

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] 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. [X]
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1961
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND
2b Employer Identification Number (EIN): 11-1974385
2c Plan Sponsor's telephone number: 631-454-2330
2d Business code (see instructions): 238900

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Vincent Alu (plan administrator) and John O'Hare (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1987
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	562
	6a(2)	561
	6b	812
	6c	320
	6d	1693
	6e	380
	6f	2073
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	216

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1B

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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)

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p>A Name of plan GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND</p>	<p>D Employer Identification Number (EIN) 11-1974385</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
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-00507		07/01/2024	06/30/2025

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>(a) Total amount of commissions paid 4922</p>	<p>(b) Total amount of fees paid 45782</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
ULLICO INVESTMENT COMPANY LLC **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	
4922			0

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UNION LABOR LIFE INSURANCE 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	
0	45782	INVESTMENT MANAGEMENT FEES	7

(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.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	8580282

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

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. ▶

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

A Name of plan <u>GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND</u>	D Employer Identification Number (EIN) <u>11-1974385</u>	

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

1a Enter the valuation date: Month 07 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	<u>200685786</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>201588645</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>219304584</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>202926128</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>302796266</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>6446075</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>13437216</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>14312216</u>

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

SIGN HERE	
Signature of actuary	<u>11/21/2025</u>
<u>JOEL R. LEARY, ASA, FCA, MAAA</u>	Date
Type or print name of actuary	<u>23-06166</u>
<u>SEGAL</u>	Most recent enrollment number
Firm name	<u>212-251-5000</u>
<u>66 HUDSON BLVD E, 20TH FLOOR NEW YORK, NY 10001-2192</u>	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	200685786
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1103	149979026
(2) For terminated vested participants	335	39062751
(3) For active participants:		
(a) Non-vested benefits		7656547
(b) Vested benefits		106097942
(c) Total active	493	113754489
(4) Total	1931	302796266
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	66.28 %

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	
01/15/2025	7587907					
			Totals ▶	3(b)	7587907	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	0
					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	99.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.69 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	7P 7P
(2) Females	6c(2)	7FP 7FP
d Valuation liability interest rate	6d	7.00 % 7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.1 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	843673
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1996721	204887

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	2087002

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	74035528	11145918
9c(2)	0	0
9c(3)	0	0

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

9d	926304
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e Total charges. Add lines 9a through 9d.....

9e	14159224
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Credits to funding standard account:

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

9f	46888647
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g Employer contributions. Total from column (b) of line 3.....

9g	7587907
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	9430942	1914180

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

9i	3659643
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j Full funding limitation (FFL) and credits:

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

9j(1)	72326058	
9j(2)	75402422	
9j(3)		0

k (1) Waived funding deficiency

9k(1)	0
--------------	---

(2) Other credits

9k(2)	0
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l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	60050377
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	45891153
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

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

9o(1)	0
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(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)	0
-----------------	---

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

9o(2)(b)	0
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(3) Total as of valuation date.....

9o(3)	0
--------------	---

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

10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND	D Employer Identification Number (EIN) 11-1974385	

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

ULLICO INVESTMENT ADVISORS INC

52-6435649

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

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

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

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

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

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

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

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

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	390676	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)

THE SEGAL CO.(EASTERN STATES), INC.

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	110818	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)

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	96837	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)

ASB CAPITAL MANAGEMENT LLC

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	81532	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)

DAHAB ASSOCIATES INC

11-2783874

(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 51	NONE	57927	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)

LAZARD ASSET MANAGEMENT LLC

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	49421	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(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?
15 50	NONE	44688	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)

HIGH LEVEL TECHNOLOGIES INC

26-2309928

(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?
16 50	COMPUTER CONSULTANT	41236	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)

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	37253	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)

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 52 99	NONE	27144	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

LAVELLE LAW & ASSOCIATES PC

81-3811964

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	21600	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)

HANCOCK WHITNEY

64-0169065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 63	NONE	16501	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

CS MCKEE

84-3346426

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	9571	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)

THE UNION LABOR LIFE INSURANCE COMP

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 52 72	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND</u>	D Employer Identification Number (EIN) <u>11-1974385</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ASB ALLEGIANCE REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a):	<u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>52-6257033-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>7863611</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LSV INT'L VALUE EQUITY TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>LSV ASSET MANAGEMENT</u>		
c EIN-PN <u>20-0726879-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>21214046</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RUSSELL 2000 (R) INDEX NL FUND</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>15850854</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>S&P 500 (R) FLAGSHIP SL FUND</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>12519192</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>THE ULLICO SEPARATE ACCOUNT J</u>		
b Name of sponsor of entity listed in (a):	<u>THE UNION LABOR LIFE INSURANCE CO.</u>		
c EIN-PN <u>13-1423090-203</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>8580282</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RUSSELL 1000 GROWTH INDEX NL FUND</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-124</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>37411019</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PROLOAN BOND FUND LLC</u>		
b Name of sponsor of entity listed in (a):	<u>RICHMOND CAPITAL MANAGEMENT</u>		
c EIN-PN <u>26-3436991-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1000000</u>

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND	D Employer Identification Number (EIN) 11-1974385	

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a	1032212	1107868
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	813705	1056773
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	175668	336845
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	349939	1677422
(2) U.S. Government securities	1c(2)	16798629	16606606
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	282683	4794825
(B) All other	1c(3)(B)	1663589	6284612
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	54302306	59446920
(5) Partnership/joint venture interests	1c(5)	20933004	20635636
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	79478296	73644676
(10) Value of interest in pooled separate accounts	1c(10)	8120831	8580282
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	16673454	22214046
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7295065	1698077
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	20497	17386
f Total assets (add all amounts in lines 1a through 1e).....	1f	207939878	218101974
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	361419	412866
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	6892673	153724
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	7254092	566590
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	200685786	217535384

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	7587907	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7587907
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	24239	
(B) U.S. Government securities.....	2b(1)(B)	453719	
(C) Corporate debt instruments.....	2b(1)(C)	204321	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	214534	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		896813
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1614025	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	207005	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1821030
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	107155370	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	103651143	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		3504227
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	7764457	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4500816
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		505232
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		4540592
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		31121074

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12745242	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12745242
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	342188	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	39372	
(4) IQPA audit fees	2i(4)	60991	
(5) Investment advisory and investment management fees	2i(5)	666553	
(6) Bank or trust company trustee/custodial fees	2i(6)	16501	
(7) Actuarial fees	2i(7)	110818	
(8) Legal fees	2i(8)	58853	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	4706	
(11) Other expenses.....	2i(11)	226252	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1526234
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14271476

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		16849598
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SCHULTHEIS & PANETTIERI, LLP

(2) EIN: 13-1577780

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		7863611
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 570461.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND	D Employer Identification Number (EIN) 11-1974385	

Part I	Distributions
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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): _____		
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	12

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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 **GIAQUINTO MASONRY INC.**

b EIN **11-2943746**

c Dollar amount contributed by employer

695377

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 **06** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **8.40**

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

a Name of contributing employer **BLACK STEEL INC.**

b EIN **56-2678246**

c Dollar amount contributed by employer

549394

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 **06** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **8.40**

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

a Name of contributing employer **LINEAR CONTRACTING INC.**

b EIN **02-0632634**

c Dollar amount contributed by employer

514067

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 **06** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **8.40**

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

a Name of contributing employer **E.W. HOWELL**

b EIN **26-4799264**

c Dollar amount contributed by employer

447804

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 **06** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **8.40**

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

a Name of contributing employer **ABC CONTRACTING CO., INC.**

b EIN **11-2706405**

c Dollar amount contributed by employer

264559

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 **06** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **8.40**

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

a Name of contributing employer **BREEZE DEMOLITION CORP.**

b EIN **46-4352973**

c Dollar amount contributed by employer

243988

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 **06** Day **30** Year **2026**

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) **7.73**

(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 GRAMERCY GROUP INC.

b EIN 13-3546842 **c** Dollar amount contributed by employer 211578

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 06 Day 30 Year 2026

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

(1) Contribution rate (in dollars and cents) 8.40

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

a Name of contributing employer RUTTURA & SONS CONSTRUCTION CO.

b EIN 11-2434454 **c** Dollar amount contributed by employer 210711

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 06 Day 30 Year 2026

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

(1) Contribution rate (in dollars and cents) 8.40

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

a Name of contributing employer SKANSKA USA BUILDING INC.

b EIN 22-3752540 **c** Dollar amount contributed by employer 184872

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 06 Day 30 Year 2026

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

(1) Contribution rate (in dollars and cents) 8.40

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

a Name of contributing employer GLENWOOD MANAGEMENT SERVICES

b EIN 46-1022719 **c** Dollar amount contributed by employer 173917

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 06 Day 30 Year 2026

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

(1) Contribution rate (in dollars and cents) 8.40

(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:

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	0
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 68.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 14.50 %
 High-Yield Debt: 0.00 % Real Assets: 13.30 % Cash or Cash Equivalents: 0.20 % Other: 4.00 %

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 _____.



Schultheis & Panettieri LLP

Accountants and Consultants

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Peter M. Murray, CPA, CFE
Gary Waldren, CPA
Jennifer Leible, CPA
Richard B. Silvestro, CPA
Jamie L. Krainski, CPA
Vincent A. Gelpi, CPA
Michael Garafalo, CPA, CFE
Kyle Kamm, CPA
Kim T. D'Amico, CPA

DIRECTORS

Stephen Bowen
Anthony Sgroi
William R. Shannon
William Austin
Kimberly Miller
Michael Fox
Viorel Kuzma
Justin Katulka
Allison Newton, SHRM-SCP

Independent Auditor's Report

Board of Trustees
General Building Laborers' Local 66 Pension Fund

Opinion

We have audited the accompanying financial statements of the General Building Laborers' Local 66 Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended June 30, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2025 and 2024, and the changes in net assets available for benefits for the years ended June 30, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

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 information on pages 17 through 29 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 30 through 31 is presented for purposes of additional analysis and is not a required part of the financial statements. 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 our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York
December 22, 2025

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended June 30, 2024.

Years of Credited Service

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	22	20	2	—	—	—	—	—	—	—
25 - 29	47	32	15	—	—	—	—	—	—	—
30 - 34	47	24	19	3	1	—	—	—	—	—
35 - 39	61	27	17	14	2	1	—	—	—	—
40 - 44	54	16	15	8	14	1	—	—	—	—
45 - 49	63	11	11	14	8	17	2	—	—	—
50 - 54	72	6	6	15	13	18	10	4	—	—
55 - 59	75	7	6	11	15	18	11	4	3	—
60 - 64	40	—	8	—	6	12	10	2	1	1
65 - 69	11	—	1	2	2	2	3	—	1	—
70 & over	1	1	—	—	—	—	—	—	—	—
Totals	493	144	100	67	61	69	36	10	5	1

Note: Excludes 51 participants with less than one year of credited service.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

Non Annuitant: RP-2006 Employee Mortality Table with generational projection using Scale MP-2018 from 2006.

Healthy Annuitant: RP-2006 Healthy Annuitant Mortality Table with generational projection using Scale MP-2018 from 2006.

Disabled: 90% of RP-2006 Disabled Retiree Mortality Table with generational projection using Scale MP-2018 from 2006.

The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number, as well as the actual and projected liability change, based on the prior year's assumption over the most recent several years

Section 3: Certificate of Actuarial Valuation

Termination rates before retirement

Age	Rate (%)					
	Mortality ¹			Withdrawal ²		
	Male	Female	Disability	Within first two years	Between second and fifth year	After the fifth year
20	0.05	0.02	0.10	36.0	28.4	0.0
25	0.05	0.02	0.10	43.5	34.3	13.0
30	0.05	0.02	0.10	37.2	27.2	8.4
35	0.06	0.03	0.12	33.6	22.0	7.2
40	0.08	0.05	0.18	31.8	20.7	6.0
45	0.12	0.08	0.36	31.0	18.9	5.8
50	0.20	0.12	0.80	31.2	17.8	5.3
55	0.30	0.17	1.70	27.0	15.6	2.6
60	0.50	0.28	3.48	27.3	15.7	2.1

¹ Mortality rates shown for base table.

