been prepared on the accrual basis of accounting.

#### **Estimates And Assumptions**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

## **CONSTRUCTION INDUSTRY LABORERS PENSION FUND**

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### Notes To Financial Statements (*Continued*)

#### **Cash**

Cash represents funds held in the Plan's bank accounts that are available for immediate use in operations. These balances are maintained at financial institutions and are recorded at their nominal value.

#### **Investment Valuation And Revenue Recognition**

Investments are stated 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. See Note 5 for further discussion on fair value measurements. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

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.

#### **Receivables And Credit Loss Policy**

Amounts due for contributions and other receivables are stated at the amount management expects to collect from outstanding balances, less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate of amounts that will not be collected. This estimate considers historical experience, current conditions and, when applicable, reasonable and supportable forecasts. The Plan has concluded that no allowance for current expected credit losses was necessary at December 31, 2024 or 2023.

#### **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's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on pension credits accumulated, which are determined based on annual hours worked. Benefits payable under all circumstances (retirement, death, disability or termination of employment) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount which 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 for death, withdrawal or retirement) between the valuation date and the expected date of payment.

## CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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### Notes To Financial Statements (*Continued*)

The significant assumptions underlying the actuarial computations as of December 31, 2023 and 2022 are as follows:

	2023	2022
<b>Investment Rate Of Return</b>	7.00%	7.00%
<b>Mortality</b>	Healthy lives: 120% Pri.H-2012 Healthy Blue Collar Mortality Table, generationally projected using the rates of Scale MP-2020	Healthy lives: 120% Pri.H-2012 Healthy Blue Collar Mortality Table, generationally projected using the rates of Scale MP-2020
	Disabled lives: 100% Pri.H-2012 Disabled Mortality Table, generationally projected using the rates of Scale MP-2020	Disabled lives: 100% Pri.H-2012 Disabled Mortality Table, generationally projected using the rates of Scale MP-2020
<b>Future Benefit Accrual</b>	Assumed 1.0 pension credit per year per active participant	

The actuarial valuation was made using the unit credit actuarial cost method. The valuations reflect deductions of \$1,632,000 and \$1,600,000 for anticipated administrative expenses associated with providing benefits for 2024 and 2023, respectively. The foregoing actuarial assumptions are based on the presumption that 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.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences.

### **Payment Of Benefits**

Benefit payments to participants are recorded upon distribution.

### **Subsequent Events**

Management of the Plan has evaluated subsequent events through the date, which the financial statements were available for issue, which is the date of the Independent Auditors' Report.

## CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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### Notes To Financial Statements (Continued)

### 3. Actuarial Present Value Of Accumulated Plan Benefits

The latest available actuarial reports were prepared as of December 31, 2023. The actuarial present value of accumulated plan benefits as of that date is as follows:

Actuarial present value of accumulated plan benefits:	
Vested participants currently receiving payments	\$ 552,752,952
Other vested benefits	385,703,454
Total vested benefits	<u>938,456,406</u>
Non-vested benefits	<u>42,642,133</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$ 981,098,539</u></u>

The changes in the actuarial present value of the accumulated plan benefits during the valuation year ended December 31, 2023 are as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 957,460,275
Factors that affected change in the actuarial present value of accumulated plan benefits:	
Benefits accumulated, actuarial experience, changes in data	15,165,595
Interest	66,162,789
Benefits paid	(58,975,575)
Benefit increase	2,875,360
Administrative expenses	<u>(1,589,905)</u>
Actuarial present value of accumulated plan benefits, end of year	 <u><u>\$ 981,098,539</u></u>

The Plan was certified to be neither in endangered status nor in critical status under the Pension Protection Act of 2006 (green zone) for the current plan year. This certification result is due to the fact that the Plan's funded percentage for the current plan year is at least 80%, and the Plan has no projected deficiency in its funding standard account for at least seven years.

## CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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### Notes To Financial Statements (*Continued*)

#### 4. Tax Status

The Trust established under the Plan, to hold the Plan's assets, is qualified pursuant to the appropriate section of the Internal Revenue Code (the IRC) and, accordingly, the Trust's net investment income is exempt from income taxes. The Plan obtained its latest determination letter on September 2, 2015 in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's counsel believe that the Plan is designed and continues to operate in compliance with the applicable requirements of the IRC.

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

#### 5. Fair Value Measurements

The Plan utilizes an established a framework for measuring fair value. That framework 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 below:

- |         |   |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.   |
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none"><li>• Quoted prices for similar assets or liabilities in active markets;</li><li>• Quoted prices for identical or similar assets or liabilities in inactive markets;</li></ul> |

## CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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### Notes To Financial Statements (*Continued*)

- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value:

#### **Corporate Stocks, Corporate Obligations And U.S. Government And Municipal Securities**

Valued at either the closing price reported on the active market on which the individual securities are traded or valued by a pricing service which determines the valuation of normal institutionalized trading units of such securities using methods based upon market transactions for comparable securities and various relationships between securities which are generally recognized by institutional traders.

#### **Mutual Fund And Money Market Funds**

Valued at the daily closing price as reported by the fund. The mutual fund and money market funds held by the Plan are open-end investment companies that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual fund and money market funds held by the Plan are deemed to be actively traded.

## CONSTRUCTION INDUSTRY LABORERS PENSION FUND

### Notes To Financial Statements (Continued)

#### **Pooled Separate Accounts, Common/Collective Trusts, 103-12 Investment Entities, Limited Partnerships, Limited Liability Companies**

Valued at the unit value or NAV (or NAV equivalent) of units of the individuals funds. The NAV (or NAV equivalent), as provided by the trustee of each of the invested funds, is used as a practical expedient to estimate fair value. The NAV (or NAV equivalent) is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV (or NAV equivalent).

There have been no changes in the methodologies used at December 31, 2024 or 2023.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
U.S. Government and municipal securities	\$ —	\$ 4,974,948	\$ —	\$ 4,974,948
Corporate obligations	—	914,664	—	914,664
Corporate stocks	162,728,723	—	—	162,728,723
Mutual fund	22,922,308	—	—	22,922,308
Money market funds	73,759,940	—	—	73,759,940
<b>Total Assets In The Fair Value Hierarchy</b>	<b>\$ 259,410,971</b>	<b>\$ 5,889,612</b>	<b>\$ —</b>	<b>265,300,583</b>
Pooled separate accounts measured at net asset value (a)				65,959,815
103-12 investment entities measured at net asset value (a)				137,607,913
Limited partnerships measured at net asset value (a)				164,337,209
Limited liability companies measured at net asset value (a)				40,705,466
Common/collective trusts measured at net asset value (a)				353,423,843
				<u>\$ 1,027,334,829</u>

## CONSTRUCTION INDUSTRY LABORERS PENSION FUND

### Notes To Financial Statements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
U.S. Government and municipal securities	\$ —	\$ 7,062,255	\$ —	\$ 7,062,255
Corporate obligations	—	1,333,441	—	1,333,441
Corporate stocks	159,932,219	—	—	159,932,219
Mutual fund	17,139,366	—	—	17,139,366
Money market funds	28,270,082	—	—	28,270,082
<b>Total Assets In The Fair Value Hierarchy</b>	<b>\$ 205,341,667</b>	<b>\$ 8,395,696</b>	<b>\$ —</b>	<b>213,737,363</b>
Pooled separate accounts measured at net asset value (a)				86,370,784
103-12 investment entities measured at net asset value (a)				140,314,705
Limited partnerships measured at net asset value (a)				158,043,923
Limited liability companies measured at net asset value (a)				40,910,044
Common/collective trusts measured at net asset value (a)				343,869,425
				<u>\$ 983,246,244</u>

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

# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

## Notes To Financial Statements (Continued)

### Fair Value Measurements Of Investments In Certain Entities That Calculate Net Asset Value Per Share

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
103-12 Investment Entities					
Equity	\$ 47,371,617	\$ 49,553,269	\$ —	Daily	3 days
Hedge strategy	16,951,160	14,641,758	—	Monthly	5 days
Real estate	11,715,673	14,649,941	—	Quarterly	45 days
Fixed income	61,569,463	61,469,737	—	Weekly	4 days
Pooled Separate Accounts					
Real estate	65,959,815	86,370,784	—	Daily to Monthly	3 days to 3 months
Common/Collective Trusts					
Equity	259,725,991	253,887,186	—	Daily to weekly	2 to 10 days
Fixed income	93,697,852	89,982,239	—	Daily to monthly	0 to 15 days
Limited Liability Companies					
Real estate	24,095,651	26,138,152	8,246,138	Not Permitted,	90 days, N/A
Hedge strategy/fixed income	16,609,815	14,771,892	—	Monthly	7 days
Limited Partnerships					
Private investments	132,628,073	120,647,364	53,596,973	Not Permitted	N/A
Infrastructure	11,681,721	18,842,079	—	3/31 and 9/30	4 months
Fixed income	20,027,415	18,554,480	—	Monthly	30 days
<b>Total</b>	<b>\$ 762,034,246</b>	<b>\$ 769,508,881</b>	<b>\$ 61,843,111</b>		

## 6. Plan Termination

Although the Trustees have not expressed any intention do so, they have the right to discontinue or terminate the Plan, subject to the provisions set forth in ERISA. 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:

- a. Annuity benefits that participants or their beneficiaries have been receiving for at least three years, or annuity benefits that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable, or would have been payable, during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.

