

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
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: CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL FUND OFFICE STAFF PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/1971
2a Plan sponsor's name (employer, if for a single-employer plan): BD OF TRTS-CHGO & VICIN LABORERS' DIST COUN FD OFFICE STAFF PENS FUND
2b Employer Identification Number (EIN): 36-6550487
2c Plan Sponsor's telephone number: 708-562-0200
2d Business code (see instructions): 541990

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, Name. Rows include James P Connolly (03/06/2026), David H Lorig (02/23/2026), and a row for DFE signature.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	207
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	83
	<b>6a(2)</b>	85
	<b>6b</b>	88
	<b>6c</b>	30
	<b>6d</b>	203
	<b>6e</b>	9
	<b>6f</b>	212
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(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 \_\_\_\_\_
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

▶ **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.

<b>A</b> Name of plan <u>CHICAGO &amp; VICINITY LABORERS' DISTRICT COUNCIL FUND OFFICE STAFF PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BD OF TRTS-CHGO &amp; VICIN LABORERS' DIST COUN FD OFFICE STAFF PENS FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6550487</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
a Market value .....	<b>2a</b>	<u>77780268</u>	
b Actuarial value .....	<b>2b</b>	<u>75724741</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment .....	<u>94</u>	<u>42039449</u>	<u>42039449</u>
b For terminated vested participants .....	<u>32</u>	<u>6410193</u>	<u>6410193</u>
c For active participants .....	<u>83</u>	<u>30771033</u>	<u>31339361</u>
d Total .....	<u>209</u>	<u>79220675</u>	<u>79789003</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.29 %</u>	
<b>6</b> Target normal cost			
a Present value of current plan year accruals .....	<b>6a</b>	<u>2626267</u>	
b Expected plan-related expenses .....	<b>6b</b>	<u>158000</u>	
c Target normal cost .....	<b>6c</b>	<u>2784267</u>	

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

<b>SIGN HERE</b>  Signature of actuary  <u>JEREMY C. ROBERTS, FSA, MAAA</u> Type or print name of actuary  <u>SEGAL</u> Firm name  <u>101 NORTH WACKER DRIVE, SUITE 1800</u> <u>CHICAGO, IL 60606-1724</u>  Address of the firm	<u>01/30/2026</u> Date  <u>23-06462</u> Most recent enrollment number  <u>312-984-8500</u> Telephone number (including area code)
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<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	5894253	
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	611198	
<b>9</b>	Amount remaining (line 7 minus line 8) .....	5283055	
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.45</u> % .....	710571	
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.34</u> % .....		
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	5993626	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	87.39 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	87.39 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	95.82 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
06/12/2024	296795	0	12/27/2024	220695	0		
07/29/2024	213551	0	01/27/2025	265444	0		
08/27/2024	136821	0	02/25/2025	229776	0		
09/24/2024	213615	0	03/26/2025	225709	0		
10/28/2024	215160	0	04/29/2025	232352	0		
11/26/2024	329220	0	05/28/2025	347146	0		
			<b>Totals ▶</b>	<b>18(b)</b>	2926284	<b>18(c)</b>	

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	2845283

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.05 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 60
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

<b>Part VI Miscellaneous Items</b>	
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>26</b> Demographic and benefit information	
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>	
<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	2784267	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	10057888	1079279	
<b>b</b> Waiver amortization installment .....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	3863546	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	1350000		1350000
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	2513546	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	2845283	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	331737	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	331737	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>		

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>	
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021	

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>CHICAGO &amp; VICINITY LABORERS' DISTRICT COUNCIL FUND OFFICE STAFF PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRTS-CHGO &amp; VICIN LABORERS' DIST COUN FD OFFICE STAFF PENS FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6550487</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

**NEW TOWER TRUST COMPANY**

**30-0872552**

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

**HAMILTON LANE ADVISORS LLC**

**23-2962336**

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

**INTERCONTINENTAL REAL ESTATE CORP**

**04-2895544**

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

**ALLIANCE BERNSTEIN**

**13-4064930**

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

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

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

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

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

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	99402	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL

13-1975125

(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	NONE	47848	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)

REINHART BOERNER VAN DEUREN, S.C.