² Withdrawal rates do not apply at or beyond early retirement age.

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number, as well as the actual and projected liability change, based on the prior year's assumption over the most recent several years.

Section 3: Certificate of Actuarial Valuation

Retirement rates

Age	Retirement Rates ¹
Under 55	10%
55 – 61	10%
62 – 64	20%
65	100%

¹ If completed service requirement, otherwise zero.

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

Description of weighted average retirement age

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

Retirement age for inactive vested participants

65 if year last worked prior to 1996.

62 if year last worked on or after 1996.

Future benefit accruals

Employees are assumed to work prior year's hours, but not less than 1,200 hours.

Unknown data for participants

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

Section 3: Certificate of Actuarial Valuation

Definition of active participants

Active participants are defined as those with at least 250 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

Percent married

75%

Age of spouse

Spouses of male participants are three years younger and spouses of female participants are three years older.

Benefit election

Married participants are assumed to elect the 50% Joint and Survivor annuity with five years of payment guaranteed form of payment and non-married participants are assumed to elect the 10-year certain and life annuity form of payment.

Inactive vested load

\$1.8 million in liability for participants eligible for benefits under a reciprocal agreement and missing participant records.

Eligibility for delayed retirement factors

Active participants work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases, but not beyond age 80.

Net investment return

7.00%

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

Section 3: Certificate of Actuarial Valuation

Annual administrative expenses

\$875,000 for the year beginning July 1, 2024 (equivalent to \$843,673 payable at the beginning of the year) or 67.9% of Normal Cost. The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Actuarial value of assets

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

Actuarial cost method

Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus years of credited service. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.

Benefits valued

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

Current liability assumptions

- **Interest:** 3.69%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using the 2024 adjusted Scale MP-2021. Previously, the RP-2006 employee and annuitant mortality tables, projected generationally using Scale MP-2021, were used.

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 6.3%, for the Plan Year ending June 30, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 11.1%, for the Plan Year ending June 30, 2024

Section 3: Certificate of Actuarial Valuation

FSA contribution timing (Schedule MB, line 3a)

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

Actuarial models

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

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

For purposes of determining current liability, the current liability interest rate was changed from 2.85% to 3.69% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Section 2: Actuarial Valuation Results

Schedule MB, line 6f(1) – Description of Withdrawal Liability Interest Rate

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

Assumption	Description
Interest	For liabilities up to market value of assets, 5.50% for 20 years and 4.83% beyond (5.38% for 20 years and 5.09% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding for the plan year ending June 30, 2024 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of June 30, 2024 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of June 30, 2024 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$5,760,720	\$0	\$5,760,720
2025	\$5,760,720	\$0	\$5,760,720
2026	\$5,760,720	\$0	\$5,760,720
2027	\$5,760,720	\$0	\$5,760,720
2028	\$5,760,720	\$0	\$5,760,720
2029	\$5,760,720	\$0	\$5,760,720
2030	\$5,760,720	\$0	\$5,760,720
2031	\$5,760,720	\$0	\$5,760,720
2032	\$5,760,720	\$0	\$5,760,720
2033	\$5,760,720	\$0	\$5,760,720

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of plan provisions

(Schedule MB, Line 6)

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

Plan year

July 1 through June 30

Pension credit year

July 1 through June 30

Plan status

Ongoing plan

Normal pension

- **Age Requirement:** Later of age 62 or fifth anniversary of participation
- **Amount:** \$10 per year of credited service prior to January 1, 1961
 - plus
 - 0.003 times accumulated wages from January 1, 1961 to December 31, 1967
 - plus
 - \$0.05 times accumulated hours from January 1, 1968 to June 30, 2000
 - plus
 - \$0.085 times accumulated hours after July 1, 2000

Service pension

- **Service Requirement:** 30 years of credited service
- **Amount:** Normal pension accrued

Section 3: Certificate of Actuarial Valuation

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** Five years of vesting service
- **Amount:** Normal Pension accrued, reduced by 6% for each year of age less than 62. Normal pension accrued is unreduced if years of credited service are at least 25.

Disability

- **Age Requirement:** None
- **Service Requirement:** 10 years of credited service
- **Amount:** Normal pension accrued

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** Normal or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** Later of age 62 or the fifth anniversary of participation

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service or 6 years of pension credit.
- **Amount:** 50% of the benefit participant would have received had he or she retired the day before death and elected the joint and survivor option.
- **Charge for Coverage:** None

Section 3: Certificate of Actuarial Valuation

Spouse's pre-retirement death benefit (for active participants only)

- **Age Requirement:** None
- **Service Requirement:** 30 years of credited service
- **Amount:** 60-month guarantee of the monthly benefit to which the participant would have been entitled if he or she retired the day before death. After the 60-month guarantee, the surviving spouse would receive 50% of the benefit the participant would have received if he or she elected the joint and survivor option.

Pre-retirement lump-sum death benefit (for active participants only)

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** \$200 per year of vesting service to a maximum of \$5,000.

120 Month pre-retirement death benefit (if not eligible for spouse's benefit)

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** Monthly benefit to which the participant would have been entitled if he or she had retired the day before death. This benefit is payable the month following the participants death.

Post-retirement death benefit

Lump-Sum Benefit: \$6,000, if eligible for retiree health benefits coverage from the General Building Laborers' Local 66 Welfare Fund.

Joint and Survivor: If married, pension benefits are paid in the form of an unreduced 50% joint and survivor annuity with five years of payment guaranteed to spouse unless this form is rejected by the participant and spouse. If rejected, or if not married, benefits are payable for the life of the participant with ten years of payment guaranteed without reduction or in any other available optional form elected by the employee in an actuarially equivalent amount.

Optional forms of benefits

75% Joint and Survivor benefit for married participants

Section 3: Certificate of Actuarial Valuation

Credited service

One-quarter of credited service for each 250 hours in covered employment to a maximum of one year credited service per plan year

Vesting credit

Same as credited service

Contribution rate

\$8.40 per hour effective July 1, 2024

Changes in plan provisions

There were no changes in plan provisions reflected in this actuarial valuation.

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	10/01/1996	\$1,235,309	2.25	\$572,297
Assumption change	10/01/1997	51,594	3.25	17,099
Assumption change	10/01/1997	257,789	4.25	67,486
Plan amendment	10/01/1999	157,219	5.25	34,402
Plan amendment	07/01/2001	2,173,533	7	376,922
Plan amendment	07/01/2002	1,273,753	8	199,358
Plan amendment	07/01/2003	361,402	9	51,841
Assumption change	07/01/2003	1,845,885	9	264,784
Plan amendment	07/01/2004	43,026	10	5,725
Plan amendment	07/01/2005	2,493,999	11	310,834
Plan amendment	07/01/2006	432,845	12	50,931
Plan amendment	07/01/2007	2,785,873	13	311,525
Investment loss subject to relief	07/01/2009	10,181,640	14	1,088,055
Actuarial loss	07/01/2011	282,642	2	146,100
Assumption change	07/01/2011	860,793	2	444,951
Actuarial loss	07/01/2012	1,562,220	3	556,343
Plan amendment	07/01/2013	501,263	4	138,306
Assumption change	07/01/2014	926,143	5	211,101
Plan amendment	07/01/2014	3,132,642	5	714,039
Actuarial loss	07/01/2016	2,826,278	7	490,117
Plan amendment	07/01/2017	8,174,090	8	1,279,343
Actuarial loss	07/01/2018	864,918	9	124,068
Actuarial loss	07/01/2019	1,354,272	10	180,204
Actuarial loss	07/01/2020	3,626,944	11	452,036

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	07/01/2020	9,875,180	11	1,230,770
Actuarial loss	07/01/2022	135,594	13	15,163
Plan amendment	07/01/2022	9,007,032	13	1,007,195
Actuarial loss	07/01/2023	5,614,929	14	600,036
Actuarial loss	07/01/2024	1,996,721	15	204,887
Total		\$74,035,528		\$11,145,918

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	10/01/1999	\$277,808	5.25	\$60,789
Assumption change	07/01/2005	1,195,441	11	148,991
Actuarial gain	07/01/2010	509,944	1	509,944
Plan amendment	07/01/2011	65,528	2	33,872
Actuarial gain	07/01/2013	148,504	4	40,974
Actuarial gain	07/01/2014	1,489,878	5	339,596
Actuarial gain	07/01/2015	1,083,422	6	212,427
Actuarial gain	07/01/2017	494,689	8	77,425
Actuarial gain	07/01/2021	4,165,728	12	490,162
Total		\$9,430,942		\$1,914,180

Section 3: Certificate of Actuarial Valuation

FSA contribution timing (Schedule MB, line 3a)

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

Actuarial models

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

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

For purposes of determining current liability, the current liability interest rate was changed from 2.85% to 3.69% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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


A Name of plan GENERAL BUILDING LABORERS LOCAL 66 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND	D Employer Identification Number (EIN) 11-1974385	

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

1a Enter the valuation date: Month 07 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	200,685,786
(2) Actuarial value of assets for funding standard account.....	1b(2)	201,588,645
c (1) Accrued liability for plan using immediate gain methods	1c(1)	219,304,584
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	202,926,128
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	302,796,266
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	6,446,075
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	13,437,216
(3) Expected plan disbursements for the plan year	1d(3)	14,312,216

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

SIGN HERE	JOEL R. LEARY  Signature of actuary JOEL R. LEARY, ASA, FCA, MAAA Type or print name of actuary SEGAL Firm name 66 HUDSON BLVD E, 20TH FLOOR NEW YORK NY 10001-2192 Address of the firm	<u>11/21/2025</u> Date <u>2306166</u> Most recent enrollment number <u>212-251-5000</u> Telephone number (including area code)
------------------	--	---

k Has a change been made in funding method for this plan year? Yes No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 3.69%

	Pre-retirement			Post-retirement		
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:						
(1) Males	6c(1)	7P		7P		
(2) Females	6c(2)	7FP		7FP		
d Valuation liability interest rate	6d	7.00%		7.00%		
e Salary scale	6e	%	<input checked="" type="checkbox"/> N/A			
f Withdrawal liability interest rate:						
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)					%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g					6.3%
h Estimated investment return on current value of assets for year ending on the valuation date	6h					11.1%
i Expense load included in normal cost reported in line 9b	6i					<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)					%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)					843,673
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)					<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,996,721	204,887

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).....	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	2,087,002
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)	74,035,528
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	926,304
e Total charges. Add lines 9a through 9d.....	9e	14,159,224
Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	46,888,647
g Employer contributions. Total from column (b) of line 3.....	9g	7,587,907
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	9,430,942
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	3,659,643
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	72,326,058
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	75,402,422
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	60,050,377
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	45,891,153
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
11 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

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$910,078	\$486,696	\$12,047,509	\$13,444,283
2025	1,675,097	628,456	11,752,026	14,055,579
2026	2,311,316	714,308	11,445,311	14,470,935
2027	2,950,135	851,420	11,089,699	14,891,254
2028	3,490,103	975,541	10,743,051	15,208,695
2029	3,938,161	1,080,176	10,421,380	15,439,717
2030	4,367,249	1,272,274	10,101,475	15,740,998
2031	4,785,291	1,421,894	9,649,740	15,856,925
2032	5,114,349	1,561,475	9,304,704	15,980,528
2033	5,453,619	1,679,266	8,961,776	16,094,661
2034	5,645,953	1,673,487	8,585,202	15,904,642
2035	5,869,257	1,774,890	8,252,735	15,896,882
2036	6,046,985	1,859,725	7,919,090	15,825,800
2037	6,211,941	1,940,937	7,584,375	15,737,253
2038	6,351,027	2,008,762	7,248,786	15,608,575
2039	6,415,093	2,079,748	6,912,531	15,407,372
2040	6,582,469	2,135,906	6,575,927	15,294,302
2041	6,673,726	2,147,550	6,239,337	15,060,613