## **CONSTRUCTION INDUSTRY LABORERS PENSION FUND**

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### Notes To Financial Statements (*Continued*)

- c. All other vested benefits not insured by PBGC.
- d. All nonvested benefits under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and the level of benefits guaranteed by the PBGC. In no event would any of the assets of the Plan revert to contributing employers.

## **7. Administrative Agreements And Party In Interest Transactions**

The Plan has an agreement with Wilson-McShane Corporation to provide for administrative services.

The Plan has an agreement with Cheiron to act as an independent actuary and Plan consultant.

The Plan has an agreement with Marquette Associates to act as an investment consultant.

The Plan has an agreement with Midwest Trust to act as a custodian of assets held for investment.

The Plan has an agreement with Commerce Bank to provide cash management services, including funds transfers, sweep services and ACH services.

These transactions qualified as exempt party in interest transactions.

## **CONSTRUCTION INDUSTRY LABORERS PENSION FUND**

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### Notes To Financial Statements (*Continued*)

#### **8. Risks And Uncertainties**

The Plan invests in various investment 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, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

The actuarial present value of accumulated plan benefits are reported based on 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.

#### **9. Concentration Of Credit Risk**

The Plan maintains cash accounts at Commerce Bank. The balance is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 (without regard to outstanding items). At various times during the years ended December 31, 2024 and 2023, the Plan's cash balances exceeded FDIC limits.

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## Supplemental Schedules

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# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001  
SCHEDULE OF ASSETS HELD AT END OF YEAR

Page 1 Of 6  
December 31, 2024

Description Of Investment	No. Of Shares	Cost	Current Value
<b>Corporate Stocks</b>			
Ameriprise Finl Inc Com	5,500	\$ 1,069,973	\$ 2,928,365
Axos Finl Inc Com	5,267	219,581	367,900
American Intl Group Inc Com New	23,025	1,757,340	1,676,220
Bjs Whsl Club Hldgs Inc Com	8,323	602,810	743,660
Blackstone Inc.	10,300	1,293,892	1,775,926
Burlington Stores Inc Com	2,713	563,882	773,368
Beierdorf AG ADR	3,313	85,141	85,078
Caseys Gen Stores Inc Com	1,796	688,480	711,629
Calavo Growers Inc Com	16,332	407,595	416,466
Capital One Finl Corp Com	13,800	1,427,610	2,460,816
Champion Homes Inc	6,451	354,127	568,333
Churchill Downs Inc Com	5,697	757,304	760,777
Clorox Co Com	3,651	505,212	592,959
Coca Cola Co Com	26,100	1,270,823	1,624,986
Commerce Bancshares Inc Com	14,700	819,429	915,957
Chefs Whse Inc Com	12,948	449,137	638,595
Coterra Energy Inc	60,900	1,145,054	1,555,386
Cullen Frost Bankers Inc Com	10,200	1,050,400	1,369,350
Constellation Brands Inc Cl A	5,500	1,244,975	1,215,500
D R Horton Inc Com	2,843	225,703	397,508
Diamondback Energy Inc Com	3,180	450,156	520,979
Dutch Bros Inc Cl A	19,210	661,448	1,006,220
Floor & Decor Hldgs Inc Cl A	3,538	308,154	352,739
Globe Life Inc Com	12,654	1,245,842	1,411,174
Gentherm Inc Com	4,267	200,459	170,360
Henkel AG & Co KgaA Sponsored ADR Repstg Ord Shs	84,157	1,472,037	1,620,864
Henry Jack & Assoc Inc Com	3,917	698,671	686,650
Independent Bank Corp Mass Com	920	45,764	59,055
Installed Bldg Prods Inc Com	1,497	188,231	262,349
Kimberly Clark Corp Com	5,276	649,931	691,367
Kinsale Cap Group Inc Com	1,614	518,284	750,720
Lamb Weston Hldgs Inc Com	6,830	526,164	456,449
Lennar Corp Cl A	16,900	1,408,760	2,304,653
Lowes Cos Inc Com	6,500	1,493,465	1,604,200
Marketaxess Hldgs Inc Com	2,155	666,644	487,116
MCSI Inc Cl A	1,367	652,435	820,214
Michelin Compagnie Generale Des Establishments Michelin ADR	81,400	1,457,787	1,340,170
Mission Produce Inc Com	23,171	235,784	332,967
Mitsubishi Ufj Finl Group Inc	122,300	601,084	1,433,356
Nike Inc Cl B	1,089	86,509	82,405
Northern Tr Corp Com	9,382	711,230	961,655
ELF Beauty Inc Com	1,963	170,699	246,455
Jde Peets NV Ads	19,207	178,409	164,374
Planet Fitness Inc Cl A	5,593	334,951	552,980
PNC Finl Svcs Group Inc Com	8,800	1,279,134	1,697,080
Polaris Inc	1,257	85,813	72,428
Pool Corporation Com	1,375	261,929	468,793
Procter & Gamble Co Com	10,700	1,292,900	1,676,500
Raymond James Finl Inc Com	4,437	538,941	689,199
Reinsurance Group Amer Inc Com New	1,909	303,895	407,820
SHIFT4 Pmts Inc Cl A	10,293	682,373	1,068,208
Lauder Estee Cos Inc Cl A	30,487	2,287,583	2,285,915
Sony Corp Amern Sh New	88,100	1,730,110	1,864,196
McCormick & Co Inc Com Non Vtg	4,285	297,516	326,688
Target Corp Com	1,362	167,425	184,115
Texas Roadhouse Inc Com Cl A	2,919	499,968	526,675
Knife Riv Hldg Co Common Stock	4,920	409,488	500,069

# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

## EIN: 43-6060737 PLAN NUMBER: 001 SCHEDULE OF ASSETS HELD AT END OF YEAR

Page 2 Of 6  
December 31, 2024

Description Of Investment	No. Of Shares	Cost	Current Value
<b>Corporate Stocks (Continued)</b>			
Acv Auctions Inc Com Cl A	19,600	\$ 319,074	\$ 423,360
Aaon Inc Com	8,977	908,602	1,056,413
Alcon Inc Ord Shs	19,100	1,392,533	1,621,399
Amgen Inc Com	6,600	1,615,407	1,720,224
Apogee Therapeutics Inc Com	2,812	139,537	127,384
Asgn Inc Com	4,441	331,514	370,113
Avadel Pharmaceuticals PLC Sponsored ADR	10,095	130,675	106,098
Arvinas Inc Com	5,462	175,113	104,707
Articure Inc Com	7,223	261,396	220,735
Bgc Group Inc Cl A	23,289	228,457	210,998
Bio Techne Corp Com	6,313	489,132	454,725
Broadridge Finl Solutions Inc Com	3,711	529,134	839,020
Bruker Corp Com	3,928	220,734	230,259
Becton Dickinson & Co Com	389	8,615	88,252
Catalyst Pharmaceuticals Inc Com	7,200	113,119	150,264
Casella Waste Sys Inc Cl A	5,338	360,095	564,814
Cnh Indl N V Shs	16,410	177,680	185,925
Coastal Finl Corp WA Com New	1,716	128,439	145,706
Colfax Corp Com	8,205	412,498	360,035
Danaher Corp Com	7,400	1,550,695	1,698,670
Dentsply Sirona Inc Com	126,750	3,349,246	2,405,715
Dexcom Inc Com	4,792	378,121	372,674
Everest Group LTD	228,000	86,358	82,641
Edgewise Therapeutics Inc Com	5,229	49,929	139,614
Envista Hldgs Corp Com	48,952	990,525	944,284
Ferguson PLC New Shs	2,799	417,790	485,823
Fortrea Hldgs Inc Common Stock	17,662	496,196	329,396
Globus Med Inc Cl A New	8,166	468,554	675,410
Halozyne Therapeutics Inc Com	3,056	106,982	146,107
Hologic Inc Com	943	68,166	67,981
Icon PLC Shs	1,911	279,194	400,756
Idexx Laboratories Inc Com	1,291	420,026	533,751
Insulet Corp Com	3,030	482,777	791,042
Ionis Pharmaceuticals Inc Com	3,131	136,153	109,460
Livanova PLC Shs	4,355	248,515	201,680
Medtronic PLC Shs	13,800	1,472,966	1,102,344
Merck & Co Inc New Com	15,100	1,343,680	1,502,148
Neumora Therapeutics Com	10,152	148,633	107,611
Penumbra Inc Com	3,092	689,067	734,288
Protagonist Therapeutics Inc Com	4,855	105,969	187,403
Qiagen NV Shs New	40,603	1,762,057	1,808,052
Repligen Corp Com	3,803	579,093	547,404
Resmed Inc Com	1,830	342,646	418,503
Schein Henry Inc Com	19,137	1,331,951	1,324,280
Sensata Technologies Hldng PLC Shs	2,832	86,103	77,597
Springworks Therapeutics Inc Com	2,816	122,804	101,742
Solventum Corp Com Shs	13,297	789,041	878,400
Surgery Partners Inc Com	11,819	276,251	250,208
The Baldwin Insurance Group Inc	10,272	244,682	398,143
Totalenergies SE	25,500	1,642,431	1,389,750
Triumph Financial Inc	2,796	170,208	254,100
Universal Technical Inst Inc Com	16,073	230,832	413,237
US Bancorp Del Com New	37,700	1,379,885	1,803,191
Veeva Sys Inc Cl A Com	2,849	584,157	599,002
Verona Pharma PLC Sponsored Ads	5,843	110,534	271,813
Viking Therapeutics Inc Com	2,854	83,710	114,845
Waystar Therapeutics Inc Com	10,681	297,206	391,993
Wingstop Inc Com	1,800	322,080	511,560

# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
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December 31, 2024

Description Of Investment	No. Of Shares	Cost	Current Value
<b>Corporate Stocks (Continued)</b>			
3M Co Com	6,333	\$ 538,613	\$ 817,527
Ansys Inc Com	5,900	2,170,080	1,990,247
Axsome Therapeutics Inc Com	1,412	122,503	119,469
Bwx Technologies inc Com	3,369	334,590	375,273
Beacon Roofing Supply Inc Com	3,061	271,546	310,936
Fabrinet Shs	1,357	283,069	298,377
Penguin Solutions, Inc	18,384	327,564	352,789
Te Connectivity PLC Ord Shs	577,000	81,556	82,494
Crane Company Common Stock	2,296	235,533	348,418
Cdw Corp Com	3,702	404,088	644,296
Chart Industries Inc	2,645	419,292	504,772
Comfort Sys USA Inc Com	1,570	299,808	665,774
Copart Inc Com	9,838	248,428	564,603
Cyberark Software LTS Shs	1,324	223,878	441,091
Daikin Inds LTD ADR	7,127	82,971	84,619
Descartes Sys Group Inc Com	4,324	339,052	491,206
Dynatrace Inc Com	7,193	374,470	390,940
Ducommun Inc Del Com	3,732	253,858	237,579
Epam Sys Inc Com	2,975	650,671	695,615
Equifax Inc Com	2,893	633,223	737,281
Fastenal Co Com	10,151	392,939	729,959
Franklin Elec Inc Com	2,314	252,650	225,499
General Dynamics Corp Com	5,900	873,938	1,554,591
Global S A Com	3,956	850,122	848,246
Graco Inc Com	11,351	705,883	956,776
Heico Corp New Com	2,245	290,660	533,726
Honeywell International Inc Com	7,600	1,711,839	1,716,764
Hunt J B Trans Sves Inc Com	449	77,939	76,626
IDEX Corp Com	4,208	828,596	880,692
Impinj Inc Com	2,154	147,421	312,890
Informatica Inc Com Cl A	20,103	419,677	521,271
Ingersoll Rand Inc Com	7,027	349,657	635,663
Knight Swift Trans Hldgs Inc Cl A	12,246	630,821	649,528
Legrand S A ADR	3,395	70,359	66,121
Lindsay Corporation	2,116	248,658	250,344
Mastec Inc Com	2,815	229,164	383,234
Mueller Wtr Prods Inc Com Ser A	3,490	47,894	78,525
Lennox International Inc Com	724	348,819	441,133
Oshkosh Truck Corp Com	10,700	1,211,964	1,017,249
Parker Hannifin Corp Com	5,440	1,463,349	3,460,003
Leonardo Drs Inc Com	17,011	281,302	549,626
Paylocity Hldg Corp Com	1,620	264,312	323,141
Marten Trans LTD Com	30,698	535,073	479,196
Northrop Grumman Corp Com	1,080	498,602	506,833
Southwest Airls Co Com	2,544	68,716	85,530
Teledyne Technologies Inc Com	3,600	1,470,948	1,670,868
Sprinx Group PLC Unsponsored ADR	4,024	171,678	172,734
Trex Co Inc Com	7,630	362,677	526,699
Rollins Inc Com	12,495	601,190	579,143
Ufp Industries Inc Com	2,873	242,239	323,644
Tetra Tech Inc New Com	10,637	289,715	423,778
Toro Co Com	4,262	352,674	341,386
Werner Enterprises Inc Com	36,721	1,383,455	1,319,018
Willscot Mobil Mini Hldng Corp Com	8,601	302,776	287,703
Vertiv Holdings LLC Com Cl A	5,235	444,155	594,748
Xylem Inc Com	14,700	1,427,224	1,705,494
Severn Trent PLC Sponsored ADR	2,638	84,713	82,860
Albemarle Corp Dep Shs A Pfd Conv	1,792	78,560	72,916

# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

**EIN: 43-6060737 PLAN NUMBER: 001**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**  
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**December 31, 2024**

Description Of Investment	No. Of Shares/Units	Cost	Current Value
<b>Corporate Stocks (Continued)</b>			
American Wtr Wks Co Inc New Com	14,260	\$ 1,694,855	\$ 1,775,227
Aptargroup Inc Com	950	127,295	149,245
Atmos Energy Corp Com	14,500	1,547,030	2,019,415
Avista Corp Com	9,371	309,528	343,260
California Wtr Svc Group Com	16,096	760,895	729,632
Contra Ligand Pharmace	294	2,406	2,406
Corteva Inc Com	39,800	1,632,533	2,267,008
Costar Group Inc Com	9,025	689,390	646,100
Adobe Inc.	4,300	2,025,019	1,912,124
Applied Matls Inc Com	494	86,561	80,339
Ecolab Inc Com	7,800	1,697,148	1,827,696
Astera Labs Inc Com	4,164	190,521	551,522
Equity Lifestyle Pptys Inc Com	18,800	1,246,481	1,252,080
Datadog Inc Cl A Com	4,710	604,298	673,012
Freshworks Inc Class A Com	15,207	252,965	245,897
Healthpeak Properties Inc Com	7,648	144,923	155,025
Hubshot Inc Com	744	534,115	518,397
Lam Research Corp Com New	1,179	86,470	85,159
Innovative Indl Pptys Inc Com	2,992	260,257	199,387
Insight Enterprises Inc Com	1,584	232,079	240,926
Manhattan Assocs Inc Com	2,665	654,520	720,190
Macom Technology Solutions Holdings, Inc	4,408	315,249	572,643
Magnite Inc Com	35,832	385,173	570,445
Martin Marietta Materials Com	3,950	1,165,306	2,040,175
Metlife Inc Dp Pfd F 4.75%	3,467	70,830	71,628
Microchip Technology Inc Com	28,823	2,130,049	1,653,515
Microsoft Corp Com	660	1,486,993	2,781,900
Monolithic Pwr Sys Inc Com	1,334	346,227	789,328
Jfrog LTD Ord Shs	12,597	410,659	370,478
Onto Innovation Inc Com	1,284	170,780	214,004
Ncino Inc Com	9,095	298,980	305,410
Pennon Group PLC Unsporsord ADR	80,157	1,245,504	1,191,614
Pure Storage Inc Cl A	5,695	371,843	349,844
Portland Gen Elec Co Com New	7,878	328,449	343,638
PTC Inc Com	3,929	419,604	722,425
Qualcomm Inc Com	12,800	2,073,120	1,966,336
Rpm Intl Inc Com	14,800	1,238,652	1,821,288
Schwab Charles Corp New Dshs Pf D Pfd 5.95%	20,685	515,911	519,194
Sentinelone Inc Cl A	11,890	230,373	263,958
Sitime Corporation Com	1,578	185,230	338,528
Sjw Group	13,505	768,099	664,716
Rogers Corp Com	8,159	878,764	829,036
Tyler Technologies Inc Com	1,321	348,592	761,742
United Utils Group PLC Sponsored ADR	40,992	1,049,316	1,079,647
Zebra Technologies Corp Cl A	2,073	664,949	800,634
Alexandria Real EST Equities Inc Com	841	86,836	82,040
Verizon Communications Inc Com	40,988	1,803,364	1,639,110
Idacorp Inc Com	4,524	419,220	494,383
Vertex Inc Cl A	13,624	357,510	726,841
Xcel Energy Inc Com	23,900	1,617,362	1,613,728
<b>Total Corporate Stocks</b>		<b>136,794,792</b>	<b>162,728,723</b>
<b>Mutual Fund</b>			
Harding Loevner International Small Cos Port Instl Class Z	1,378,370	23,002,334	22,922,308

# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
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December 31, 2024