39-1126909

(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	NONE	29847	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)

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	17275	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)

NATIONAL INV. SERV. OF AMERICA LLC

84-3937993

(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	10673	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)

LOOMIS, SAYLES, & COMPANY

20-8080381

(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	9270	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)

MARQUETTE ASSOCIATES INC

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	9167	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)

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 50 72	NONE	6863	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 type="checkbox"/>

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

BNY MELLON

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 72	NONE	5835	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 type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>CHICAGO &amp; VICINITY LABORERS' DISTRICT COUNCIL FUND OFFICE STAFF PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>001</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRTS-CHGO &amp; VICIN LABORERS' DIST COUN FD OFFICE STAFF PENS FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6550487</b>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MULTI-EMPLOYER PROPERTY TRUST</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NEWTOWER TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>52-6218800-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3368623</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>COMERICA SHORT TERM FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>COMERICA BANK &amp; TRUST, NA</b>		
<b>c</b> EIN-PN <b>47-7305132-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BNYM MELLON AFL-CIO SL BROAD MARKET</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>THE BANK OF NEW YORK MELLON</b>		
<b>c</b> EIN-PN <b>25-6078093-357</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>35736235</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>ULLICO INFRASTRUCTURE TAX-EXEMPT FD</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>ULLICO INVESTMENT ADVISORS, INC</b>		
<b>c</b> EIN-PN <b>90-0622302-001</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>7326660</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BNYM MELLON DB SL ACWI EX-US FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>THE BANK OF NEW YORK MELLON</b>		
<b>c</b> EIN-PN <b>25-6078093-193</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>8550302</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>NHIT CORE PLUS FIXED INCOME TRUST</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>LOOMIS SAYLES TRUST COMPANY, LLC</b>		
<b>c</b> EIN-PN <b>20-8080381-018</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>10449488</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>NIS CORE FIXED INCOME FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</b>		
<b>c</b> EIN-PN <b>20-0005644-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>8611005</b>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NIS HIGH YIELD FUND

**b** Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC

<b>c</b> EIN-PN 39-2021943-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 597597
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON DB SL AGGR BD INDX FD

**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

<b>c</b> EIN-PN 25-6078093-056	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>CHICAGO &amp; VICINITY LABORERS' DISTRICT COUNCIL FUND OFFICE STAFF PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRTS-CHGO &amp; VICIN LABORERS' DIST COUN FD OFFICE STAFF PENS FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6550487</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	8633	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	304712	4079
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		1166590
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	5905736	8506681
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	64793010	67313250
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	6824967	7326660
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	5573	6646

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	77842631	84323906
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	62351	71324
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	62351	71324
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	77780280	84252582

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2926284	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		2926284
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	64934	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	61537	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		126471
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	114509	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	130972	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-16463
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	229708	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		6687040
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		597678
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		0
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		10550718

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	3766595	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3766595
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	17275	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	134547	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	11218	
(7) Actuarial fees .....	<b>2i(7)</b>	47848	
(8) Legal fees .....	<b>2i(8)</b>	29947	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	70986	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		311821
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4078416

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		6472302
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		15839987
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 568832.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

<b>A</b> Name of plan <u>CHICAGO &amp; VICINITY LABORERS' DISTRICT COUNCIL FUND OFFICE STAFF PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BD OF TRTS-CHGO &amp; VICIN LABORERS' DIST COUN FD OFFICE STAFF PENS FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6550487</u>	

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

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 41-6271370 46-2345389

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

3		0
---	--	---

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**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): \_\_\_\_\_

**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): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

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

**Chicago & Vicinity Laborers' District Council  
Fund Office Staff Pension Plan**

Financial Statements

May 31, 2025

**Chicago & Vicinity Laborers' District Council  
Fund Office Staff Pension Plan**

Financial Statements with Supplementary Information

May 31, 2025 and 2024

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## **Report of Independent Auditors**

To the Participants and Trustees of  
Chicago & Vicinity Laborers' District Council  
Fund Office Staff Pension Plan

### ***Opinion***

We have audited the financial statements of Chicago & Vicinity Laborers' District Council Fund Office Staff Pension Plan (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 May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Chicago & Vicinity Laborers' District Council Fund Office Staff Pension Plan as of May 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of May 31, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' 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 within one year after the date that the financial statements are available to be issued.

***Responsibilities of Management for the Financial Statements (continued)***

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

***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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

*Legacy Professionals LLP*

Westchester, Illinois

November 5, 2025

**Chicago & Vicinity Laborers' District Council  
Fund Office Staff Pension Plan**

**Statements of Net Assets Available for Benefits**

May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<b>Assets</b>		
Investments - at fair value		
Common and collective funds	\$ 67,313,250	63,805,627
Private equity partnerships	5,031,910	2,038,019
Real estate investment funds	10,801,431	10,692,684
Pooled fund	6,646	5,573
Short-term investments	<u>1,166,590</u>	<u>987,383</u>
Total investments	<u>84,319,827</u>	<u>77,529,286</u>
Other assets		
Prepaid expenses	833	299,666
Accrued investment income receivable	<u>3,246</u>	<u>13,679</u>
Total other assets	<u>4,079</u>	<u>313,345</u>
Total assets	84,323,906	77,842,631
<b>Liabilities and Net Assets</b>		
Liabilities		
Due to related organizations	<u>71,324</u>	<u>62,351</u>
Net assets available for benefits	<u>\$ 84,252,582</u>	<u>\$ 77,780,280</u>

See accompanying notes to financial statements.