This assumes the following:

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

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$6,710,297	\$2,233,234	\$5,903,193	\$14,846,724
2043	6,794,422	2,246,630	5,567,926	14,608,978
2044	6,782,166	2,213,411	5,233,983	14,229,560
2045	6,802,665	2,204,106	4,901,953	13,908,724
2046	6,731,344	2,197,726	4,572,544	13,501,614
2047	6,674,716	2,229,057	4,246,625	13,150,398
2048	6,697,294	2,204,994	3,925,290	12,827,578
2049	6,629,057	2,196,432	3,609,745	12,435,234
2050	6,569,970	2,155,816	3,301,374	12,027,160
2051	6,466,681	2,183,034	3,001,709	11,651,424
2052	6,340,403	2,131,290	2,712,432	11,184,125
2053	6,182,577	2,083,883	2,435,196	10,701,656
2054	6,043,479	2,025,371	2,171,602	10,240,452
2055	5,845,412	1,953,589	1,923,015	9,722,016
2056	5,651,429	1,899,875	1,690,503	9,241,807
2057	5,458,923	1,834,989	1,474,958	8,768,870
2058	5,260,245	1,781,838	1,276,925	8,319,008
2059	5,070,166	1,700,301	1,096,729	7,867,196

This assumes the following:

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

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$4,820,011	\$1,624,784	\$934,378	\$7,379,173
2061	4,583,095	1,539,670	789,655	6,912,420
2062	4,338,415	1,455,794	661,987	6,456,196
2063	4,087,786	1,371,664	550,522	6,009,972
2064	3,844,619	1,288,551	454,194	5,587,364
2065	3,602,052	1,206,574	371,759	5,180,385
2066	3,366,164	1,125,635	301,895	4,793,694
2067	3,135,935	1,046,728	243,238	4,425,901
2068	2,913,920	969,764	194,428	4,078,112
2069	2,700,431	896,008	154,173	3,750,612
2070	2,497,608	825,050	121,260	3,443,918
2071	2,304,302	757,415	94,587	3,156,304
2072	2,121,208	695,883	73,155	2,890,246
2073	1,948,386	635,110	56,092	2,639,588

This assumes the following:

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

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] 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 [X]
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1961
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PENSION FUND
2b Employer Identification Number (EIN): 11-1974385
2c Plan Sponsor's telephone number: (631) 454-2330
2d Business code (see instructions): 238900

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Vincent Alu (plan administrator) and John O'Hare (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1,987
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	562
	6a(2)	561
	6b	812
	6c	320
	6d	1,693
	6e	380
	6f	2,073
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	216

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1B

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND
FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2025 AND 2024

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

YEARS ENDED JUNE 30, 2025 AND 2024

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Independent Auditor's Report

Board of Trustees
General Building Laborers' Local 66 Pension Fund

Opinion

We have audited the accompanying financial statements of the General Building Laborers' Local 66 Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended June 30, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2025 and 2024, and the changes in net assets available for benefits for the years ended June 30, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

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 information on pages 17 through 29 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 30 through 31 is presented for purposes of additional analysis and is not a required part of the financial statements. 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 our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York
December 22, 2025

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments at fair value		
Interest bearing cash	\$ 1,677,422	\$ 349,939
U.S. government securities	16,606,606	16,798,629
Corporate debt instruments	11,079,437	1,946,272
Corporate stock	59,446,920	54,302,306
Partnership/joint venture interests	20,635,636	20,933,004
Common/collective trust funds	73,644,676	79,478,296
Pooled separate accounts	8,580,282	8,120,831
103-12 investment entities	22,214,046	16,673,454
Registered investment companies	<u>1,698,077</u>	<u>7,295,065</u>
Total investments	215,583,102	205,897,796
Receivables		
Employers' contributions	1,056,773	813,705
Accrued interest/dividends	336,845	175,668
Cash	1,107,868	1,032,212
Other assets	<u>17,386</u>	<u>20,497</u>
Total assets	<u>218,101,974</u>	<u>207,939,878</u>
Liabilities		
Accounts payable	412,866	361,419
Related organizations	26,108	28,087
Net trades pending settlement	<u>127,616</u>	<u>6,864,586</u>
Total liabilities	<u>566,590</u>	<u>7,254,092</u>
Net assets available for benefits	\$ <u>217,535,384</u>	\$ <u>200,685,786</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
<i>Additions to net assets attributed to:</i>		
Investment income		
Net appreciation in fair value of investments	\$ 20,038,280	\$ 17,869,040
Interest/dividends	<u>3,494,887</u>	<u>3,192,448</u>
Total investment income	23,533,167	21,061,488
Less investment expenses	<u>(683,054)</u>	<u>(678,146)</u>
Net investment income	22,850,113	20,383,342
Contributions		
Employers'	<u>7,587,907</u>	<u>6,985,126</u>
Total additions	<u>30,438,020</u>	<u>27,368,468</u>
<i>Deductions from net assets attributed to:</i>		
Benefits paid directly to participants or beneficiaries		
	12,745,242	12,181,809
Administrative expenses	<u>843,180</u>	<u>862,557</u>
Total deductions	<u>13,588,422</u>	<u>13,044,366</u>
Net increase	16,849,598	14,324,102
Net assets available for benefits		
Beginning of year	<u>200,685,786</u>	<u>186,361,684</u>
End of year	<u>\$ 217,535,384</u>	<u>\$ 200,685,786</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

Note 1 - Description of Plan and Significant Accounting Policies

The following description of the General Building Laborers' Local 66 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.

General

The Plan first became effective January 1, 1961 and is a defined benefit pension plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the General Building Laborers' Local Union No. 66 (the "Union") and various employers and employer associations in the construction industry in the Nassau and Suffolk Counties of New York. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

Purpose

The purpose of the Plan is to provide retirement and death benefits to eligible participants.

Participation

A participant is a pensioner, beneficiary or individual covered by a collective bargaining agreement or a participation agreement requiring contributions on his/her behalf negotiated by the Union. Full-time employees of the Union and its related fringe benefit funds are also participants of the Plan.

Benefits

In general, participants are entitled to normal pension benefits on the later of their 62nd birthday or the fifth anniversary of the date they became a participant. Other benefit options include, but are not limited to, early, disability, service retirement and deferred vested pensions and termination benefits.

The amount of monthly benefit for participants retiring on or after July 1, 2022, and who earned at least one hour of credited service on or after July 1, 2022, is the sum of: \$10 for each year of service prior to January 1, 1961 plus 0.003 of wages earned from January 1, 1961 to December 31, 1967 plus \$0.05 per hours credited from January 1, 1968 to June 30, 2000 plus \$0.085 per hours credited from July 1, 2000.

The Plan has additional formulas for calculating monthly benefits for participants that retired prior to July 1, 2022, depending on retirement date.

The Plan also provides for various pre-retirement death benefits based on years of service. Participants with less than five years of service are not eligible for a death benefit.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Beneficiaries of pensioners who are covered for Welfare benefits through the General Building Laborers' Local 66 Welfare Fund are entitled to a death benefit in the amount of \$2,400 or \$6,000, based on eligibility criteria.

In September 2025, the Board of Trustees approved issuing all pensioners in pay status as of December 31, 2025, a one-time additional monthly benefit check for \$1,000, to be paid January 2026.

Plan termination

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions, in accordance with applicable law. The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. In addition, the PBGC guarantees apply only when the Plan becomes insolvent; that is, when available resources are insufficient to pay benefits under the Plan.

Basis of accounting

The financial statements are presented on the accrual basis of accounting.

Use of estimates

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 amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

Investment valuation and income recognition

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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

Employers' contributions receivable

Employers' contributions receivable is estimated based on receipts in the subsequent plan year that pertain to prior plan years.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

The Plan, in its normal course of business, performs audits of the records of contributing employers to monitor compliance with their obligation to make contributions to the Plan. It is the Plan's policy that any employer contributions due to the Plan based on these procedures are recorded as income in the period in which such amounts are received.

Lease

The Plan assesses whether a contractual arrangement qualifies as a lease at inception and only reassesses its determination if the terms and conditions of the arrangement are modified. If an arrangement qualifies as a lease, the Plan evaluates whether it should be classified as an operating or financing lease.

For leases assessed as long-term, lease right-of-use assets represent the Plan's right to use the underlying asset for the lease term and lease liabilities represent the Plan's obligation to make lease payments arising from the leases. The Plan records a lease liability based on the future estimated cash payments discounted over the non-cancellable portion of the lease term. In the event an implicit discount rate is not readily determined in lease agreements, the Plan uses the risk-free Treasury rate at the lease commencement date in determining the present value of future lease payments. Lease right-of-use assets may include lease payments made and exclude lease incentives. Lease terms may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term.

Administrative expense allocation

The administrative office is occupied by the Plan and its related Annuity, Training and Welfare Funds (the "Benefit Funds"). Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements paid to related organizations for the years ended June 30, 2025 and 2024 were \$551,331 and \$602,667, respectively.

The Plan leases the office space from the General Building Laborers' Local 66 Building Corporation, which is wholly owned by the Union and is a related organization. Rent and related costs are included in the total occupancy expense of the Plan.

The Benefit Funds have an agreement with certain affiliated entities whereby the affiliated entities reimburse the Benefit Funds for estimated administrative expenses relating to the collection of employer contributions and participant dues. These amounts are included in the total reimbursed expenses and collection fees.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

Note 2 - Cash

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

Note 3 - Fair value measurements

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

Level 1 inputs to the valuation methodology are unadjusted quoted prices, in active markets, for identical assets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

The asset'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.

U.S. government securities: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Corporate stock and registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

Note 3 - Fair value measurements (cont'd)

Interest bearing cash: Cash in banks is valued at cost. Value of certificates of deposit estimated by the manager of the account and prevailing interest rates and market prices.

Investments measured at net asset value: Partnership/joint venture interest, common/collective trust funds, pooled separate accounts, 103-12 investment entities and non-publicly traded registered investment companies values are estimated by the management of the investment entities.

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

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2025, with fair value measurements on a recurring basis:

	<u>2025</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 1,677,422	\$ 1,677,422	\$ -	\$ -
U.S. government securities	16,606,606	14,421,915	2,184,691	-
Corporate debt instruments	11,079,437	-	11,079,437	-
Corporate stock	59,446,920	59,446,920	-	-
Registered investment companies	<u>698,077</u>	<u>698,077</u>	<u>-</u>	<u>-</u>
 Total assets in the fair value hierarchy	 89,508,462	 \$ <u>76,244,334</u>	 \$ <u>13,264,128</u>	 \$ <u>-</u>
 Investments measured at net asset value	 <u>126,074,640</u>			
 Investments at fair value	 \$ <u>215,583,102</u>			

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

Note 3 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2024, with fair value measurements on a recurring basis:

	<u>2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 349,939	\$ 349,939	\$ -	\$ -
U.S. government securities	16,798,629	16,419,841	378,788	-
Corporate debt instruments	1,946,272	-	1,946,272	-
Corporate stock	54,302,306	54,302,306	-	-
Registered investment companies	<u>7,295,065</u>	<u>7,295,065</u>	<u>-</u>	<u>-</u>
 Total assets in the fair value hierarchy	 80,692,211	 \$ <u>78,367,151</u>	 \$ <u>2,325,060</u>	 \$ <u>-</u>
 Investments measured at net asset value	 <u>125,205,585</u>			
 Investments at fair value	 \$ <u>205,897,796</u>			

Note 4 - 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 financial statements.