Description Of Investment	Par Value / No. Of Units	Cost	Current Value
<b>U.S. Government And Municipal Securities</b>			
US Treasury Note 1.75% Dtd 3/15/2022 Due 3/15/2025	550,000	\$ 535,756	\$ 547,283
US Treasury Note 3.125% Dtd 8/15/2022 Due 8/15/2025	1,600,000	1,544,875	1,588,992
US Treasury Note 1.625% Dtd 02/16/2016 Due 02/15/2026	2,000,000	1,881,875	1,943,180
US Treasury Note 2.875% Dtd 5/31/2018 Due 5/31/2025	750,000	742,529	745,733
Champaign Cnty Ill Cmnty Unit	150,000	150,000	149,760
<b>Total U.S. Government And Municipal Securities</b>		<b>4,855,035</b>	<b>4,974,948</b>
<b>Corporate Obligations</b>			
Conocophillips Company Sr NT 2.4% Dtd 3/8/2022 Due 3/7/2025 Callable	19,000	18,978	18,917
Duke Energy Progress LLC 1m Bd 3.25% Dtd 08/13/2015 Due 08/15/2025 Callable	100,000	96,351	99,173
Enterprise Fleet Fing 2022-1 LLC Asset Backed NT CI A-2 144a 3.03% Dtd 03/30/2022 Due 01/20/2028	15,771	15,769	15,722
Ford Credit Auto Onr Tr Ser 2022 B CI A 3 3.74% Dtd 6/27/2022 Due 9/15/2026	49,520	49,517	49,400
Goldman Sachs Bk USA Sr NT Var Rate Dtd 5/21/2024 Due 5/21/2027 Callable	100,000	101,264	100,780
Honeywell Intl Inc Sr NT	100,000	99,997	100,364
Intuit Sr NT 5.25% Dtd 09/15/2023 Due 09/15/2026 Callable	130,000	129,883	131,372
Pepsico Inc Sr NT 4.55% Dtd 02/15/2023 Due 02/13/2026 Callable	100,000	99,942	100,220
Synchrony Card Isnce Tr Ser 2022 2 CI A 3.896% Dtd 7/15/2022 Due 7/15/2028	300,000	299,960	298,716
<b>Total Corporate Obligations</b>		<b>911,661</b>	<b>914,664</b>
<b>103-12 Investment Entities</b>			
LSV International Value Equity Trust	136,981	21,585,398	47,371,617
Parametric Defensive Equity Fund LLC	—	8,651,288	16,951,160
Ullico Infrastructure Tax-Exempt Fund, LP	39,359	8,500,000	11,715,673
Western Asset US Core Plus LLC	2,770,155	64,854,810	61,569,463
<b>Total 103-12 Investment Entities</b>		<b>103,591,496</b>	<b>137,607,913</b>
<b>Pooled Separate Accounts</b>			
Principal US Property Sep Acct	644,548	15,809,325	42,031,801
Ullico Separate Account J	1,279,070	19,529,983	23,928,014
<b>Total Pooled Separate Accounts</b>		<b>35,339,308</b>	<b>65,959,815</b>
<b>Common/Collective Trusts</b>			
MFS Emerging Markets Debt Fund	826,227	17,947,241	19,829,459
MacKay Shields Core Plus Bond CIT	5,199,356	54,632,107	62,184,293
Chey Chase Trust Company - ASB Labor Equity Index Fund	1,603,123	32,695,684	91,626,629
AFL-CIO Housing Investment Trust	12,162	12,894,740	11,684,100
BNYM Mellon DB SL Large Cap Growth Stock Index Fund	29,359	45,273,424	84,062,640
GQG Partners Intl Eqty CIT CI A	3,182,192	36,811,000	43,023,247
Mesirow Small Cap Value Equity CIT C A	1,858,406	19,607,000	23,973,444
Mesirow High Yield CIT CI A	1,178,425	15,066,000	17,040,031
<b>Total Common/Collective Trusts</b>		<b>234,927,196</b>	<b>353,423,843</b>

# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

**EIN: 43-6060737 PLAN NUMBER: 001**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**

**Page 6 Of 6**  
**December 31, 2024**

Description Of Investment	No. of Units	Cost	Current Value
<b>Limited Liability Companies</b>			
Invesco Strategic Opportunities III Onshore Feeder, LLC	—	2,333,501	1,690,807
Neuberger Berman US Equity Index PutWrite Fund LLC	—	9,399,936	16,609,815
US Real Estate Investment Fund, LLC	—	14,543,590	22,404,844
<b>Total Limited Liability Companies</b>		<u>26,277,027</u>	<u>40,705,466</u>
<b>Limited Partnerships</b>			
Entrustpermal Special Opportunities Fund IV LTD	8,284	9,605,587	8,728,224
Entrust Special Opportunities Fund III LTD	—	3,231,020	3,039,076
Hamilton Lane Secondary Feeder Fund IV-A LP	—	6,188,787	4,315,133
StepStone VC Secondaries Fund IV, LP	—	6,859,837	11,313,519
Yucaipa American Allegiance Fund II, LP	—	2,057,514	7,035,455
Yucaipa American Allegiance Fund III, LP	—	6,000,725	8,643,160
First Eagle Bank Loan Select Fund (Offshore)	—	14,672,967	20,027,415
JP Morgan IIF ERISA LP	13,751,474	7,541,717	11,681,721
Siguler Guff Distressed Opportunity Fund V, LP	—	7,186,439	9,252,083
Siguler Guff Emerging Markets Opportunities Fund IV, LP	—	7,761,682	11,025,129
Siguler Guff Small Buyout III, LP	—	104,513	6,430,941
Siguler Guff Small Buyout IV, LP	—	8,510,840	15,618,241
ElmTree U.S. Net Lease Fund V, LP	—	5,361,990	6,018,116
HighVista Private Equity IX (Offshore), LP	—	10,136,701	15,522,138
RCP Multi-Strategy Cayman Feeder, LP	—	7,496,314	9,724,889
RCP Multi-Strategy Cayman Feeder II, LP	—	2,925,000	3,137,793
Accolade Partners IX Feeder, LP	—	2,880,000	2,902,765
TPG AG DLI Evergreen, L.P	—	8,775,000	8,990,458
IVPH VII Feeder LP	—	70,061	83,313
BPEA Strategic Healthcare II, LP	—	720,000	847,640
<b>Total Limited Partnerships</b>		<u>118,086,694</u>	<u>164,337,209</u>
<b>Money Market Funds</b>			
GS Financial Sq Trsy Obligations Cap 1858	52,857,679	52,857,679	52,857,679
GS Financial Sq Gov #466	20,902,261	20,902,261	20,902,261
<b>Total Money Market Funds</b>		<u>73,759,940</u>	<u>73,759,940</u>
<b>Total Investments</b>		<u>\$ 757,545,483</u>	<u>\$ 1,027,334,829</u>

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

**CONSTRUCTION INDUSTRY LABORERS PENSION FUND**

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**EIN: 43-6060737    PLAN NUMBER: 001**  
**SCHEDULE OF REPORTABLE TRANSACTIONS**  
**For The Year Ended December 31, 2024**

<b>Type Of Investment</b>	<b>Number Of Purchase Transactions</b>	<b>Number Of Sales Transactions</b>	<b>Total Value Of Purchases</b>	<b>Total Net Selling Price</b>	<b>Expenses Incurred In Transactions</b>	<b>Total Cost Of Assets Sold</b>	<b>Total Current Value Of Assets On Transaction Date</b>	<b>Net Gain (Loss)</b>
<b>Series Of Transactions In Excess Of 5%</b>								
<b>Goldman Sachs</b>								
GS Financial Sq Gov #466	638	—	\$ 73,663,316	\$ —	\$ —	\$ —	\$ 73,663,316	\$ —
GS Financial Sq Gov #466	—	301	—	63,752,685	—	63,752,685	63,752,685	—

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001  
SCHEDULE OF ASSETS HELD AT END OF YEAR