**Chicago & Vicinity Laborers' District Council  
Fund Office Staff Pension Plan**

**Statements of Changes in Net Assets Available for Benefits**

Years Ended May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<b>Additions</b>		
Investment income		
Net appreciation in fair value of investments	\$ 7,497,968	\$ 9,156,688
Interest and dividend income	<u>126,466</u>	<u>217,459</u>
	7,624,434	9,374,147
Less investment expenses	<u>(145,765)</u>	<u>(137,462)</u>
Investment income - net	7,478,669	9,236,685
Employer contributions	<u>2,926,284</u>	<u>3,458,429</u>
Total additions	<u>10,404,953</u>	<u>12,695,114</u>
<b>Deductions</b>		
Benefits paid to participants	3,766,595	3,586,209
Pension Benefit Guaranty Corporation premiums	20,907	148,852
Actuarial fees	47,848	61,719
Administrative expense reimbursements	32,876	32,893
Professional fees	47,222	31,988
Fiduciary insurance	<u>17,203</u>	<u>17,391</u>
Total deductions	<u>3,932,651</u>	<u>3,879,052</u>
<b>Net increase</b>	6,472,302	8,816,062
<b>Net assets available for benefits</b>		
Beginning of year	<u>77,780,280</u>	<u>68,964,218</u>
End of year	<u>\$ 84,252,582</u>	<u>\$ 77,780,280</u>

See accompanying notes to financial statements.

**Chicago & Vicinity Laborers' District Council  
Fund Office Staff Pension Plan**

**Notes to Financial Statements**

May 31, 2025 and 2024

**Note 1. Summary of Significant Accounting Policies**

**Method of Accounting** - The accompanying financial statements of Chicago & Vicinity Laborers' District Council Fund Office Staff Pension Plan (the Plan) have been prepared using the accrual basis of accounting.

**Investments** - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

**Payment of Benefits** - Benefit payments to participants are recorded upon distribution.

**Expenses** - Certain investment related expenses are included in net appreciation in fair value of investments.

**Actuarial Present Value of Accumulated Plan Benefits** - Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

**Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

**Subsequent Events** - Subsequent events have been evaluated through November 5, 2025, which is the date the financial statements were available to be issued.

## **Note 2. Description of the Plan**

The Plan is a noncontributory single employer defined benefit pension plan that provides retirement benefits to substantially all employees of Chicago & Vicinity Laborers' District Council Health & Welfare, Retiree Health & Welfare, and Pension Plans. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Individuals become eligible to participate in the Plan once they have completed one year of service, are over the age of 21, and are not covered under Chicago & Vicinity Laborers' District Council Pension Plan. Participants earn 1/12 of a year of service for each month in which they work at least 15 days.

Participants with at least five years of service who have not terminated employment prior to the age of 62 are entitled to a Normal Retirement Pension. Normal Retirement Pension monthly benefits are equal to an amount determined by multiplying the number of years of service accumulated by the employee by 3.0%, multiplied by the participant's average annual salary for the highest five consecutive years of their last ten years of employment.

The Plan permits early retirement for participants with at least five years of service who have terminated employment after age 55 but before age 62. Under current Plan provisions, Early Retirement Pension monthly benefits are computed in the same manner as the Normal Retirement Pension benefits, but reduced by 5/36 of 1% for each month of age less than 62.

The Plan also provides deferred pension benefits to participants with at least five years of service who are not eligible to receive a Normal or Early Retirement Pension. Deferred Pension monthly benefits are determined by multiplying each participant's Normal or Early Retirement Pension benefit, whichever is applicable based on their age, by the vesting percentage as detailed in the Plan agreement.

The spouse and beneficiaries of active and retired participants may be eligible for survivor benefits as detailed in the Plan agreement. Retired participants are entitled to a lump-sum death benefit of \$2,500 payable to their designated beneficiary.

The forms of payment include the single life pension, the 60-month postretirement pension, and joint life and survivor options.

Participants should refer to the summary plan description for more complete information.

## **Note 3. Priorities upon Termination**

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants and beneficiaries.

**Note 3. Priorities upon Termination (continued)**

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

**Note 4. Tax Status**

The Plan obtained a determination letter dated August 15, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

**Note 5. Funding Policy**

Chicago & Vicinity Laborers' District Council Health & Welfare, Retiree Health & Welfare, and Pension Plans make monthly contributions to the Plan pursuant to ERISA minimum funding requirements, as determined by the Plan's independent actuary. No employee contributions are permitted. The funding policy of the Plan is to make contributions as a level percentage of total employees' salary that is at least equal to the ERISA minimum contribution. The percentage of total employees' salary used was 32% and 40% for the years ended May 31, 2025 and 2024, respectively. The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of June 1, 2024.