Plan contributions are made and 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 could be material to the financial statements.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

Note 5 - Partnership/joint venture interests

The U.S. Real Estate Investment Fund, LLC (the "U.S REIF") is an open-ended commingled real estate investment fund. The real estate investments of the U.S. REIF are stated at estimated fair value, and are reviewed and adjusted quarterly. Nonetheless, the estimated fair value of the U.S. REIF's investments in real estate, operating company, and joint ventures do not necessarily represent the prices at which the investments would be sold, since the market process of investments can only be determined by negotiation between a willing buyer and seller that culminates in an actual sale. Redemptions can occur upon written notice at least 90 days prior to a calendar quarter end and will be effective as of the first calendar quarter end upon expiration of the 90 day notice period. The estimated fair value of the Plan's investment as of June 30, 2025 and 2024 was \$20,635,636 and \$20,933,004, respectively.

Note 6 - Common/collective trust investments

The Plan invests in various common/collective trust funds. Individually significant investments in common/collective trust funds are as follows:

The ASB Allegiance Real Estate Fund (the "ASB Fund") is an open-ended commingled collective investment fund established as a means for collective investment in real estate assets by qualified employee benefit plans. Unit values are determined at the end of each calendar quarter. Income earned by participants in the ASB Fund is reinvested and added to the unit value. Withdrawals will be honored on a pro rata basis with available liquid assets as soon as practicable on a valuation date following receipt of written notice. The estimated fair value of the Plan's investment as of June 30, 2025 and 2024 was \$7,863,611 and \$8,255,733, respectively.

The Plan has entered into a redemption queue for a full withdrawal. Amounts are expected to be fully redeemed over the next three years.

The State Street Russell 1000 Growth Index Non-Lending Fund (the "Russell 1000"), the State Street Russell 2000 Index Non-Lending Fund (the "Russell 2000"), and the State Street S&P 500 Flagship Securities Lending Fund (the "S&P 500 Flagship") (collectively, the "Index Funds") were formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust. The per unit net asset value of the Index Funds is determined each business day. Redemptions of units from the Index Funds may be made on any business day, based upon the closing market value on the valuation date of the investments sold and the net asset value per unit of the Index Funds. The estimated fair value of the investment held in the Russell 1000 as of June 30, 2025 and 2024 was \$37,411,019 and \$45,633,573, respectively. The estimated fair value of the investment held in the Russell 2000 as of June 30, 2025 and 2024 was \$15,850,854 and \$14,719,244, respectively. The estimated fair value of the investment held in the S&P 500 Flagship as of June 30, 2025 and 2024 was \$12,519,192 and \$10,869,746, respectively.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

Note 7 - 103-12 Investment entities

The LSV International Value Equity Trust (the "Equity Trust") was created by a Group Trust Agreement to provide for the collective investment of assets of domestic tax-exempt pensions, profit-sharing plans, and trusts. The Equity Trust is valued on the last business day of each calendar month, or on any other day by mutual consent of the Investment Manager and Custodian. Withdrawals are effective only on the first business day after a valuation date. The Equity Trust imposes a charge on withdrawals to defray costs associated with liquidating securities. The estimated fair value of the Plan's investment as of June 30, 2025 and 2024 was \$21,214,046 and \$16,673,454, respectively.

Note 8 - Employers' contributions

In accordance with collective bargaining agreements and participation agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Contributions are generally based on hourly rates.

Note 9 - Reconciliation of financial statements to Form 5500

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 22,850,113	\$ 683,054	\$ 23,533,167
Contributions	<u>7,587,907</u>	<u>-</u>	<u>7,587,907</u>
Total additions	<u>30,438,020</u>	<u>683,054</u>	<u>31,121,074</u>
Benefits paid directly to participants or beneficiaries	12,745,242	-	12,745,242
Administrative expenses	<u>843,180</u>	<u>683,054</u>	<u>1,526,234</u>
Total deductions	<u>13,588,422</u>	<u>683,054</u>	<u>14,271,476</u>
Net increase	<u>\$ 16,849,598</u>	<u>\$ -</u>	<u>\$ 16,849,598</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

Note 10 - Tax status

The Plan has received a determination letter from the IRS dated July 17, 2015, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Note 11 - Accumulated plan benefits

The latest available calculations of the actuarial present value of accumulated plan benefits were made by consulting actuaries as of July 1, 2024 and 2023. Details of accumulated plan benefit information as of such dates are as follows:

	<u>July 1, 2024</u>	<u>July 1, 2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 114,189,477	\$ 109,201,160
Other vested participants	<u>83,084,763</u>	<u>81,944,647</u>
Total vested benefits	197,274,240	191,145,807
Nonvested benefits	<u>5,651,888</u>	<u>6,295,789</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 202,926,128</u>	<u>\$ 197,441,596</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

Note 11 - Accumulated plan benefits (cont'd)

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date were as follows:

	<u>July 1, 2024</u>	<u>July 1, 2023</u>
Actuarial present value of accumulated plan benefits - Beginning of year	\$ <u>197,441,596</u>	\$ <u>191,450,615</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains or losses	4,307,323	4,567,774
Interest due to the decrease in the discount period	13,359,018	12,930,128
Benefits paid	(12,181,809)	(12,432,921)
Plan amendments	<u>-</u>	<u>926,000</u>
 Net increase (decrease) in actuarial present value of accumulated plan benefits	 <u>5,484,532</u>	 <u>5,990,981</u>
 Actuarial present value of accumulated plan benefits - End of year	 <u>\$ 202,926,128</u>	 <u>\$ 197,441,596</u>

Through July 1, 2024, the Plan met minimum funding standard requirements under ERISA.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

Note 11 - Accumulated plan benefits (cont'd)

The significant methods and assumptions underlying the actuarial computations are as follows:

Actuarial cost method	Entry age normal
Asset valuation method	Market value less unrecognized returns in each of the last five years, adjusted to within 20% of market value, if necessary.
Investment return	7.00%
Mortality basis - Healthy	RP-2006 Healthy Annuitant Mortality Table with generational projection using Scale MP-2018 from 2006.
Mortality basis - Disabled	90% of RP-2016 Disabled Retiree Mortality Table with generational projection using Scale MP-2018 from 2006.
Normal retirement age	Active - 61 (weighted average) Inactive - 62 if year last worked on or after 1996 Inactive - 65 if year last worked prior to 1996
Administrative expenses	\$875,000

As of July 1, 2024 the actuary has certified that the Plan is not in the endangered or critical status as identified under the Pension Protection Act of 2006 and the Multiemployer Pension Reform Act of 2014.

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
BANK OF AMERICA NA CD	4.20%	03/08/2027	\$ 130,394	\$ 130,394
GOLDMAN SACHS BANK USA CD	4.30%	03/11/2027	217,987	217,987
WELLS FARGO BANK NA CD	4.25%	03/11/2027	218,936	218,936
AMERICAN EXPRESS NATIONAL BANK CD	4.05%	04/10/2028	219,304	219,304
MORGAN STANLEY BANK NATIONAL AS CD	4.10%	05/08/2028	220,550	220,550
MORGAN STANLEY PRIVATE BANK NATI CD	4.10%	05/08/2028	220,550	220,550
AMERICAN EXPRESS NATIONAL BANK CD	4.25%	06/12/2028	26,179	26,179
MORGAN STANLEY PRIVATE BANK NATI CD	4.25%	06/30/2028	25,175	25,175
MORGAN STANLEY BANK NATIONAL AS CD	4.30%	07/02/2029	25,234	25,234
CAPITAL ONE BANK	VARIABLE	ON DEMAND	373,113	373,113
			<u>\$ 1,677,422</u>	<u>\$ 1,677,422</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
UNITED STATES TREASURY NOTES	3.75%	04/30/2027	\$ 234,000	\$ 233,319	\$ 233,963
UNITED STATES TREASURY NOTES	3.88%	05/31/2027	774,000	773,276	775,811
UNITED STATES TREASURY NOTES	4.38%	07/15/2027	855,000	864,051	865,653
UNITED STATES TREASURY NOTES	4.13%	11/15/2027	854,000	859,304	861,908
UNITED STATES TREASURY NOTES	3.75%	04/15/2028	585,000	583,240	585,731
UNITED STATES TREASURY NOTES	3.88%	06/15/2028	85,000	85,452	85,451
UNITED STATES TREASURY NOTES	3.75%	12/31/2028	869,000	864,485	869,782
FEDERAL FARM CREDIT BANKS	4.70%	03/05/2029	288,000	288,000	288,069
UNITED STATES TREASURY NOTES	3.63%	08/31/2029	735,000	725,784	731,354
FEDERAL FARM CREDIT BANKS	4.95%	12/26/2029	714,000	713,822	714,543
UNITED STATES TREASURY NOTES	3.88%	04/30/2030	611,000	608,046	613,389
UNITED STATES TREASURY NOTES	4.00%	05/31/2030	898,000	898,041	906,702
FEDERAL HOME LOAN BANKS	5.15%	05/28/2031	585,000	585,000	585,310
FEDERAL FARM CREDIT BANKS	4.94%	06/18/2031	294,000	294,000	294,179
UNITED STATES TREASURY NOTES	4.13%	07/31/2031	432,000	432,439	436,959
UNITED STATES TREASURY NOTES	4.13%	02/29/2032	434,000	433,186	437,967
UNITED STATES TREASURY NOTES	4.00%	04/30/2032	452,000	445,130	452,565
UNITED STATES TREASURY NOTES	4.13%	05/31/2032	118,000	117,249	118,996
FEDERAL FARM CREDIT BANKS	4.80%	06/23/2032	567,000	566,773	567,113
UNITED STATES TREASURY NOTES	3.50%	02/15/2033	601,000	572,406	579,352
FEDERAL FARM CREDIT BANKS	5.11%	03/25/2033	145,000	144,348	144,788
UNITED STATES TREASURY NOTES	4.00%	02/15/2034	735,000	718,750	727,334
FEDERAL FARM CREDIT BANKS	5.25%	03/03/2034	289,000	288,393	289,003
FEDERAL HOME LOAN BANKS	5.35%	06/12/2034	575,000	573,563	575,466
UNITED STATES TREASURY NOTES	4.63%	02/15/2035	833,000	850,441	859,423
UNITED STATES TREASURY NOTES	4.25%	05/15/2035	673,000	661,898	674,050
FNMA	1.63%	09/14/2035	196,000	144,491	147,053
GNMA II POOL #MA0697	2.50%	01/20/2043	105,879	90,891	92,639
FNR 2024-24 SER 24-9 CL NP	5.50%	06/25/2044	83,404	83,430	84,390
FEDERAL HOME LOAN MORTGAGE CORP. POOL	2.00%	05/01/2051	63,825	49,045	50,560
FHLMC POOL #SD8276	5.00%	12/01/2052	606,593	590,386	597,379
FNMA PASS-THRU I POOL #CB6051	4.50%	04/01/2053	416,275	392,927	398,854
FNMA PASS-THRU I POOL #FS7405	5.00%	03/01/2054	284,586	283,341	286,424
FNMA PASS-THRU I POOL# FA0884	6.00%	03/01/2055	139,158	140,745	142,097
FNMA POOL # BF0141	5.50%	09/01/2056	516,955	526,001	532,349
			<u>\$ 16,647,675</u>	<u>\$ 16,481,653</u>	<u>\$ 16,606,606</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS -
PREFERRED