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December 31, 2024

Description Of Investment	No. Of Shares	Cost	Current Value
<b>Corporate Stocks</b>			
Ameriprise Finl Inc Com	5,500	\$ 1,069,973	\$ 2,928,365
Axos Finl Inc Com	5,267	219,581	367,900
American Intl Group Inc Com New	23,025	1,757,340	1,676,220
Bjs Whsl Club Hldgs Inc Com	8,323	602,810	743,660
Blackstone Inc.	10,300	1,293,892	1,775,926
Burlington Stores Inc Com	2,713	563,882	773,368
Beierdorf AG ADR	3,313	85,141	85,078
Caseys Gen Stores Inc Com	1,796	688,480	711,629
Calavo Growers Inc Com	16,332	407,595	416,466
Capital One Finl Corp Com	13,800	1,427,610	2,460,816
Champion Homes Inc	6,451	354,127	568,333
Churchill Downs Inc Com	5,697	757,304	760,777
Clorox Co Com	3,651	505,212	592,959
Coca Cola Co Com	26,100	1,270,823	1,624,986
Commerce Bancshares Inc Com	14,700	819,429	915,957
Chefs Whse Inc Com	12,948	449,137	638,595
Coterra Energy Inc	60,900	1,145,054	1,555,386
Cullen Frost Bankers Inc Com	10,200	1,050,400	1,369,350
Constellation Brands Inc Cl A	5,500	1,244,975	1,215,500
D R Horton Inc Com	2,843	225,703	397,508
Diamondback Energy Inc Com	3,180	450,156	520,979
Dutch Bros Inc Cl A	19,210	661,448	1,006,220
Floor & Decor Hldgs Inc Cl A	3,538	308,154	352,739
Globe Life Inc Com	12,654	1,245,842	1,411,174
Gentherm Inc Com	4,267	200,459	170,360
Henkel AG & Co Kga Sponsored ADR Repstg Ord Shs	84,157	1,472,037	1,620,864
Henry Jack & Assoc Inc Com	3,917	698,671	686,650
Independent Bank Corp Mass Com	920	45,764	59,055
Installed Bldg Prods Inc Com	1,497	188,231	262,349
Kimberly Clark Corp Com	5,276	649,931	691,367
Kinsale Cap Group Inc Com	1,614	518,284	750,720
Lamb Weston Hldgs Inc Com	6,830	526,164	456,449
Lennar Corp Cl A	16,900	1,408,760	2,304,653
Lowes Cos Inc Com	6,500	1,493,465	1,604,200
Marketaxess Hldgs Inc Com	2,155	666,644	487,116
MCSI Inc Cl A	1,367	652,435	820,214
Michelin Compagnie Generale Des Establishments Michelin ADR	81,400	1,457,787	1,340,170
Mission Produce Inc Com	23,171	235,784	332,967
Mitsubishi Ufj Finl Group Inc	122,300	601,084	1,433,356
Nike Inc Cl B	1,089	86,509	82,405
Northern Tr Corp Com	9,382	711,230	961,655
ELF Beauty Inc Com	1,963	170,699	246,455
Jde Peets NV Ads	19,207	178,409	164,374
Planet Fitness Inc Cl A	5,593	334,951	552,980
PNC Finl Svcs Group Inc Com	8,800	1,279,134	1,697,080
Polaris Inc	1,257	85,813	72,428
Pool Corporation Com	1,375	261,929	468,793
Procter & Gamble Co Com	10,700	1,292,900	1,676,500
Raymond James Finl Inc Com	4,437	538,941	689,199
Reinsurance Group Amer Inc Com New	1,909	303,895	407,820
SHIFT4 Pmts Inc Cl A	10,293	682,373	1,068,208
Lauder Estee Cos Inc Cl A	30,487	2,287,583	2,285,915
Sony Corp Amern Sh New	88,100	1,730,110	1,864,196
McCormick & Co Inc Com Non Vtg	4,285	297,516	326,688
Target Corp Com	1,362	167,425	184,115
Texas Roadhouse Inc Com Cl A	2,919	499,968	526,675
Knife Riv Hldg Co Common Stock	4,920	409,488	500,069

# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

## EIN: 43-6060737 PLAN NUMBER: 001 SCHEDULE OF ASSETS HELD AT END OF YEAR

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December 31, 2024

Description Of Investment	No. Of Shares	Cost	Current Value
<b>Corporate Stocks (Continued)</b>			
Acv Auctions Inc Com Cl A	19,600	\$ 319,074	\$ 423,360
Aaon Inc Com	8,977	908,602	1,056,413
Alcon Inc Ord Shs	19,100	1,392,533	1,621,399
Amgen Inc Com	6,600	1,615,407	1,720,224
Apogee Therapeutics Inc Com	2,812	139,537	127,384
Asgn Inc Com	4,441	331,514	370,113
Avadel Pharmaceuticals PLC Sponsored ADR	10,095	130,675	106,098
Arvinas Inc Com	5,462	175,113	104,707
Articure Inc Com	7,223	261,396	220,735
Bgc Group Inc Cl A	23,289	228,457	210,998
Bio Techne Corp Com	6,313	489,132	454,725
Broadridge Finl Solutions Inc Com	3,711	529,134	839,020
Bruker Corp Com	3,928	220,734	230,259
Becton Dickinson & Co Com	389	8,615	88,252
Catalyst Pharmaceuticals Inc Com	7,200	113,119	150,264
Casella Waste Sys Inc Cl A	5,338	360,095	564,814
Cnh Indl N V Shs	16,410	177,680	185,925
Coastal Finl Corp WA Com New	1,716	128,439	145,706
Colfax Corp Com	8,205	412,498	360,035
Danaher Corp Com	7,400	1,550,695	1,698,670
Dentsply Sirona Inc Com	126,750	3,349,246	2,405,715
Dexcom Inc Com	4,792	378,121	372,674
Everest Group LTD	228,000	86,358	82,641
Edgewise Therapeutics Inc Com	5,229	49,929	139,614
Envista Hldgs Corp Com	48,952	990,525	944,284
Ferguson PLC New Shs	2,799	417,790	485,823
Fortrea Hldgs Inc Common Stock	17,662	496,196	329,396
Globus Med Inc Cl A New	8,166	468,554	675,410
Halozyne Therapeutics Inc Com	3,056	106,982	146,107
Hologic Inc Com	943	68,166	67,981
Icon PLC Shs	1,911	279,194	400,756
Idexx Laboratories Inc Com	1,291	420,026	533,751
Insulet Corp Com	3,030	482,777	791,042
Ionis Pharmaceuticals Inc Com	3,131	136,153	109,460
Livanova PLC Shs	4,355	248,515	201,680
Medtronic PLC Shs	13,800	1,472,966	1,102,344
Merck & Co Inc New Com	15,100	1,343,680	1,502,148
Neumora Therapeutics Com	10,152	148,633	107,611
Penumbra Inc Com	3,092	689,067	734,288
Protagonist Therapeutics Inc Com	4,855	105,969	187,403
Qiagen NV Shs New	40,603	1,762,057	1,808,052
Repligen Corp Com	3,803	579,093	547,404
Resmed Inc Com	1,830	342,646	418,503
Schein Henry Inc Com	19,137	1,331,951	1,324,280
Sensata Technologies Hldng PLC Shs	2,832	86,103	77,597
Springworks Therapeutics Inc Com	2,816	122,804	101,742
Solventum Corp Com Shs	13,297	789,041	878,400
Surgery Partners Inc Com	11,819	276,251	250,208
The Baldwin Insurance Group Inc	10,272	244,682	398,143
Totalenergies SE	25,500	1,642,431	1,389,750
Triumph Financial Inc	2,796	170,208	254,100
Universal Technical Inst Inc Com	16,073	230,832	413,237
US Bancorp Del Com New	37,700	1,379,885	1,803,191
Veeva Sys Inc Cl A Com	2,849	584,157	599,002
Verona Pharma PLC Sponsored Ads	5,843	110,534	271,813
Viking Therapeutics Inc Com	2,854	83,710	114,845
Waystar Therapeutics Inc Com	10,681	297,206	391,993
Wingstop Inc Com	1,800	322,080	511,560

# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
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Description Of Investment	No. Of Shares	Cost	Current Value
<b>Corporate Stocks (Continued)</b>			
3M Co Com	6,333	\$ 538,613	\$ 817,527
Ansys Inc Com	5,900	2,170,080	1,990,247
Axsome Therapeutics Inc Com	1,412	122,503	119,469
Bwx Technologies inc Com	3,369	334,590	375,273
Beacon Roofing Supply Inc Com	3,061	271,546	310,936
Fabrinet Shs	1,357	283,069	298,377
Penguin Solutions, Inc	18,384	327,564	352,789
Te Connectivity PLC Ord Shs	577,000	81,556	82,494
Crane Company Common Stock	2,296	235,533	348,418
Cdw Corp Com	3,702	404,088	644,296
Chart Industries Inc	2,645	419,292	504,772
Comfort Sys USA Inc Com	1,570	299,808	665,774
Copart Inc Com	9,838	248,428	564,603
Cyberark Software LTS Shs	1,324	223,878	441,091
Daikin Inds LTD ADR	7,127	82,971	84,619
Descartes Sys Group Inc Com	4,324	339,052	491,206
Dynatrace Inc Com	7,193	374,470	390,940
Ducommun Inc Del Com	3,732	253,858	237,579
Epam Sys Inc Com	2,975	650,671	695,615
Equifax Inc Com	2,893	633,223	737,281
Fastenal Co Com	10,151	392,939	729,959
Franklin Elec Inc Com	2,314	252,650	225,499
General Dynamics Corp Com	5,900	873,938	1,554,591
Global S A Com	3,956	850,122	848,246
Graco Inc Com	11,351	705,883	956,776
Heico Corp New Com	2,245	290,660	533,726
Honeywell International Inc Com	7,600	1,711,839	1,716,764
Hunt J B Trans Sves Inc Com	449	77,939	76,626
IDEX Corp Com	4,208	828,596	880,692
Impinj Inc Com	2,154	147,421	312,890
Informatica Inc Com Cl A	20,103	419,677	521,271
Ingersoll Rand Inc Com	7,027	349,657	635,663
Knight Swift Trans Hldgs Inc Cl A	12,246	630,821	649,528
Legrand S A ADR	3,395	70,359	66,121
Lindsay Corporation	2,116	248,658	250,344
Mastec Inc Com	2,815	229,164	383,234
Mueller Wtr Prods Inc Com Ser A	3,490	47,894	78,525
Lennox International Inc Com	724	348,819	441,133
Oshkosh Truck Corp Com	10,700	1,211,964	1,017,249
Parker Hannifin Corp Com	5,440	1,463,349	3,460,003
Leonardo Drs Inc Com	17,011	281,302	549,626
Paylocity Hldg Corp Com	1,620	264,312	323,141
Marten Trans LTD Com	30,698	535,073	479,196
Northrop Grumman Corp Com	1,080	498,602	506,833
Southwest Aircls Co Com	2,544	68,716	85,530
Teledyne Technologies Inc Com	3,600	1,470,948	1,670,868
Sprinx Group PLC Unsponsored ADR	4,024	171,678	172,734
Trex Co Inc Com	7,630	362,677	526,699
Rollins Inc Com	12,495	601,190	579,143
Ufp Industries Inc Com	2,873	242,239	323,644
Tetra Tech Inc New Com	10,637	289,715	423,778
Toro Co Com	4,262	352,674	341,386
Werner Enterprises Inc Com	36,721	1,383,455	1,319,018
Willscot Mobil Mini Hldng Corp Com	8,601	302,776	287,703
Vertiv Holdings LLC Com Cl A	5,235	444,155	594,748
Xylem Inc Com	14,700	1,427,224	1,705,494
Severn Trent PLC Sponsored ADR	2,638	84,713	82,860
Albemarle Corp Dep Shs A Pfd Conv	1,792	78,560	72,916

# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

**EIN: 43-6060737 PLAN NUMBER: 001**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**  
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Description Of Investment	No. Of Shares/Units	Cost	Current Value
<b>Corporate Stocks (Continued)</b>			
American Wtr Wks Co Inc New Com	14,260	\$ 1,694,855	\$ 1,775,227
Aptargroup Inc Com	950	127,295	149,245
Atmos Energy Corp Com	14,500	1,547,030	2,019,415
Avista Corp Com	9,371	309,528	343,260
California Wtr Svc Group Com	16,096	760,895	729,632
Contra Ligand Pharmace	294	2,406	2,406
Corteva Inc Com	39,800	1,632,533	2,267,008
Costar Group Inc Com	9,025	689,390	646,100
Adobe Inc.	4,300	2,025,019	1,912,124
Applied Matls Inc Com	494	86,561	80,339
Ecolab Inc Com	7,800	1,697,148	1,827,696
Astera Labs Inc Com	4,164	190,521	551,522
Equity Lifestyle Pptys Inc Com	18,800	1,246,481	1,252,080
Datadog Inc Cl A Com	4,710	604,298	673,012
Freshworks Inc Class A Com	15,207	252,965	245,897
Healthpeak Properties Inc Com	7,648	144,923	155,025
Hubshot Inc Com	744	534,115	518,397
Lam Research Corp Com New	1,179	86,470	85,159
Innovative Indl Pptys Inc Com	2,992	260,257	199,387
Insight Enterprises Inc Com	1,584	232,079	240,926
Manhattan Assocs Inc Com	2,665	654,520	720,190
Macom Technology Solutions Holdings, Inc	4,408	315,249	572,643
Magnite Inc Com	35,832	385,173	570,445
Martin Marietta Materials Com	3,950	1,165,306	2,040,175
Metlife Inc Dp Pfd F 4.75%	3,467	70,830	71,628
Microchip Technology Inc Com	28,823	2,130,049	1,653,515
Microsoft Corp Com	660	1,486,993	2,781,900
Monolithic Pwr Sys Inc Com	1,334	346,227	789,328
Jfrog LTD Ord Shs	12,597	410,659	370,478
Onto Innovation Inc Com	1,284	170,780	214,004
Ncino Inc Com	9,095	298,980	305,410
Pennon Group PLC Unspensord ADR	80,157	1,245,504	1,191,614
Pure Storage Inc Cl A	5,695	371,843	349,844
Portland Gen Elec Co Com New	7,878	328,449	343,638
PTC Inc Com	3,929	419,604	722,425
Qualcomm Inc Com	12,800	2,073,120	1,966,336
Rpm Intl Inc Com	14,800	1,238,652	1,821,288
Schwab Charles Corp New Dshs Pf D Pfd 5.95%	20,685	515,911	519,194
Sentinelone Inc Cl A	11,890	230,373	263,958
Sitime Corporation Com	1,578	185,230	338,528
Sjw Group	13,505	768,099	664,716
Rogers Corp Com	8,159	878,764	829,036
Tyler Technologies Inc Com	1,321	348,592	761,742
United Utils Group PLC Sponsored ADR	40,992	1,049,316	1,079,647
Zebra Technologies Corp Cl A	2,073	664,949	800,634
Alexandria Real EST Equities Inc Com	841	86,836	82,040
Verizon Communications Inc Com	40,988	1,803,364	1,639,110
Idacorp Inc Com	4,524	419,220	494,383
Vertex Inc Cl A	13,624	357,510	726,841
Xcel Energy Inc Com	23,900	1,617,362	1,613,728
<b>Total Corporate Stocks</b>		<b>136,794,792</b>	<b>162,728,723</b>
<b>Mutual Fund</b>			
Harding Loevner International Small Cos Port Instl Class Z	1,378,370	23,002,334	22,922,308

# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

**EIN: 43-6060737 PLAN NUMBER: 001**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**  
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Description Of Investment	Par Value / No. Of Units	Cost	Current Value
<b>U.S. Government And Municipal Securities</b>			
US Treasury Note 1.75% Dtd 3/15/2022 Due 3/15/2025	550,000	\$ 535,756	\$ 547,283
US Treasury Note 3.125% Dtd 8/15/2022 Due 8/15/2025	1,600,000	1,544,875	1,588,992
US Treasury Note 1.625% Dtd 02/16/2016 Due 02/15/2026	2,000,000	1,881,875	1,943,180
US Treasury Note 2.875% Dtd 5/31/2018 Due 5/31/2025	750,000	742,529	745,733
Champaign Cnty Ill Cmnty Unit	150,000	150,000	149,760
<b>Total U.S. Government And Municipal Securities</b>		<b>4,855,035</b>	<b>4,974,948</b>
<b>Corporate Obligations</b>			
Conocophillips Company Sr NT 2.4% Dtd 3/8/2022 Due 3/7/2025 Callable	19,000	18,978	18,917
Duke Energy Progress LLC 1m Bd 3.25% Dtd 08/13/2015 Due 08/15/2025 Callable	100,000	96,351	99,173
Enterprise Fleet Fing 2022-1 LLC Asset Backed NT CI A-2 144a 3.03% Dtd 03/30/2022 Due 01/20/2028	15,771	15,769	15,722
Ford Credit Auto Onr Tr Ser 2022 B CI A 3 3.74% Dtd 6/27/2022 Due 9/15/2026	49,520	49,517	49,400
Goldman Sachs Bk USA Sr NT Var Rate Dtd 5/21/2024 Due 5/21/2027 Callable	100,000	101,264	100,780
Honeywell Intl Inc Sr NT	100,000	99,997	100,364
Intuit Sr NT 5.25% Dtd 09/15/2023 Due 09/15/2026 Callable	130,000	129,883	131,372
Pepsico Inc Sr NT 4.55% Dtd 02/15/2023 Due 02/13/2026 Callable	100,000	99,942	100,220
Synchrony Card Isnce Tr Ser 2022 2 CI A 3.896% Dtd 7/15/2022 Due 7/15/2028	300,000	299,960	298,716
<b>Total Corporate Obligations</b>		<b>911,661</b>	<b>914,664</b>
<b>103-12 Investment Entities</b>			
LSV International Value Equity Trust	136,981	21,585,398	47,371,617
Parametric Defensive Equity Fund LLC	—	8,651,288	16,951,160
Ullico Infrastructure Tax-Exempt Fund, LP	39,359	8,500,000	11,715,673
Western Asset US Core Plus LLC	2,770,155	64,854,810	61,569,463
<b>Total 103-12 Investment Entities</b>		<b>103,591,496</b>	<b>137,607,913</b>
<b>Pooled Separate Accounts</b>			
Principal US Property Sep Acct	644,548	15,809,325	42,031,801
Ullico Separate Account J	1,279,070	19,529,983	23,928,014
<b>Total Pooled Separate Accounts</b>		<b>35,339,308</b>	<b>65,959,815</b>
<b>Common/Collective Trusts</b>			
MFS Emerging Markets Debt Fund	826,227	17,947,241	19,829,459
MacKay Shields Core Plus Bond CIT	5,199,356	54,632,107	62,184,293
Chevy Chase Trust Company - ASB Labor Equity Index Fund	1,603,123	32,695,684	91,626,629
AFL-CIO Housing Investment Trust	12,162	12,894,740	11,684,100
BNYM Mellon DB SL Large Cap Growth Stock Index Fund	29,359	45,273,424	84,062,640
GQG Partners Intl Eqty CIT CI A	3,182,192	36,811,000	43,023,247
Mesirow Small Cap Value Equity CIT C A	1,858,406	19,607,000	23,973,444
Mesirow High Yield CIT CI A	1,178,425	15,066,000	17,040,031
<b>Total Common/Collective Trusts</b>		<b>234,927,196</b>	<b>353,423,843</b>