## Note 6. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

### Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

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

The following tables set forth, by level within the fair value hierarchy, the master trust's total investment assets at fair value as of May 31, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

## Note 6. Fair Value Measurements (continued)

	Total	Fair Value Measurements at 5/31/25 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investment	\$ 1,166,590	\$ -	\$ 1,166,590	\$ -
Investments measured at net asset value:				
Common and collective funds	67,313,250			
Private equity partnerships	5,031,910			
Real estate investment funds	10,801,431			
Pooled fund	6,646			
Total	\$ 84,319,827			

	Total	Fair Value Measurements at 5/31/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investment	\$ 987,383	\$ -	\$ 987,383	\$ -
Investments measured at net asset value:				
Common and collective funds	63,805,627			
Private equity partnerships	2,038,019			
Real estate investment funds	10,692,684			
Pooled fund	5,573			
Total	\$ 77,529,286			

### Level 2 Measurements

The short-term investment is valued at cost, which approximates its fair value.

### Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The common and collective funds valued at net asset value are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. No significant redemption restrictions exist for these investments.

## Note 6. Fair Value Measurements (continued)

### Measurements Using Net Asset Value as a Practical Expedient (continued)

The following table summarizes investments at fair value based on net asset value per share, other than DFEs, as of May 31, 2025 and 2024:

Description	Fair Value		Underlying Assets	Redemption	
	5/31/2025	5/31/2024		Frequency	Notice Period
Private equity partnership	\$ 637,251	\$ 768,223	Private equity	None	N/A
Private equity partnership	\$ 4,394,659	\$ 1,269,796	Private equity	Quarterly	90 days
Real estate investment fund	\$ 3,474,771	\$ 3,867,717	Real estate investment properties	Quarterly	90 days
Real estate investment fund	\$ 7,326,660	\$ 6,824,967	Real estate investment	Quarterly	45 days
Pooled fund	\$ 6,646	\$ 5,573	Private equity	Currently liquidating	

## Note 7. Capital Commitments

The Plan is participating in two limited partnership investments for which there are remaining capital commitments. As of May 31, 2025, the Plan's remaining capital commitments were approximately \$3,434,000.

## Note 8. Actuarial Information

An actuarial valuation of the Plan was made by Segal as of May 31, 2024. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Pensioners and beneficiaries receiving benefits \$ 37,506,208

Other vested benefits 30,793,434

Total vested benefits 68,299,642

Nonvested benefits 442,052

Total actuarial present value of  
accumulated plan benefits \$ 68,741,694

**Note 8. Actuarial Information (continued)**

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended May 31, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 65,954,976
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains or losses	\$ 2,052,087	
Decrease in discount period	4,320,840	
Benefits paid	<u>(3,586,209)</u>	
Net increase		<u>2,786,718</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 68,741,694</u>

The actuarial valuation was prepared using the unit credit cost method. Some of the more significant actuarial assumptions used in the valuation were as follows:

Mortality:

Pri-2012 white-collar employee, white-collar healthy retiree, contingent survivor and disabled retiree mortality tables (sex-specific), projected generationally using Scale MP-2021

Retirement age:

Age 60 (weighted average)

Investment rate of return:

6.75% compounded annually, net of assumed administrative expenses of 0.25%

Salary increases:

3.75% per year

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

**Note 8. Actuarial Information (continued)**

Since information on the accumulated plan benefits at May 31, 2025 and changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of May 31, 2025 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended May 31, 2025. The complete financial status is presented as of May 31, 2024.

On August 17, 2006, the Pension Protection Act (the PPA) was signed into law. Included in its many provisions are numerous revisions surrounding new funding rules for defined benefit plans that may significantly increase required contributions for underfunded plans. The PPA establishes minimum funding standards and limits benefit increases and accruals for underfunded plans. Plans with a funding percentage below 80 percent will be required to implement certain benefit limitations such as restricting lump sum payments and restricting the plan from amending the plan to enhance benefits. Further limitations such as freezing the accrual of all future benefits will be required for plans that are underfunded by more than 60 percent until such time as the percentage increases above 60 percent. Additionally, pursuant to the PPA, each year actuaries are required to certify to a plans funding percentage. The Plan received such certification for the Adjusted Funding Target Attainment Percentage (AFTAP), which is one way of measuring the funding status of a Plan using actuarial assumptions mandated by the IRS, and the actuary determined that the AFTAP for the Plan was 87.39% as of June 1, 2024.

**Note 9. 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 those changes could materially affect the amounts reported in the statements of net assets available for benefits. The current economic environment has increased the degree of uncertainty.