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
MERCEDEZ BENZ	5.32%	01/18/2028	\$ 162,000	\$ 163,626	\$ 163,979
CARMAX AUTO OWNER TRUST	6.00%	07/17/2028	139,899	139,899	139,989
PACIFICORP	5.10%	02/15/2029	190,478	190,478	191,664
STATE STREET CORP	4.53%	02/20/2029	54,027	54,027	54,443
CISCO SYSTEMS INC	4.85%	02/26/2029	135,578	135,578	136,296
GM FINANCIAL CONSUMER AUTOMOBILE	5.10%	03/16/2029	157,079	157,079	157,383
JPMORGAN	5.30%	07/24/2029	199,949	199,949	201,235
TOYOTA MOTOR CREDIT CORP	4.55%	08/09/2029	288,202	288,202	290,310
CATERPILLAR FINANCIAL SERVICES	4.38%	08/16/2029	75,039	75,039	75,569
CARMAX AUTO OWNER TRUST 9	4.60%	10/15/2029	578,729	578,729	579,220
BANK OF NY MELLON CORP	6.32%	10/25/2029	129,804	129,804	130,622
VERIZON MASTER TRUST	5.67%	11/20/2029	89,000	90,447	90,780
WORLD OMNI AUTO RECEIVABLES TRUST	4.43%	12/17/2029	138,129	138,129	138,531
VERIZON COMMUNICATIONS	1.75%	01/20/2030	154,000	130,820	132,699
HONEYWELL INTERNATIONAL	4.70%	02/01/2030	100,584	100,584	101,490
JOHNSON & JOHNSON	4.70%	03/01/2030	132,405	132,405	133,060
PEPSICO INC	2.75%	03/19/2030	168,200	168,200	169,735
COCA COLA	1.65%	06/01/2030	49,162	49,162	49,668
JPMORGAN CHASE	5.00%	07/22/2030	207,714	207,714	209,762
ROYAL BANK OF CANADA	4.65%	10/18/2030	196,493	196,493	198,348
JPMORGAN	5.14%	01/24/2031	62,779	62,779	63,580
UNITEDHEALTH GROUP INC	2.30%	05/15/2031	152,641	152,641	155,109
JOHN DEERE CAPITAL CORP	4.40%	09/08/2031	71,974	71,974	72,832
HONEYWELL	4.75%	02/01/2032	100,500	100,500	101,894
CHEVRON USA INC	4.82%	04/15/2032	152,486	152,486	154,990
BANK OF NY MELLON CORP	5.07%	07/22/2032	422,314	422,314	428,897
DUKE ENERGY CAROLINAS LLC032	4.95%	01/15/2033	158,019	158,019	160,763
FEDEX	1.88%	02/20/2034	189,624	189,624	194,072
UNITED AIR	5.80%	07/15/2037	114,758	114,758	117,905
			<u>\$ 4,771,566</u>	<u>\$ 4,751,459</u>	<u>\$ 4,794,825</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	CORPORATE DEBT INSTRUMENTS - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE		
CROWN CASTLE INC	1.05%	07/15/2026	\$ 146,000	\$ 139,769	\$ 140,614
GOLDMAN SACHS	1.43%	03/09/2027	98,000	95,339	95,883
BANK OF AMERICA	1.66%	03/11/2027	191,000	186,221	187,365
MORGAN STANLEY	1.59%	05/04/2027	107,000	103,785	104,416
NORTHROP GRUMMAN	3.25%	01/15/2028	98,000	95,289	95,741
NEXTERA ENERGY CAPITAL	4.90%	02/28/2028	143,000	144,353	144,925
DUKE ENERGY HOLDING	4.30%	03/15/2028	87,000	86,602	87,107
NISSAN AUTO LEASE TRUST	4.75%	03/15/2028	265,000	266,439	267,981
AMERICAN HONDA FINANCE	2.00%	03/24/2028	212,000	197,694	199,174
GENERAL MOTORS FINL CO	2.40%	04/10/2028	47,000	43,466	44,218
COMCAST	3.55%	05/01/2028	54,000	52,814	53,098
ORACLE	4.80%	08/03/2028	97,000	97,765	98,594
AMERICAN HONDA FINANCE	2.25%	01/12/2029	142,000	130,276	131,725
T-MOBILE USA INC	3.38%	04/15/2029	168,000	159,876	161,641
JOHNSON CONTROLS INTERNATIONAL	5.50%	04/19/2029	175,000	180,448	181,493
BANK OF AMERICA	5.20%	04/25/2029	219,000	222,307	223,809
CHARLES SCHWAB	5.64%	05/19/2029	44,000	45,459	45,606
GENERAL MOTORS FINL CO	5.55%	07/15/2029	100,000	100,264	102,153
MORGAN STANLEY	5.45%	07/20/2029	153,000	156,369	157,353
AMERICAN TOWER	3.80%	08/15/2029	60,000	57,695	58,336
ABBVIE INC	3.20%	11/21/2029	42,000	39,760	40,173
THE TORONTO-DOMINION BANK	4.78%	12/17/2029	81,000	81,326	81,951
GENERAL MOTORS FINL CO	5.35%	01/07/2030	181,000	181,787	183,205
NATIONAL RURAL UTILITIES	4.95%	02/07/2030	97,000	98,173	99,215
BROADCOM INC	4.35%	02/15/2030	70,000	68,813	69,740
PHILIP MORRIS INTL INC	5.13%	02/15/2030	246,000	250,950	253,092
3M CO	4.80%	03/15/2030	216,000	216,667	219,590
ENERGY TRANSFER OPERATING	3.75%	05/15/2030	131,000	123,372	125,689
NEXTERA ENERGY CAPITAL	2.25%	06/01/2030	98,000	86,774	88,257
PACIFIC GAS & ELECTRIC	4.55%	07/01/2030	66,000	63,577	64,417
CAPITAL ONE FINL	5.46%	07/26/2030	189,000	191,019	194,485
GOLDMAN SACHS	5.21%	01/28/2031	155,000	156,541	158,629
BANK OF NOVA SCOTIA DEB	5.13%	02/14/2031	107,000	107,932	108,957
CITIGROUP INC	4.95%	05/07/2031	233,000	232,289	235,656
PHILLIPS 66 CO	5.25%	06/15/2031	175,000	177,042	179,769
CONOCOPHILLIPS	4.85%	01/15/2032	201,000	199,802	203,072
GOLDMAN SACHS	1.99%	01/27/2032	186,000	157,509	161,106
FORD MOTOR	3.25%	02/12/2032	124,000	101,313	104,544
EOG RESOURCES INC	5.00%	07/15/2032	180,000	179,626	182,189
VIRGINIA ELEC & POWER CO	5.00%	04/01/2033	97,000	95,913	97,997
BP CAP MARKETS AMERICA	4.89%	09/11/2033	165,000	161,938	165,393
TRUST FINANCIAL CORPORATION	5.12%	01/26/2034	169,000	167,258	169,106
PNC FINANCIAL SERVICES	6.88%	10/20/2034	158,000	172,805	176,628
DOMINION	5.45%	03/15/2035	103,000	101,573	103,874
WASTE MANAGEMENT INC	4.95%	03/15/2035	155,000	153,114	155,657
AMERICAN EXPRESS CO	5.28%	07/26/2035	80,000	79,264	80,989
			<u>\$ 6,311,000</u>	<u>\$ 6,208,367</u>	<u>\$ 6,284,612</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ACADEMY SPORTS AND OUTDOORS INC COM	6,100	\$ 286,102	\$ 273,341
ACM RESEARCH INC COM CL A	15,300	303,397	396,270
ADEIA INC. COM	19,300	194,389	272,902
ADT INC	28,500	233,868	241,395
ADTALEM GLOBAL EDUCATION INC	1,500	97,195	190,845
AFFILIATED MANAGERS GROUP	1,300	241,529	255,801
AFLAC INC COM	2,400	111,793	253,104
AGCO CORP	3,700	268,706	381,692
ALBERTSONS COMPANIES INC	16,800	358,809	361,368
ALPHABET INC INC CL A	2,800	462,157	493,444
ALTRIA GROUP INC	9,800	426,549	574,574
AMERICAN AIRLINES GROUP INC	14,800	237,040	166,056
AMERICAN FINANCIAL GROUP	1,400	59,943	176,694
AMERICAN INTL GROUP	5,100	281,579	436,509
AMERIPRISE FINANCIAL INC	300	17,142	160,119
AMKOR TECHNOLOGY INC	14,300	262,454	300,157
ANNALY CAPITAL MGMT INC	2,650	124,973	49,873
APA CORPORATION	5,300	232,711	96,937
APPLIED MATERIALS INC COM	3,700	284,286	677,359
ARROW ELECTRONICS	2,700	203,081	344,061
AT&T INC COM	37,400	814,897	1,082,356
AUTONATION INC	900	101,122	178,785
AVNET INC	7,400	277,001	392,792
BANK OF AMERICA CORP	7,700	237,823	364,364
BANK OF NEW YORK MELLON CORP	10,400	514,411	947,544
BAXTER COM	8,100	267,705	245,268
BEST BUY INC COM	1,900	137,291	127,547
BORG WARNER INC	4,400	175,144	147,312
BRANDYWINE REALTY TRUST	11,100	170,838	47,619
BREAD FINANCIAL HOLDINGS INC	2,400	198,470	137,088
BRISTOL-MYERS SQUIBB	17,100	894,735	791,559
CARDINAL HEALTH INC	1,100	88,231	184,800
CARTER'S INC	1,900	191,371	57,247
CENTENE CORP	3,700	253,460	200,836
CIRRUS LOGIC INC.	3,500	409,326	364,893
CISCO SYSTEMS INC	15,600	285,805	1,082,328
CITIGROUP INC	8,500	714,830	723,520
CITIZENS FINANCIAL GROUP	9,900	409,997	443,025
CNA FINANCIAL CORP	3,000	68,415	139,590
COGNIZANT TECHNOLOGY SOLUTIONS CORP	7,700	517,640	600,831
COMCAST CORP	22,000	840,119	785,180
CONAGRA BRANDS INC	8,800	261,485	180,136
CONOCOPHILLIPS	1,887	178,913	169,339
CSG SYSTEMS INTERNATIONAL INC	4,400	85,489	287,364
CUMMINS INC	1,300	197,100	425,750
CVS HEALTH CORP HEALTH CORP	8,900	649,114	613,922
DAVITA HEALTHCARE PARTNERS INC	1,500	130,669	213,675
DELL TECHNOLOGIES CL C	7,600	204,407	931,760
DELTA AIRLINES INC	4,500	202,618	221,310
DICKS SPORTING GOODS INC COM	900	34,655	178,029
DINEEQUITY INC	3,100	241,926	75,423
DROPBOX INC CL A	11,800	323,920	337,480
DXC TECHNOLOGY CO	11,300	558,402	172,777
EASTMAN CHEMICAL	2,600	146,049	194,116
EBAY INC	11,500	487,501	856,290
EXELIXIS INC	9,700	226,374	427,528