# CONSTRUCTION INDUSTRY LABORERS PENSION FUND

**EIN: 43-6060737 PLAN NUMBER: 001**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**

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Description Of Investment	No. of Units	Cost	Current Value
<b>Limited Liability Companies</b>			
Invesco Strategic Opportunities III Onshore Feeder, LLC	—	2,333,501	1,690,807
Neuberger Berman US Equity Index PutWrite Fund LLC	—	9,399,936	16,609,815
US Real Estate Investment Fund, LLC	—	14,543,590	22,404,844
<b>Total Limited Liability Companies</b>		<u>26,277,027</u>	<u>40,705,466</u>
<b>Limited Partnerships</b>			
Entrustpermal Special Opportunities Fund IV LTD	8,284	9,605,587	8,728,224
Entrust Special Opportunities Fund III LTD	—	3,231,020	3,039,076
Hamilton Lane Secondary Feeder Fund IV-A LP	—	6,188,787	4,315,133
StepStone VC Secondaries Fund IV, LP	—	6,859,837	11,313,519
Yucaipa American Allegiance Fund II, LP	—	2,057,514	7,035,455
Yucaipa American Allegiance Fund III, LP	—	6,000,725	8,643,160
First Eagle Bank Loan Select Fund (Offshore)	—	14,672,967	20,027,415
JP Morgan IIF ERISA LP	13,751,474	7,541,717	11,681,721
Siguler Guff Distressed Opportunity Fund V, LP	—	7,186,439	9,252,083
Siguler Guff Emerging Markets Opportunities Fund IV, LP	—	7,761,682	11,025,129
Siguler Guff Small Buyout III, LP	—	104,513	6,430,941
Siguler Guff Small Buyout IV, LP	—	8,510,840	15,618,241
ElmTree U.S. Net Lease Fund V, LP	—	5,361,990	6,018,116
HighVista Private Equity IX (Offshore), LP	—	10,136,701	15,522,138
RCP Multi-Strategy Cayman Feeder, LP	—	7,496,314	9,724,889
RCP Multi-Strategy Cayman Feeder II, LP	—	2,925,000	3,137,793
Accolade Partners IX Feeder, LP	—	2,880,000	2,902,765
TPG AG DLI Evergreen, L.P	—	8,775,000	8,990,458
IVPH VII Feeder LP	—	70,061	83,313
BPEA Strategic Healthcare II, LP	—	720,000	847,640
<b>Total Limited Partnerships</b>		<u>118,086,694</u>	<u>164,337,209</u>
<b>Money Market Funds</b>			
GS Financial Sq Trsy Obligations Cap 1858	52,857,679	52,857,679	52,857,679
GS Financial Sq Gov #466	20,902,261	20,902,261	20,902,261
<b>Total Money Market Funds</b>		<u>73,759,940</u>	<u>73,759,940</u>
<b>Total Investments</b>		<u>\$ 757,545,483</u>	<u>\$ 1,027,334,829</u>

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

Plan Name: Construction Industry Laborers' Pension Fund  
 Plan Sponsor EIN / Plan Number: 43-6060737 / 001  
 Attachment E to 2024 Form 5500 Schedule MB

### Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Schedule of Active Participant Data as of January 1, 2024																								
Attained Age	Completed Years of Credited Service																					Total		
	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					
	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit		
Under 25	92	\$ 0	489	\$ 143	27	\$ 444	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	608	\$ 135
25 to 29	50	\$ 0	394	\$ 167	164	\$ 589	9	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	617	\$ 277
30 to 34	23	\$ 0	314	\$ 179	193	\$ 626	73	\$ 1,016	5	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	608	\$ 426
35 to 39	12	N/A	215	\$ 170	135	\$ 626	88	\$ 1,023	73	\$ 1,590	12	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	535	\$ 658
40 to 44	16	N/A	158	\$ 172	112	\$ 597	78	\$ 1,114	61	\$ 1,606	93	\$ 2,351	6	N/A	0	N/A	0	N/A	0	N/A	0	N/A	524	\$ 986
45 to 49	15	N/A	101	\$ 198	72	\$ 592	62	\$ 1,152	78	\$ 1,533	92	\$ 2,359	60	\$ 3,049	3	N/A	0	N/A	0	N/A	0	N/A	483	\$ 1,372
50 to 54	7	N/A	70	\$ 182	51	\$ 617	55	\$ 1,061	59	\$ 1,660	82	\$ 2,239	75	\$ 2,947	31	\$ 3,679	1	N/A	0	N/A	0	N/A	431	\$ 1,681
55 to 59	4	N/A	55	\$ 193	44	\$ 578	40	\$ 1,083	52	\$ 1,513	62	\$ 2,232	53	\$ 3,086	22	\$ 3,278	7	N/A	0	N/A	0	N/A	339	\$ 1,657
60 to 64	2	N/A	18	N/A	30	\$ 560	18	N/A	30	\$ 1,471	39	\$ 2,176	30	\$ 2,842	4	N/A	4	N/A	4	N/A	4	N/A	179	\$ 1,670
65 to 69	0	N/A	3	N/A	0	N/A	2	N/A	2	N/A	2	N/A	2	N/A	0	N/A	1	N/A	0	N/A	0	N/A	12	N/A
70 & Up	0	N/A	3	N/A	1	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	5	N/A
Total	221	\$ -	1,820	\$ 167	829	\$ 600	425	\$ 1,063	361	\$ 1,568	382	\$ 2,282	226	\$ 3,003	60	\$ 3,491	13	N/A	4	N/A	4	N/A	4,341	\$ 841

Average Age = 39.09

Average Service = 8.59



Plan Name: Construction Industry Laborers' Pension Fund  
Plan Sponsor EIN / Plan Number: 43-6060737 / 001  
Attachment A to 2024 Form 5500 Schedule MB

**Schedule MB, Line 3(d) – Withdrawal Liability Amounts**

<b>Schedule of Withdrawal Liability Payments</b>			
<b>Payment Date</b>	<b>Periodic Amounts</b>	<b>Lump Sum Amounts</b>	<b>Total Amounts</b>
2/5/2024	\$8,287	\$0	\$8,287
6/6/2024	8,287	0	8,287
8/25/2024	8,287	0	8,287
9/13/2024	8,287	0	8,287
12/16/2024	<u>8,287</u>	<u>0</u>	<u>8,287</u>
Total	\$41,435	\$0	\$41,435

Plan Name: Construction Industry Laborers' Pension Fund  
Plan Sponsor EIN / Plan Number: 43-6060737 / 001  
Attachment G to 2024 Form 5500 Schedule MB

**Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases**

Table V-5 Schedule of Amortization Charges Required for Minimum Required Contribution as of January 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan Amendment	1/1/1996	\$ 674,128	30.00	\$ 101,832	2.00	\$ 52,638
2. Plan Amendment	1/1/1997	2,779,279	30.00	608,145	3.00	216,574
3. Assumption Change	1/1/1997	5,035,794	30.00	1,101,906	3.00	392,415
4. Plan Amendment	1/1/1998	5,796,142	30.00	1,633,743	4.00	450,772
5. Assumption Change	1/1/1998	26,607,722	30.00	7,499,831	4.00	2,069,309
6. Plan Amendment	1/1/1999	3,922,137	30.00	1,335,647	5.00	304,441
7. Plan Amendment	1/1/2000	3,878,272	30.00	1,532,469	6.00	300,473
8. Plan Amendment	1/1/2001	6,195,894	30.00	2,763,085	7.00	479,158
9. Plan Amendment	1/1/2002	1,027,996	30.00	507,047	8.00	79,359
10. Plan Amendment	1/1/2002	4,273,783	30.00	2,108,001	8.00	329,927
11. Assumption Change	1/1/2003	7,935,129	30.00	4,263,128	9.00	611,525
12. Plan Amendment	1/1/2004	1,324,286	30.00	765,709	10.00	101,888
13. Experience Loss	1/1/2005	16,376,263	30.00	10,092,916	11.00	1,257,907
14. Plan Amendment	1/1/2006	1,070,363	30.00	697,647	12.00	82,089
15. Plan Amendment	1/1/2007	2,860,586	30.00	1,958,913	13.00	219,052