The Plan holds several alternative investments in which the general partner or investment manager is generally required to value the underlying investments at estimated fair values using various subjective techniques. Due to inherent uncertainties involved in the valuation of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

Plan contributions are made and the actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**Note 10. Shared Administrative Expenses**

All of the Plan's administrative and investment expenses are initially paid by either Chicago & Vicinity Laborers' District Council Pension Plan (Pension Plan) or Chicago & Vicinity Laborers' District Council Health & Welfare Plan (Health & Welfare Plan), depending on the type of expense. Reimbursements are made on a monthly basis by the Plan. The Plan also shares payroll costs with the Pension Plan, which are allocated based on a study of employees' time. Payroll costs allocated for the years ended May 31, 2025 and 2024 were \$32,876 and \$32,893 respectively. Amounts due to the Pension Plan at May 31, 2025 and 2024 were \$32,876 and \$32,893 respectively. Amounts due to the Health & Welfare Plan at May 31, 2025 and 2024 were \$38,448 and \$29,458 respectively.

**Note 11. Investment Concentrations**

As of May 31, 2025 and 2024, the Plan held units in the BNY Mellon AFL-CIO Broad Market Stock Index Fund with a fair value of \$35,736,235 (approximately 42% of net assets) and \$33,490,575 (approximately 43% of net assets) respectively. This investment fund seeks to track the performance of the overall stock market. As of May 31, 2024, the Plan held units in the BNY Mellon Aggregate Bond Index Fund with a fair value of \$18,439,812 (approximately 24% of net assets) respectively. This investment fund seeks to track the performance of the overall bond market.

**Report of Independent Auditors on Supplemental Schedules**

To the Participants and Trustees of  
Chicago & Vicinity Laborers' District Council  
Fund Office Staff Pension Plan

We have audited the financial statements of Chicago & Vicinity Laborers' District Council Fund Office Staff Pension Plan (the Plan) as of and for the years ended May 31, 2025 and 2024, and our report thereon dated November 5, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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.

*Legacy Professionals LLP*

Westchester, Illinois

November 5, 2025

# Schedule SB, Part V - Summary of Plan Provisions

## 2024 Form 5500 Schedule SB Attachment

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

### Plan status

Ongoing

### Normal retirement

- **Age Requirement:** 62 (65, if terminated before 1/1/1989)
- **Service Requirement:** 5 years of participation
- **Amount:** 3.0% of final average salary per year of service. Final average salary is defined as the average of total compensation earned during the highest 5 consecutive years out of the last 10 years of employment prior to termination, or career average salary if service is less than 5 years. The annual retirement benefit shall not exceed the maximum amount permitted under Section 415 of the Internal Revenue Code, that is, the lesser of the Section 415 dollar limit and 100% of 3-year final average salary.

# Schedule SB, Part V - Summary of Plan Provisions

## 2024 Form 5500 Schedule SB Attachment

### Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 5 years of service
- **Amount:** Normal pension accrued, reduced by:
  - 5/36 of 1% per month of age less than 62, for terminations on or after December 1, 2014;
  - 5/18 of 1% per month of age less than 62, for terminations between January 1, 2000 and December 1, 2014;
  - 5/9 of 1% per month from age 62 to age 60, and 5/18 of 1% per month less than 60, for terminations between January 1, 1989 and January 1, 2000; and
  - 5/9 of 1% per month from age 65 to age 60, and 5/18 of 1% per month less than 60, for terminations before January 1, 1989.

### Late retirement

- **Amount:** Participants who work past their normal retirement date have their benefits suspended, but earn additional accruals to their actual retirement date and actuarial increases (as described below for terminated vested participants) for any month worked past the April 1 following the calendar year in which they attain age 70 ½.

For terminated vested participants who defer commencement past their normal retirement date, the accrued benefit is increased for each month the participant is not employed by 1% per month during the 60 months following normal retirement date and by 1.5% for each month thereafter, but no later than the Required Beginning Date (that is, the later of the April 1 following the calendar year in which the participant attains age 72 or the year in which the participant terminates employment).

### Disability

- **Age Requirement:** None
- **Service Requirement:** 5 years of service
- **Amount:** Normal pension accrued payable after 12 months (i.e., after Weekly Income Benefits, WIB, and Extended Weekly Income Benefits, EWIB, are exhausted)

# Schedule SB, Part V - Summary of Plan Provisions

## 2024 Form 5500 Schedule SB Attachment

### Vesting

- **Age Requirement:** None
- **Service Requirement:** 5 years of service
- **Amount:** Normal or early pension accrued payable at normal or early retirement date