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
EXPEDIA GROUP INC	1,500	306,563	253,020
EXXON MOBIL CORP	4,200	385,138	452,760
F5 INC	2,000	513,765	588,640
FEDEX CORP COM	1,900	372,796	431,889
FIRST HORIZON CORP	22,000	253,458	466,400
FORD MOTOR CO DEL	37,700	556,043	409,045
FOX CORP CL A	11,700	381,906	655,668
GEN DIGITAL INC	25,300	458,110	743,820
GENERAL MLS INC COM	7,800	520,612	404,118
GENERAL MOTORS CO MOTORS CO	12,200	424,755	600,362
GENWORTH HOLDINGS INC	7,200	260,481	56,016
GILEAD SCIENCES INC.	7,700	665,389	853,699
GLOBAL PAYMENTS INC	1,900	203,224	152,076
GOLDMAN SACHS GROUP INC COM	700	107,109	495,425
GOODYEAR TIRE & RUBBER CO	9,609	247,273	99,645
HALLIBURTON CO	12,800	391,118	260,864
HARLEY DAVIDSON INC	6,000	207,335	141,600
HARTFORD INSURANCE GROUP INC COM	3,000	76,620	380,610
HCA HEALTHCARE INC	1,700	229,642	651,270
HF SINCLAIR CORPORATION COM	5,600	208,179	230,048
HP ENTERPRISE CO	27,400	389,987	560,330
HP INC	21,100	437,250	516,106
HUNTINGTON INGALLS IND	1,100	235,543	265,606
IBM CORP	1,600	240,555	471,648
INCYTE CORP	5,900	373,889	401,790
INGREDION INC	1,800	163,746	244,116
INTERFACE INC	14,600	248,318	305,578
JABIL INC	2,900	244,907	632,490
JACK IN THE BOX INC	3,500	312,366	61,110
JM SMUCKER CO	2,100	244,785	206,220
JOHNSON & JOHNSON COM	5,400	863,443	824,850
KRAFT HEINZ CO	12,900	435,008	333,078
KROGER CO	10,200	251,125	731,646
LA-Z-BOY INC	6,100	204,568	226,737
LAM RESEARCH COM NEW	5,800	471,699	564,572
LEAR CORPORATION	1,000	70,626	94,980
LINCOLN NATIONAL CORP	4,200	146,095	145,320
LOCKHEED MARTIN CORP COM	1,200	500,095	555,768
M & T BANK	700	89,011	135,793
MACY'S INC	11,300	233,347	131,758
MARATHON PETE CORP	3,000	57,780	498,330
MARRIOTT VACATIONS WORLDWIDE	1,800	272,413	130,158
MATCH GROUP INC NEW COM	7,800	256,446	240,942
MATTEL INC	12,400	216,768	244,528
MERCK & CO & CO NEW	9,200	580,968	728,272
META PLATFORMS INC	1,500	271,169	1,107,135
MGIC INVESTMENT CORP	11,100	157,054	309,024
MGM	6,200	224,999	213,218
MOLSON COORS BEVERAGE CO B	10,700	594,785	514,563
MOSAIC CO	12,200	390,827	445,056
NATIONAL FUEL GAS CO	3,300	239,714	279,543
NCR ATLEOS CORPORATION COM SHS	5,050	104,873	144,077
NETAPP INC	3,800	148,425	404,890
NEWMONT CORP	5,500	279,743	320,430
NEXSTAR MEDIA GROUP INC	2,200	316,406	380,490
NRG ENERGY INC	3,400	129,127	545,972

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ORACLE CORP CORP COM	3,400	164,706	743,342
ORGANON CO	4,800	107,275	46,464
OSHKOSH CORP	1,600	108,861	181,664
OWENS CORNING INC	2,100	128,459	288,792
PAYPAL HLDGS INC	5,600	423,242	416,192
PENSKE AUTOMOTIVE GROUP INC	4,200	198,614	721,602
PFIZER INC	30,200	815,079	732,048
PHILLIPS 66 66 COM	2,800	237,373	334,040
PHINIA INC. COMMON STOCK	880	24,248	39,151
PROGRESS SOFTWARE CORP	4,500	312,161	287,280
PULTEGROUP INC	5,500	162,855	580,030
PVH CORP	1,800	217,104	123,480
QORVO INC	4,400	397,076	373,604
QUALCOMM INC COM	6,100	843,411	971,486
RADIAN GROUP INC	7,200	87,405	259,344
REINSURANCE GROUP OF AMERICA INC	900	78,477	178,524
RYDER SYSTEM	4,000	316,068	636,000
SANDISK CORP COM	1,533	67,737	69,522
SANMINA CORP	5,200	309,800	508,716
SCIENCE APPLICATIONS INTERNATIONAL CORP	3,200	234,322	360,352
SHUTTERSTOCK INC	5,200	260,231	98,592
SKYWORKS SOLUTIONS INC	3,400	370,655	253,368
SLM CORP	7,300	233,185	239,367
SS&C TECHNOLOGIES HLDG	2,200	172,357	182,160
STATE STREET CORP STREET CORP	8,700	674,568	925,158
SYLVAMO CORPORATION	4,000	186,878	200,400
TD SYNEX CORP	4,500	380,681	610,650
TERADATA CORP	8,200	227,252	182,942
TEXTRON INC COM	6,500	358,823	521,885
TIMKEN CO	2,400	96,952	174,120
TOLL BROTHERS INC	4,100	183,311	467,933
TWILIO INC-A	1,700	103,765	211,412
UNITED AIRLINES HLDGS INC	5,600	259,096	445,928
UNIVERSAL HEALTH SVCS INC	1,100	142,987	199,265
UPWORK INC	15,100	257,284	202,944
VALERO ENERGY CORP NEW COM	2,000	85,926	268,840
VERINT SYSTEMS INC	11,700	289,554	230,139
VERIZON COMMUNICATIONS COM	11,900	632,778	514,913
VIATRIS INC	10,100	105,744	90,193
VONTIER CORPORATION COM	6,900	241,072	254,610
WALGREENS BOOTS ALLIANCE INC	5,600	387,761	64,288
WELLS FARGO & CO NEW COM	13,000	499,317	1,041,560
WESTERN DIGITAL CORP COM	4,600	219,407	294,354
WESTERN UNION CO	8,000	165,200	67,360
WHIRLPOOL CORP	1,800	161,476	182,556
XEROX HOLDINGS CORP	5,850	213,300	30,830
YELP INC.	6,800	262,752	233,036
ZIONS BANCORP NA	4,100	188,842	212,954
ZOOM VIDEO COMMUNICATIONS INC CL A	3,600	299,924	280,728
ZOOMINFO TECHNOLOGIES INC COMMON	23,500	236,486	237,819
		\$ <u>46,484,169</u>	\$ <u>59,446,920</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND
SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

	(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER			COST	CURRENT VALUE
US REAL ESTATE INVESTMENT FUND LLC			<u>\$ 16,817,820</u>	<u>\$ 20,635,636</u>
			<u>\$ 16,817,820</u>	<u>\$ 20,635,636</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ASB ALLEGIANCE REAL ESTATE FUND	5,472	\$ 5,831,763	\$ 7,863,611
STATE STREET RUSSELL 1000 GROWTH INDEX	123,945	23,195,428	37,411,019
STATE STREET RUSSELL 2000 (R) INDEX NON-LENDING FUND	94,443	13,297,423	15,850,854
STATE STREET S&P 500 FLAGSHIP SECURITIES LENDING FUND	7,389	<u>2,080,982</u>	<u>12,519,192</u>
		\$ <u>44,405,596</u>	\$ <u>73,644,676</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF POOLED SEPARATE ACCOUNTS

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION POOLED SEPARATE ACCOUNTS	(d)	(e)
ISSUER	UNITS	COST	CURRENT VALUE
ULLICO SEPARATE ACCOUNT J	442,394	\$ 8,881,408	\$ 8,580,282
		\$ 8,881,408	\$ 8,580,282

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
LSV INTERNATIONAL VALUE EQUITY TRUST	48,429	\$ 6,321,620	\$ 21,214,046
PRO LOAN BOND FUND	1,000,000	<u>1,000,000</u>	<u>1,000,000</u>
		\$ <u>7,321,620</u>	\$ <u>22,214,046</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
AFL CIO HOUSING INVESTMENT TRUST	1,000,000	\$ 1,000,000	\$ 1,000,000
BLACKROCK LIQ FUNDS FED FUND	927	927	927
GOLDMAN SACHS FINANCIAL SQUARE GOV'T FUND	697,150	697,150	697,150
		<u>\$ 1,698,077</u>	<u>\$ 1,698,077</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
	GOLDMAN SACHS FINANCIAL SQUARE GOV'T FUND	\$ 32,123,318	\$ -	\$ -	\$ -	\$ -	\$ 32,123,318	\$ -
	GOLDMAN SACHS FINANCIAL SQUARE GOV'T FUND	-	38,718,154	-	-	38,718,154	38,718,154	-
	UNITED STATES TREASURY NOTES 4.25% 6/30/2029	3,227,223	-	-	-	-	3,227,223	-
	UNITED STATES TREASURY NOTES 4.25% 6/30/2029	-	10,203,277	-	-	10,284,298	10,203,277	(81,021)
	STATE STREET RUSSELL 1000 GROWTH INDEX NON-LENDING FUND	-	14,950,000	-	-	13,708,743	14,950,000	1,241,257

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULES OF INVESTMENT EXPENSES

YEARS ENDED JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASB Capital Management, LLC	\$ 81,532	\$ 101,455
Dahab Associates, Inc.	57,927	54,871
CS McKee	9,571	-
Hancock Whitney	16,501	14,945
Lazard Asset Management, LLC	49,421	39,512
LSV Asset Management	390,676	352,618
Polen Capital Management, LLC	-	44,341
ProxyVote Plus Holdings Inc.	4,500	4,500
State Street Global Advisors	27,144	22,342
The Union Labor Life Insurance Company	<u>45,782</u>	<u>43,562</u>
Total investment expenses	<u>\$ 683,054</u>	<u>\$ 678,146</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Payroll	\$ 184,578	\$ 175,586
Payroll taxes	14,953	14,377
Employee benefits	142,357	134,775
Occupancy	31,863	45,741
Telephone	1,759	2,217
Office	7,184	7,174
Printing and postage	7,263	7,396
Legal and collection	58,853	99,463
Accounting	60,991	55,683
Payroll audits	39,372	48,068
Actuarial consulting	110,818	108,182
Computer	89,794	80,608
Insurance	99,794	103,875
Conferences and meetings	4,706	3,189
Depreciation	1,257	1,371
Reimbursed expenses and collection fees	<u>(12,362)</u>	<u>(25,148)</u>
Total administrative expenses	<u>\$ 843,180</u>	<u>\$ 862,557</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
BANK OF AMERICA NA CD	4.20%	03/08/2027	\$ 130,394	\$ 130,394
GOLDMAN SACHS BANK USA CD	4.30%	03/11/2027	217,987	217,987
WELLS FARGO BANK NA CD	4.25%	03/11/2027	218,936	218,936
AMERICAN EXPRESS NATIONAL BANK CD	4.05%	04/10/2028	219,304	219,304
MORGAN STANLEY BANK NATIONAL AS CD	4.10%	05/08/2028	220,550	220,550
MORGAN STANLEY PRIVATE BANK NATI CD	4.10%	05/08/2028	220,550	220,550
AMERICAN EXPRESS NATIONAL BANK CD	4.25%	06/12/2028	26,179	26,179
MORGAN STANLEY PRIVATE BANK NATI CD	4.25%	06/30/2028	25,175	25,175
MORGAN STANLEY BANK NATIONAL AS CD	4.30%	07/02/2029	25,234	25,234
CAPITAL ONE BANK	VARIABLE	ON DEMAND	373,113	373,113
			<u>\$ 1,677,422</u>	<u>\$ 1,677,422</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	U.S. GOVERNMENT SECURITIES		CURRENT VALUE
			PAR OR MATURITY VALUE	COST	
UNITED STATES TREASURY NOTES	3.75%	04/30/2027	\$ 234,000	\$ 233,319	\$ 233,963
UNITED STATES TREASURY NOTES	3.88%	05/31/2027	774,000	773,276	775,811
UNITED STATES TREASURY NOTES	4.38%	07/15/2027	855,000	864,051	865,653
UNITED STATES TREASURY NOTES	4.13%	11/15/2027	854,000	859,304	861,908
UNITED STATES TREASURY NOTES	3.75%	04/15/2028	585,000	583,240	585,731
UNITED STATES TREASURY NOTES	3.88%	06/15/2028	85,000	85,452	85,451
UNITED STATES TREASURY NOTES	3.75%	12/31/2028	869,000	864,485	869,782
FEDERAL FARM CREDIT BANKS	4.70%	03/05/2029	288,000	288,000	288,069
UNITED STATES TREASURY NOTES	3.63%	08/31/2029	735,000	725,784	731,354
FEDERAL FARM CREDIT BANKS	4.95%	12/26/2029	714,000	713,822	714,543
UNITED STATES TREASURY NOTES	3.88%	04/30/2030	611,000	608,046	613,389
UNITED STATES TREASURY NOTES	4.00%	05/31/2030	898,000	898,041	906,702
FEDERAL HOME LOAN BANKS	5.15%	05/28/2031	585,000	585,000	585,310
FEDERAL FARM CREDIT BANKS	4.94%	06/18/2031	294,000	294,000	294,179
UNITED STATES TREASURY NOTES	4.13%	07/31/2031	432,000	432,439	436,959
UNITED STATES TREASURY NOTES	4.13%	02/29/2032	434,000	433,186	437,967
UNITED STATES TREASURY NOTES	4.00%	04/30/2032	452,000	445,130	452,565
UNITED STATES TREASURY NOTES	4.13%	05/31/2032	118,000	117,249	118,996
FEDERAL FARM CREDIT BANKS	4.80%	06/23/2032	567,000	566,773	567,113
UNITED STATES TREASURY NOTES	3.50%	02/15/2033	601,000	572,406	579,352
FEDERAL FARM CREDIT BANKS	5.11%	03/25/2033	145,000	144,348	144,788
UNITED STATES TREASURY NOTES	4.00%	02/15/2034	735,000	718,750	727,334
FEDERAL FARM CREDIT BANKS	5.25%	03/03/2034	289,000	288,393	289,003
FEDERAL HOME LOAN BANKS	5.35%	06/12/2034	575,000	573,563	575,466
UNITED STATES TREASURY NOTES	4.63%	02/15/2035	833,000	850,441	859,423
UNITED STATES TREASURY NOTES	4.25%	05/15/2035	673,000	661,898	674,050
FNMA	1.63%	09/14/2035	196,000	144,491	147,053
GNMA II POOL #MA0697	2.50%	01/20/2043	105,879	90,891	92,639
FNR 2024-24 SER 24-9 CL NP	5.50%	06/25/2044	83,404	83,430	84,390
FEDERAL HOME LOAN MORTGAGE CORP. POOL	2.00%	05/01/2051	63,825	49,045	50,560
FHLMC POOL #SD8276	5.00%	12/01/2052	606,593	590,386	597,379
FNMA PASS-THRU I POOL #CB6051	4.50%	04/01/2053	416,275	392,927	398,854
FNMA PASS-THRU I POOL #FS7405	5.00%	03/01/2054	284,586	283,341	286,424
FNMA PASS-THRU I POOL# FA0884	6.00%	03/01/2055	139,158	140,745	142,097
FNMA POOL # BF0141	5.50%	09/01/2056	516,955	526,001	532,349
			<u>\$ 16,647,675</u>	<u>\$ 16,481,653</u>	<u>\$ 16,606,606</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS -
PREFERRED