Plan Name: Construction Industry Laborers' Pension Fund  
Plan Sponsor EIN / Plan Number: 43-6060737 / 001  
Attachment G to 2024 Form 5500 Schedule MB

**Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases**

Table V-5 Schedule of Amortization Charges Required for Minimum Required Contribution as of January 1, 2024 (Continued)						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
16. Assumption Change	1/1/2007	16,804,492	30.00	11,507,614	13.00	1,286,818
17. Recognized 2008 ENIL	1/1/2009	102,574,470	29.00	74,110,482	14.00	7,919,774
18. Experience Loss	1/1/2010	35,520,692	15.00	3,718,722	1.00	3,718,722
19. Recognized 2008 ENIL	1/1/2011	43,405,090	27.00	32,058,712	14.00	3,425,936
20. Recognized 2008 ENIL	1/1/2012	19,501,891	26.00	14,584,844	14.00	1,558,601
21. Recognized 2008 ENIL	1/1/2013	22,312,441	25.00	16,915,120	14.00	1,807,625
22. Assumption change	1/1/2013	8,616,575	15.00	3,249,553	4.00	896,597
23. Recognized 2008 ENIL	1/1/2014	23,478,069	24.00	18,064,522	14.00	1,930,455
24. Experience Loss	1/1/2015	5,743,197	15.00	3,036,358	6.00	595,341
25. Experience Loss	1/1/2016	16,609,729	15.00	9,910,575	7.00	1,718,634
26. Experience Loss	1/1/2017	12,141,118	15.00	8,012,416	8.00	1,254,039
27. Experience Loss	1/1/2018	1,285,081	15.00	923,743	9.00	132,506
28. Experience Loss	1/1/2019	17,645,580	15.00	13,650,846	10.00	1,816,424
29. Experience Loss	1/1/2020	2,119,658	15.00	1,747,885	11.00	217,843
30. Experience Loss	1/1/2021	9,000,355	15.00	7,848,887	12.00	923,543
31. Experience Loss	1/1/2022	22,482,463	15.00	20,630,472	13.00	2,306,966
32. Experience Loss	1/1/2023	23,137,952	15.00	22,217,185	14.00	2,374,227
33. Experience Loss	1/1/2024	26,718,952	15.00	26,718,952	15.00	2,741,680
<b>Total Charges</b>		<b>\$ 498,855,578</b>		<b>\$ 325,876,907</b>		<b>\$ 43,573,258</b>



Plan Name: Construction Industry Laborers' Pension Fund  
Plan Sponsor EIN / Plan Number: 43-6060737 / 001  
Attachment G to 2024 Form 5500 Schedule MB

**Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases**

Table V-6 Schedule of Amortization Credits Required for Minimum Required Contribution as of January 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Change in Asset Method	1/1/2009	43,186,095	30.00	32,135,185	15.00	3,297,449
2. Recognized 2008 ENIL	1/1/2010	26,595,865	28.00	19,419,500	14.00	2,075,254
3. Bifurcated Gain Base	1/1/2011	45,217,706	15.00	9,139,052	2.00	4,724,051
4. Bifurcated Gain Base	1/1/2012	8,454,650	15.00	2,475,250	3.00	881,493
5. Plan Amendment	1/1/2012	50,315,780	15.00	14,730,822	3.00	5,245,985
6. Bifurcated Gain Base	1/1/2013	30,935,220	15.00	11,666,544	4.00	3,218,965
7. Bifurcated Gain Base	1/1/2014	28,928,933	15.00	13,180,960	5.00	3,004,405
8. Assumption Change	1/1/2016	6,570,782	15.00	3,920,604	7.00	679,889
<b>Total Credits</b>		<b>\$ 240,205,031</b>		<b>\$ 106,667,917</b>		<b>\$ 23,127,491</b>
<b>Net Charge</b>				<b>\$ 219,208,990</b>		<b>\$ 20,445,767</b>



Plan Name: Construction Industry Laborers' Pension Fund  
Plan Sponsor EIN / Plan Number: 43-6060737 / 001  
Attachment H to 2024 Form 5500 Schedule MB

**Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions**

**Changes:**

The RPA '94 current liability interest rate was changed from 2.55% to 3.29% to comply with appropriate guidance.

The mortality table used to determine RPA '94 current liability was updated to the static mortality table as described under Regulation §1.430(h)(3)-1(a)(3).

**CONSTRUCTION INDUSTRY LABORERS PENSION FUND**

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**EIN: 43-6060737    PLAN NUMBER: 001**  
**SCHEDULE OF REPORTABLE TRANSACTIONS**  
**For The Year Ended December 31, 2024**

<b>Type Of Investment</b>	<b>Number Of Purchase Transactions</b>	<b>Number Of Sales Transactions</b>	<b>Total Value Of Purchases</b>	<b>Total Net Selling Price</b>	<b>Expenses Incurred In Transactions</b>	<b>Total Cost Of Assets Sold</b>	<b>Total Current Value Of Assets On Transaction Date</b>	<b>Net Gain (Loss)</b>
<b>Series Of Transactions In Excess Of 5%</b>								
<b>Goldman Sachs</b>								
GS Financial Sq Gov #466	638	—	\$ 73,663,316	\$ —	\$ —	\$ —	\$ 73,663,316	\$ —
GS Financial Sq Gov #466	—	301	—	63,752,685	—	63,752,685	63,752,685	—

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

**SCHEDULE MB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain  
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

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.

<b>A</b> Name of plan Construction Industry Laborers' Pension Fund	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Construction Industry Laborers' Pension Fund	<b>D</b> Employer Identification Number (EIN) 43-6060737	

**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.....	<b>1b(1)</b>	984,171,898
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	1,045,283,391
<b>c</b> (1) Accrued liability for plan using immediate gain methods.....	<b>1c(1)</b>	959,979,001
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases.....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method.....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method.....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method.....	<b>1c(3)</b>	959,979,001
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability.....	<b>1d(2)(a)</b>	1,641,581,262
(b) Expected increase in current liability due to benefits accruing during the plan year.....	<b>1d(2)(b)</b>	37,892,867
(c) Expected release from "RPA '94" current liability for the plan year.....	<b>1d(2)(c)</b>	66,390,537
(3) Expected plan disbursements for the plan year.....	<b>1d(3)</b>	68,943,722

**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.

<b>SIGN HERE</b>	<i>Heath Merlak</i>	<u>9-30-2025</u>
	Signature of actuary	Date
Heath Merlak	Type or print name of actuary	23-05967
		Most recent enrollment number
Cheiron, Inc.	Firm name	(877) 243-4766
		Telephone number (including area code)
8300 Greensboro Drive	Address of the firm	
Suite 800		
Mclean VA 22102		

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule MB (Form 5500) 2024  
v. 240311

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	984,171,898
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	5,725	808,708,997
<b>(2)</b> For terminated vested participants .....	3,516	325,044,164
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		94,208,919
<b>(b)</b> Vested benefits .....		413,619,182
<b>(c)</b> Total active .....	4,341	507,828,101
<b>(4)</b> Total .....	13,582	1,641,581,262
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	59.95%

**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
07/01/2024	44,387,069				
<b>Totals ▶</b>			<b>3(b)</b>	44,387,069	<b>3(c)</b>
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b>
					41,435

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	108.9%
<b>b</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 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> 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
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> 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." .....	<b>4f</b>	

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

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

<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>	
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>l</b> 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
<b>m</b> 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 .....	<b>5m</b>	

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29 %
<b>b</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
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A
<b>(2)</b> Females .....	<b>6c(2)</b>	A
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	7.00 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	6.50 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	4.5 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	11.6 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	1,577,714
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<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	26,718,952	2,741,680

**8 Miscellaneous information:**

<b>a</b> 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 .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> 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	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> 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	
<b>c</b> 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	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> 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	
<b>(4)</b> 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)).....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> 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	
<b>e</b> 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). ....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	17,494,694

**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) 325,876,907	43,573,258
(2) Funding waivers .....	9c(2) 0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3) 0	0

<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	9d	4,274,757
<b>e</b> Total charges. Add lines 9a through 9d.....	9e	65,342,709

**Credits to funding standard account:**

<b>f</b> Prior year credit balance, if any.....	9f	219,208,990
<b>g</b> Employer contributions. Total from column (b) of line 3.....	9g	44,387,069

	Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	9h 106,667,917	23,127,491

<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	9i	18,490,826
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**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1) 227,386,542	
(2) "RPA '94" override (90% current liability FFL) .....	9j(2) 452,401,351	
(3) FFL credit .....	9j(3)	

<b>k</b> (1) Waived funding deficiency .....	9k(1)	
(2) Other credits .....	9k(2)	

<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	9l	305,214,376
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<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	9m	239,871,667
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<b>n</b> 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 .....	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date .....	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
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<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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