### Pre-retirement death benefits

- **Age Requirement:** None
- **Service Requirement:** 5 years of service
- **Amount:**
  - **Surviving spouse:**
    - If the participant died prior to age 55, the benefit, which is payable immediately upon the death of the participant, is calculated as if the participant had reached age 55 at the date of death. 100% of the benefit that would have been payable had the participant retired the day before death and elected the 100% joint and survivor option.
  - **Minor child** - applies if there is no surviving spouse (not valued):
    - Normal or early pension accrued, payable until youngest surviving child reaches 21, but for no less than 60 months.
  - **Lump sum alternative** - applies only to active participants who earned at least a portion of a year of service within the 12-month period prior to the date of death, whose surviving spouse and/or minor child benefits provide lesser benefits and have been waived:
    - 10% of the employee's final average annual salary for each year of continuous service up to a maximum of 10 years or 100% of final average annual salary.
  - **Designated beneficiary** - applies if there is no surviving spouse and no surviving children and the participant earned at least a portion of a year of service within the 12-month period prior to the date of death
    - Normal or early pension accrued, payable for 60 months.

# Schedule SB, Part V - Summary of Plan Provisions

## 2024 Form 5500 Schedule SB Attachment

### Post-retirement death benefits

- **Lump-sum guarantee:** Pre-retirement death benefit lump-sum alternative amount, less any prior pension payments received, if death occurs within 11 months of termination. Not payable if a joint and survivor or 60-month post-retirement pension option is in effect.
- **Death benefit:** \$2,500 lump sum

### Participation

- **Age Requirement:** 21 years
- **Service Requirement:** One year of service

### Years of service

Each calendar month in which the participant works (or receives WIB or EWIB) at least 15 days equals 1/12 of one year.

### Forms of benefit

- **Normal Form:**
  - Life annuity, if single
  - 100% joint and survivor (with pop-up, for post-1/1/1990 retirements), if married
- **Optional Forms:**
  - 50% joint and survivor (with pop-up, for post-1/1/1990 retirements)
  - 60-month post-retirement pension (a life annuity with an additional 60 monthly payments after the participant's death)
  - Level income option to age 65 (combined with any of the other forms of payment, determined by increasing the accrued benefit by 20% prior to age 65, reducing the post-65 benefit actuarially, and applying the optional form factors; upon participant's death, the surviving spouse's or designated beneficiary's benefit is determined without regard for the level income option)

For joint and survivor options, participant may designate a beneficiary who is not a spouse.

# Schedule SB, Part V - Summary of Plan Provisions

## 2024 Form 5500 Schedule SB Attachment

### Optional form conversion basis

- **For healthy participants:**

- 100% joint and survivor -  $89\% \pm 0.5\%$  \* (Beneficiary age - Participant age)
- 50% joint and survivor -  $95\% \pm 0.3\%$  \* (Beneficiary age - Participant age)
- 60-month post-retirement pension using actuarial equivalence with sample factors below:
  - Age 55: 90.35%
  - Age 60: 87.19%
  - Age 65: 83.03%
  - Age 70: 77.85%
- Level income option to age 65 - uses 417(e) yield curve segment rates in effect the April before the date of distribution and 417(e) mortality table.

- **For disabled participants:**

- 100% joint and survivor -  $71\% \pm 0.5\%$  \* (Beneficiary age - Participant age)
- 50% joint and survivor -  $85\% \pm 0.5\%$  \* (Beneficiary age - Participant age)
- 60 month post-retirement pension using actuarial equivalence with sample factors below:

Age 30: 83.71%	Age 55: 79.56%
Age 35: 83.48%	Age 60: 77.14%
Age 40: 83.09%	Age 65: 73.90%
Age 45: 82.41%	Age 70: 69.59%
Age 50: 81.28%	

# Schedule SB, Part V - Summary of Plan Provisions

## 2024 Form 5500 Schedule SB Attachment

### Paid time off

	Bargained Employees	Non-Bargained Employees
<b>Sick Days</b>		
<b>Accumulation schedule</b>	<ul style="list-style-type: none"> <li>0 days for first 3 months</li> <li>½ day per month from 3 to 12 months of service</li> <li>7 days per year thereafter</li> </ul>	<ul style="list-style-type: none"> <li>0 days for first 3 months</li> <li>⅔ day per month from 3 to 12 months of service</li> <li>90 days on 13th month anniversary</li> <li>30 days on 132nd month anniversary (11 YOS)</li> <li>8 days per year for 12-20 YOS</li> <li>30 days on 252nd month anniversary (21 YOS)</li> <li>8 days per year for 22-25 YOS</li> <li>10 days per year for 26+ YOS</li> </ul>
<b>Maximum balance</b>	10 days (70 hours)	90 days (630 hours)
<b>Payout rate</b>	\$100 per day	\$10 per day times truncated years of service; maximum of \$100 per day
<b>Vacation Days</b>		
<b>Accumulation schedule</b>	<ul style="list-style-type: none"> <li>10 days per year for 1-4 YOS</li> <li>15 days per year for 5+ YOS</li> </ul> <p>If hired prior to December 1, 2022, same accumulation schedule as non-bargained</p>	<ul style="list-style-type: none"> <li>10 days per year for 1-4 YOS</li> <li>15 days per year for 5-9 YOS</li> <li>20 days per year for 10-17 YOS</li> <li>25 days per year for 18+ YOS</li> </ul>
<b>Maximum balance</b>	Hired before 12/1/2002: 75 days (525 hours) Hired on or after 12/1/2002: 45 days (315 hours)	100 days (700 hours)
<b>Payout rate</b>	As in effect at time of payout	As in effect at time of payout