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
MERCEDEZ BENZ	5.32%	01/18/2028	\$ 162,000	\$ 163,626	\$ 163,979
CARMAX AUTO OWNER TRUST	6.00%	07/17/2028	139,899	139,899	139,989
PACIFICORP	5.10%	02/15/2029	190,478	190,478	191,664
STATE STREET CORP	4.53%	02/20/2029	54,027	54,027	54,443
CISCO SYSTEMS INC	4.85%	02/26/2029	135,578	135,578	136,296
GM FINANCIAL CONSUMER AUTOMOBILE	5.10%	03/16/2029	157,079	157,079	157,383
JPMORGAN	5.30%	07/24/2029	199,949	199,949	201,235
TOYOTA MOTOR CREDIT CORP	4.55%	08/09/2029	288,202	288,202	290,310
CATERPILLAR FINANCIAL SERVICES	4.38%	08/16/2029	75,039	75,039	75,569
CARMAX AUTO OWNER TRUST 9	4.60%	10/15/2029	578,729	578,729	579,220
BANK OF NY MELLON CORP	6.32%	10/25/2029	129,804	129,804	130,622
VERIZON MASTER TRUST	5.67%	11/20/2029	89,000	90,447	90,780
WORLD OMNI AUTO RECEIVABLES TRUST	4.43%	12/17/2029	138,129	138,129	138,531
VERIZON COMMUNICATIONS	1.75%	01/20/2030	154,000	130,820	132,699
HONEYWELL INTERNATIONAL	4.70%	02/01/2030	100,584	100,584	101,490
JOHNSON & JOHNSON	4.70%	03/01/2030	132,405	132,405	133,060
PEPSICO INC	2.75%	03/19/2030	168,200	168,200	169,735
COCA COLA	1.65%	06/01/2030	49,162	49,162	49,668
JPMORGAN CHASE	5.00%	07/22/2030	207,714	207,714	209,762
ROYAL BANK OF CANADA	4.65%	10/18/2030	196,493	196,493	198,348
JPMORGAN	5.14%	01/24/2031	62,779	62,779	63,580
UNITEDHEALTH GROUP INC	2.30%	05/15/2031	152,641	152,641	155,109
JOHN DEERE CAPITAL CORP	4.40%	09/08/2031	71,974	71,974	72,832
HONEYWELL	4.75%	02/01/2032	100,500	100,500	101,894
CHEVRON USA INC	4.82%	04/15/2032	152,486	152,486	154,990
BANK OF NY MELLON CORP	5.07%	07/22/2032	422,314	422,314	428,897
DUKE ENERGY CAROLINAS LLC032	4.95%	01/15/2033	158,019	158,019	160,763
FEDEX	1.88%	02/20/2034	189,624	189,624	194,072
UNITED AIR	5.80%	07/15/2037	114,758	114,758	117,905
			<u>\$ 4,771,566</u>	<u>\$ 4,751,459</u>	<u>\$ 4,794,825</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	CORPORATE DEBT INSTRUMENTS - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE		
CROWN CASTLE INC	1.05%	07/15/2026	\$ 146,000	\$ 139,769	\$ 140,614
GOLDMAN SACHS	1.43%	03/09/2027	98,000	95,339	95,883
BANK OF AMERICA	1.66%	03/11/2027	191,000	186,221	187,365
MORGAN STANLEY	1.59%	05/04/2027	107,000	103,785	104,416
NORTHROP GRUMMAN	3.25%	01/15/2028	98,000	95,289	95,741
NEXTERA ENERGY CAPITAL	4.90%	02/28/2028	143,000	144,353	144,925
DUKE ENERGY HOLDING	4.30%	03/15/2028	87,000	86,602	87,107
NISSAN AUTO LEASE TRUST	4.75%	03/15/2028	265,000	266,439	267,981
AMERICAN HONDA FINANCE	2.00%	03/24/2028	212,000	197,694	199,174
GENERAL MOTORS FINL CO	2.40%	04/10/2028	47,000	43,466	44,218
COMCAST	3.55%	05/01/2028	54,000	52,814	53,098
ORACLE	4.80%	08/03/2028	97,000	97,765	98,594
AMERICAN HONDA FINANCE	2.25%	01/12/2029	142,000	130,276	131,725
T-MOBILE USA INC	3.38%	04/15/2029	168,000	159,876	161,641
JOHNSON CONTROLS INTERNATIONAL	5.50%	04/19/2029	175,000	180,448	181,493
BANK OF AMERICA	5.20%	04/25/2029	219,000	222,307	223,809
CHARLES SCHWAB	5.64%	05/19/2029	44,000	45,459	45,606
GENERAL MOTORS FINL CO	5.55%	07/15/2029	100,000	100,264	102,153
MORGAN STANLEY	5.45%	07/20/2029	153,000	156,369	157,353
AMERICAN TOWER	3.80%	08/15/2029	60,000	57,695	58,336
ABBVIE INC	3.20%	11/21/2029	42,000	39,760	40,173
THE TORONTO-DOMINION BANK	4.78%	12/17/2029	81,000	81,326	81,951
GENERAL MOTORS FINL CO	5.35%	01/07/2030	181,000	181,787	183,205
NATIONAL RURAL UTILITIES	4.95%	02/07/2030	97,000	98,173	99,215
BROADCOM INC	4.35%	02/15/2030	70,000	68,813	69,740
PHILIP MORRIS INTL INC	5.13%	02/15/2030	246,000	250,950	253,092
3M CO	4.80%	03/15/2030	216,000	216,667	219,590
ENERGY TRANSFER OPERATING	3.75%	05/15/2030	131,000	123,372	125,689
NEXTERA ENERGY CAPITAL	2.25%	06/01/2030	98,000	86,774	88,257
PACIFIC GAS & ELECTRIC	4.55%	07/01/2030	66,000	63,577	64,417
CAPITAL ONE FINL	5.46%	07/26/2030	189,000	191,019	194,485
GOLDMAN SACHS	5.21%	01/28/2031	155,000	156,541	158,629
BANK OF NOVA SCOTIA DEB	5.13%	02/14/2031	107,000	107,932	108,957
CITIGROUP INC	4.95%	05/07/2031	233,000	232,289	235,656
PHILLIPS 66 CO	5.25%	06/15/2031	175,000	177,042	179,769
CONOCOPHILLIPS	4.85%	01/15/2032	201,000	199,802	203,072
GOLDMAN SACHS	1.99%	01/27/2032	186,000	157,509	161,106
FORD MOTOR	3.25%	02/12/2032	124,000	101,313	104,544
EOG RESOURCES INC	5.00%	07/15/2032	180,000	179,626	182,189
VIRGINIA ELEC & POWER CO	5.00%	04/01/2033	97,000	95,913	97,997
BP CAP MARKETS AMERICA	4.89%	09/11/2033	165,000	161,938	165,393
TRUST FINANCIAL CORPORATION	5.12%	01/26/2034	169,000	167,258	169,106
PNC FINANCIAL SERVICES	6.88%	10/20/2034	158,000	172,805	176,628
DOMINION	5.45%	03/15/2035	103,000	101,573	103,874
WASTE MANAGEMENT INC	4.95%	03/15/2035	155,000	153,114	155,657
AMERICAN EXPRESS CO	5.28%	07/26/2035	80,000	79,264	80,989
			<u>\$ 6,311,000</u>	<u>\$ 6,208,367</u>	<u>\$ 6,284,612</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ACADEMY SPORTS AND OUTDOORS INC COM	6,100	\$ 286,102	\$ 273,341
ACM RESEARCH INC COM CL A	15,300	303,397	396,270
ADEIA INC. COM	19,300	194,389	272,902
ADT INC	28,500	233,868	241,395
ADTALEM GLOBAL EDUCATION INC	1,500	97,195	190,845
AFFILIATED MANAGERS GROUP	1,300	241,529	255,801
AFLAC INC COM	2,400	111,793	253,104
AGCO CORP	3,700	268,706	381,692
ALBERTSONS COMPANIES INC	16,800	358,809	361,368
ALPHABET INC INC CL A	2,800	462,157	493,444
ALTRIA GROUP INC	9,800	426,549	574,574
AMERICAN AIRLINES GROUP INC	14,800	237,040	166,056
AMERICAN FINANCIAL GROUP	1,400	59,943	176,694
AMERICAN INTL GROUP	5,100	281,579	436,509
AMERIPRISE FINANCIAL INC	300	17,142	160,119
AMKOR TECHNOLOGY INC	14,300	262,454	300,157
ANNALY CAPITAL MGMT INC	2,650	124,973	49,873
APA CORPORATION	5,300	232,711	96,937
APPLIED MATERIALS INC COM	3,700	284,286	677,359
ARROW ELECTRONICS	2,700	203,081	344,061
AT&T INC COM	37,400	814,897	1,082,356
AUTONATION INC	900	101,122	178,785
AVNET INC	7,400	277,001	392,792
BANK OF AMERICA CORP	7,700	237,823	364,364
BANK OF NEW YORK MELLON CORP	10,400	514,411	947,544
BAXTER COM	8,100	267,705	245,268
BEST BUY INC COM	1,900	137,291	127,547
BORG WARNER INC	4,400	175,144	147,312
BRANDYWINE REALTY TRUST	11,100	170,838	47,619
BREAD FINANCIAL HOLDINGS INC	2,400	198,470	137,088
BRISTOL-MYERS SQUIBB	17,100	894,735	791,559
CARDINAL HEALTH INC	1,100	88,231	184,800
CARTER'S INC	1,900	191,371	57,247
CENTENE CORP	3,700	253,460	200,836
CIRRUS LOGIC INC.	3,500	409,326	364,893
CISCO SYSTEMS INC	15,600	285,805	1,082,328
CITIGROUP INC	8,500	714,830	723,520
CITIZENS FINANCIAL GROUP	9,900	409,997	443,025
CNA FINANCIAL CORP	3,000	68,415	139,590
COGNIZANT TECHNOLOGY SOLUTIONS CORP	7,700	517,640	600,831
COMCAST CORP	22,000	840,119	785,180
CONAGRA BRANDS INC	8,800	261,485	180,136
CONOCOPHILLIPS	1,887	178,913	169,339
CSG SYSTEMS INTERNATIONAL INC	4,400	85,489	287,364
CUMMINS INC	1,300	197,100	425,750
CVS HEALTH CORP HEALTH CORP	8,900	649,114	613,922
DAVITA HEALTHCARE PARTNERS INC	1,500	130,669	213,675
DELL TECHNOLOGIES CL C	7,600	204,407	931,760
DELTA AIRLINES INC	4,500	202,618	221,310
DICKS SPORTING GOODS INC COM	900	34,655	178,029
DINEEQUITY INC	3,100	241,926	75,423
DROPBOX INC CL A	11,800	323,920	337,480
DXC TECHNOLOGY CO	11,300	558,402	172,777
EASTMAN CHEMICAL	2,600	146,049	194,116
EBAY INC	11,500	487,501	856,290
EXELIXIS INC	9,700	226,374	427,528