Schedule SB, Part V - Summary of Plan Provisions  
2024 Form 5500 Schedule SB Attachment

**Section 415 limit**

\$275,000 (previously, \$265,000)

**Section 401(a)(17) limit**

\$345,000 (previously, \$330,000)

**Chicago & Vicinity Laborers' District Council Fund Office Staff Pension Plan**  
**Investments Held Summary**  
**EIN # 36-6550487 PLAN: 001**  
**Y/E 05/31/2025**

	<u>Market Value</u>	<u>Cost Value</u>
<b>Interest-bearing cash</b>		
U.S. Bank Pg. 9 - Short term investments	1,166,590	See Attached
	<u>1,166,590</u>	
<b>Partnership/joint venture interests</b>		
U.S. Bank Pg. 10 - US Real Estate Investment Fund LLC Intercontinental	3,474,771	See Attached
U.S. Bank Pg. 10 - Hamilton Lane Strategic Opportunities Fund IV Ser 2018	637,251	See Attached
U.S. Bank Pg. 10 - AB Private Credit Investors Middle Market Direct Lending Fund II, Feeder, L.P.	4,394,659	See Attached
	<u>8,506,681</u>	
<b>Value of interest in common/collective trusts</b>		
U.S. Bank Pg. 10 - Multi-Employer Property Trust	3,368,623	See Attached
U.S. Bank Pg. 10 - BNYM Mellon AFL-CIO Broad Market Stock Index Fund	35,736,235	See Attached
U.S. Bank Pg. 11 - BNYM Mellon DB SL ACWI EX-US Fund	8,550,302	See Attached
U.S. Bank Pg. 9 - NIS Core Fixed Income Fund	8,611,005	See Attached
U.S. Bank Pg. 9 - NIS High Yield Fund	597,597	See Attached
U.S. Bank Pg. 11 - Loomis Sayles Core Plus Fixed Income	10,449,488	See Attached
	<u>67,313,250</u>	
<b>Value of interest in pooled separate accounts</b>		
U.S. Bank Pg. 9 - EnTrust Capital Diversified Fund Ltd Class X Series 12/31/2016	6,646	See Attached
	<u>6,646</u>	
<b>Value of interest in 103-12 investment entities</b>		
U.S. Bank Pg. 10 - Ullico Infrastructure Tax-Exempt Fund LP	7,326,660	See Attached
	<u>7,326,660</u>	
	<u>84,319,827</u>	

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CHICAGO LABORERS' STAFF PENSION FUND

Page 9 of 50  
 Period from June 1, 2024 to May 31, 2025

**ASSET DETAIL**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
<b>Cash And Equivalents</b>						
<b>Money Markets</b>						
First Am Govt Ob Fd CI X 31846V336 Asset Minor Code 1	1,161,646.970	1,161,646.97 1.0000	1,161,646.97	.00 .00	3,245.69	4.21
<b>Total Money Markets</b>	<b>1,161,646.970</b>	<b>1,161,646.97</b>	<b>1,161,646.97</b>	<b>.00 .00</b>	<b>3,245.69</b>	<b>4.21</b>
<b>Cash</b>						
Cash		4,943.00	4,943.00			
<b>Total Cash</b>	<b>.000</b>	<b>4,943.00</b>	<b>4,943.00</b>	<b>.00 .00</b>	<b>.00</b>	<b>0.00</b>
<b>Total Cash And Equivalents</b>	<b>1,161,646.970</b>	<b>1,166,589.97</b>	<b>1,166,589.97</b>	<b>.00 .00</b>	<b>3,245.69</b>	<b>4.19</b>
<b>Miscellaneous</b>						
<b>Partnerships/Joint Ventures</b>						
Entrust Div Fd Ltd - CI X-12/31/2016 *** 95MSEAB89 Asset Minor Code 77 Date Last Priced: 04/30/25	666.250	6,646.18 9.9755 @	3,070.05	3,576.13 3,576.13	.00	0.00
Nis Core Fixed Income Fund LLC *** 95MSEEA7 Asset Minor Code 77	361.533	8,611,005.05 23,818.0202	8,425,000.00	186,005.05 186,005.05	.00	0.00
Nis High Yield Fund LLC *** 95MSEHFP2 Asset Minor Code 77	12.877	597,596.50 46,406.9720	575,000.00	22,596.50 22,596.50	.00	0.00