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
EXPEDIA GROUP INC	1,500	306,563	253,020
EXXON MOBIL CORP	4,200	385,138	452,760
F5 INC	2,000	513,765	588,640
FEDEX CORP COM	1,900	372,796	431,889
FIRST HORIZON CORP	22,000	253,458	466,400
FORD MOTOR CO DEL	37,700	556,043	409,045
FOX CORP CL A	11,700	381,906	655,668
GEN DIGITAL INC	25,300	458,110	743,820
GENERAL MLS INC COM	7,800	520,612	404,118
GENERAL MOTORS CO MOTORS CO	12,200	424,755	600,362
GENWORTH HOLDINGS INC	7,200	260,481	56,016
GILEAD SCIENCES INC.	7,700	665,389	853,699
GLOBAL PAYMENTS INC	1,900	203,224	152,076
GOLDMAN SACHS GROUP INC COM	700	107,109	495,425
GOODYEAR TIRE & RUBBER CO	9,609	247,273	99,645
HALLIBURTON CO	12,800	391,118	260,864
HARLEY DAVIDSON INC	6,000	207,335	141,600
HARTFORD INSURANCE GROUP INC COM	3,000	76,620	380,610
HCA HEALTHCARE INC	1,700	229,642	651,270
HF SINCLAIR CORPORATION COM	5,600	208,179	230,048
HP ENTERPRISE CO	27,400	389,987	560,330
HP INC	21,100	437,250	516,106
HUNTINGTON INGALLS IND	1,100	235,543	265,606
IBM CORP	1,600	240,555	471,648
INCYTE CORP	5,900	373,889	401,790
INGREDION INC	1,800	163,746	244,116
INTERFACE INC	14,600	248,318	305,578
JABIL INC	2,900	244,907	632,490
JACK IN THE BOX INC	3,500	312,366	61,110
JM SMUCKER CO	2,100	244,785	206,220
JOHNSON & JOHNSON COM	5,400	863,443	824,850
KRAFT HEINZ CO	12,900	435,008	333,078
KROGER CO	10,200	251,125	731,646
LA-Z-BOY INC	6,100	204,568	226,737
LAM RESEARCH COM NEW	5,800	471,699	564,572
LEAR CORPORATION	1,000	70,626	94,980
LINCOLN NATIONAL CORP	4,200	146,095	145,320
LOCKHEED MARTIN CORP COM	1,200	500,095	555,768
M & T BANK	700	89,011	135,793
MACY'S INC	11,300	233,347	131,758
MARATHON PETE CORP	3,000	57,780	498,330
MARRIOTT VACATIONS WORLDWIDE	1,800	272,413	130,158
MATCH GROUP INC NEW COM	7,800	256,446	240,942
MATTEL INC	12,400	216,768	244,528
MERCK & CO & CO NEW	9,200	580,968	728,272
META PLATFORMS INC	1,500	271,169	1,107,135
MGIC INVESTMENT CORP	11,100	157,054	309,024
MGM	6,200	224,999	213,218
MOLSON COORS BEVERAGE CO B	10,700	594,785	514,563
MOSAIC CO	12,200	390,827	445,056
NATIONAL FUEL GAS CO	3,300	239,714	279,543
NCR ATLEOS CORPORATION COM SHS	5,050	104,873	144,077
NETAPP INC	3,800	148,425	404,890
NEWMONT CORP	5,500	279,743	320,430
NEXSTAR MEDIA GROUP INC	2,200	316,406	380,490
NRG ENERGY INC	3,400	129,127	545,972

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ORACLE CORP CORP COM	3,400	164,706	743,342
ORGANON CO	4,800	107,275	46,464
OSHKOSH CORP	1,600	108,861	181,664
OWENS CORNING INC	2,100	128,459	288,792
PAYPAL HLDGS INC	5,600	423,242	416,192
PENSKE AUTOMOTIVE GROUP INC	4,200	198,614	721,602
PFIZER INC	30,200	815,079	732,048
PHILLIPS 66 66 COM	2,800	237,373	334,040
PHINIA INC. COMMON STOCK	880	24,248	39,151
PROGRESS SOFTWARE CORP	4,500	312,161	287,280
PULTEGROUP INC	5,500	162,855	580,030
PVH CORP	1,800	217,104	123,480
QORVO INC	4,400	397,076	373,604
QUALCOMM INC COM	6,100	843,411	971,486
RADIAN GROUP INC	7,200	87,405	259,344
REINSURANCE GROUP OF AMERICA INC	900	78,477	178,524
RYDER SYSTEM	4,000	316,068	636,000
SANDISK CORP COM	1,533	67,737	69,522
SANMINA CORP	5,200	309,800	508,716
SCIENCE APPLICATIONS INTERNATIONAL CORP	3,200	234,322	360,352
SHUTTERSTOCK INC	5,200	260,231	98,592
SKYWORKS SOLUTIONS INC	3,400	370,655	253,368
SLM CORP	7,300	233,185	239,367
SS&C TECHNOLOGIES HLDG	2,200	172,357	182,160
STATE STREET CORP STREET CORP	8,700	674,568	925,158
SYLVAMO CORPORATION	4,000	186,878	200,400
TD SYNEX CORP	4,500	380,681	610,650
TERADATA CORP	8,200	227,252	182,942
TEXTRON INC COM	6,500	358,823	521,885
TIMKEN CO	2,400	96,952	174,120
TOLL BROTHERS INC	4,100	183,311	467,933
TWILIO INC-A	1,700	103,765	211,412
UNITED AIRLINES HLDGS INC	5,600	259,096	445,928
UNIVERSAL HEALTH SVCS INC	1,100	142,987	199,265
UPWORK INC	15,100	257,284	202,944
VALERO ENERGY CORP NEW COM	2,000	85,926	268,840
VERINT SYSTEMS INC	11,700	289,554	230,139
VERIZON COMMUNICATIONS COM	11,900	632,778	514,913
VIATRIS INC	10,100	105,744	90,193
VONTIER CORPORATION COM	6,900	241,072	254,610
WALGREENS BOOTS ALLIANCE INC	5,600	387,761	64,288
WELLS FARGO & CO NEW COM	13,000	499,317	1,041,560
WESTERN DIGITAL CORP COM	4,600	219,407	294,354
WESTERN UNION CO	8,000	165,200	67,360
WHIRLPOOL CORP	1,800	161,476	182,556
XEROX HOLDINGS CORP	5,850	213,300	30,830
YELP INC.	6,800	262,752	233,036
ZIONS BANCORP NA	4,100	188,842	212,954
ZOOM VIDEO COMMUNICATIONS INC CL A	3,600	299,924	280,728
ZOOMINFO TECHNOLOGIES INC COMMON	23,500	236,486	237,819
		\$ <u>46,484,169</u>	\$ <u>59,446,920</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND
SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
<u>ISSUER</u>		<u>COST</u>	<u>CURRENT VALUE</u>
US REAL ESTATE INVESTMENT FUND LLC		\$ <u>16,817,820</u>	\$ <u>20,635,636</u>
		\$ <u>16,817,820</u>	\$ <u>20,635,636</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ASB ALLEGIANCE REAL ESTATE FUND	5,472	\$ 5,831,763	\$ 7,863,611
STATE STREET RUSSELL 1000 GROWTH INDEX	123,945	23,195,428	37,411,019
STATE STREET RUSSELL 2000 (R) INDEX NON-LENDING FUND	94,443	13,297,423	15,850,854
STATE STREET S&P 500 FLAGSHIP SECURITIES LENDING FUND	7,389	<u>2,080,982</u>	<u>12,519,192</u>
		\$ <u>44,405,596</u>	\$ <u>73,644,676</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF POOLED SEPARATE ACCOUNTS

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION POOLED SEPARATE ACCOUNTS	(d)	(e)
ISSUER	UNITS	COST	CURRENT VALUE
ULLICO SEPARATE ACCOUNT J	442,394	\$ 8,881,408	\$ 8,580,282
		\$ 8,881,408	\$ 8,580,282

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
LSV INTERNATIONAL VALUE EQUITY TRUST	48,429	\$ 6,321,620	\$ 21,214,046
PRO LOAN BOND FUND	1,000,000	<u>1,000,000</u>	<u>1,000,000</u>
		\$ <u>7,321,620</u>	\$ <u>22,214,046</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
AFL CIO HOUSING INVESTMENT TRUST	1,000,000	\$ 1,000,000	\$ 1,000,000
BLACKROCK LIQ FUNDS FED FUND	927	927	927
GOLDMAN SACHS FINANCIAL SQUARE GOV'T FUND	697,150	697,150	697,150
		<u>\$ 1,698,077</u>	<u>\$ 1,698,077</u>

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2025

EIN 11-1974385, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
	GOLDMAN SACHS FINANCIAL SQUARE GOV'T FUND	\$ 32,123,318	\$ -	\$ -	\$ -	\$ -	\$ 32,123,318	\$ -
	GOLDMAN SACHS FINANCIAL SQUARE GOV'T FUND	-	38,718,154	-	-	38,718,154	38,718,154	-
	UNITED STATES TREASURY NOTES 4.25% 6/30/2029	3,227,223	-	-	-	-	3,227,223	-
	UNITED STATES TREASURY NOTES 4.25% 6/30/2029	-	10,203,277	-	-	10,284,298	10,203,277	(81,021)
	STATE STREET RUSSELL 1000 GROWTH INDEX NON-LENDING FUND	-	14,950,000	-	-	13,708,743	14,950,000	1,241,257