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CHICAGO LABORERS' STAFF PENSION FUND

Page 10 of 50  
Period from June 1, 2024 to May 31, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Ab Private Credit Inv Middle Market *** 95MSE31W3 Asset Minor Code 77	4,394,659.190	4,394,659.19 1.0000	4,000,000.00	394,659.19 324,863.53	.00	0.00
Entrust Div Fd Ltd - CI X-09/30/2018 95MSE31Z6 Asset Minor Code 77	.000	.00 5.8116	.00	.00 43,718.30	.00	0.00
HI Strategic Opp Fund IV-Series 2018 *** 95MSE32U6 Asset Minor Code 77 Date Last Priced: 03/31/25	637,251.000	637,251.00 1.0000 @	594,989.57	42,261.43 - 16,463.00	.00	0.00
Entrust Div Fd Ltd - CI X-12/31/2018 95MSE3210 Asset Minor Code 77	.000	.00 6.1100	.00	.00 40,901.86	.00	0.00
Multi-Employer Property Tr - Class E*** 95MSE33C5 Asset Minor Code 76 Date Last Priced: 03/31/25	268.609	3,368,623.16 12,540.9914 @	1,365,673.41	2,002,949.75 - 140,040.63	.00	0.00
Ullico Infrastructure Tax-Exempt Fd *** 95MSE33J0 Asset Minor Code 76 Date Last Priced: 03/31/25	24,116.133	7,326,660.45 303.8074 @	5,876,513.16	1,450,147.29 552,896.87	.00	0.00
US Real Estate Investment Fund LLC *** 95MSE33N1 Asset Minor Code 76 Date Last Priced: 03/31/25	2,992.323	3,474,770.78 1,161.2282 @	3,360,238.11	114,532.67 - 113,912.37	.00	0.00
<b>Total Partnerships/Joint Ventures</b>	<b>5,060,327.915</b>	<b>28,417,212.31</b>	<b>24,200,484.30</b>	<b>4,216,728.01</b> <b>904,142.24</b>	<b>.00</b>	<b>0.00</b>
<b>Collective Investment Funds</b>						
Bnymm Afl-Cio Sl Brd Mkt Sif *** 9SPMTKNS4 Asset Minor Code 17	1,986,449.989	35,736,235.30 17.9900	27,920,336.58	7,815,898.72 2,683,356.74	.00	0.00

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CHICAGO LABORERS' STAFF PENSION FUND

Page 11 of 50  
 Period from June 1, 2024 to May 31, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Bnym-M Db SI Acwi Exus Fund *** 9SPMTKNZ8 Asset Minor Code 17	43,503.331	8,550,302.11 196.5436	6,707,109.33	1,843,192.78 972,268.32	.00	0.00
Bnym-M Db SI Aggregate Bif 9SPMTKP11 Asset Minor Code 17	.000	.00 563.7402	.00	.00 - 119,812.13	.00	0.00
Loomis Sayles Core Plus Fixed Income *** 95MSEEA90 Asset Minor Code 17	601,236.347	10,449,487.71 17.3800	10,240,736.32	208,751.39 208,751.39	.00	0.00
<b>Total Collective Investment Funds</b>	<b>2,631,189.667</b>	<b>54,736,025.12</b>	<b>44,868,182.23</b>	<b>9,867,842.89</b> <b>3,744,564.32</b>	<b>.00</b>	<b>0.00</b>
<b>Total Miscellaneous</b>	<b>7,691,517.582</b>	<b>83,153,237.43</b>	<b>69,068,666.53</b>	<b>14,084,570.90</b> <b>4,648,706.56</b>	<b>.00</b>	<b>0.00</b>
<b>Total Assets</b>	<b>8,853,164.552</b>	<b>84,319,827.40</b>	<b>70,235,256.50</b>	<b>14,084,570.90</b> <b>4,648,706.56</b>	<b>3,245.69</b>	<b>0.05</b>
<b>Accrued Income</b>	<b>.000</b>	<b>3,245.69</b>	<b>3,245.69</b>			
<b>Grand Total</b>	<b>8,853,164.552</b>	<b>84,323,073.09</b>	<b>70,238,502.19</b>			

**ASSET DETAIL MESSAGES**

Time of trade execution and trading party (if not disclosed) will be provided upon request.

Schedule SB, Line 26 - Schedule of Active Participant Data  
 2024 Form 5500 Schedule SB Attachment

**Participants in active service by age and years of service as of June 1, 2024**

Age	Years of Credited Service									
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Up
Under 25	—	—	—	—	—	—	—	—	—	—
25 - 29	—	2	—	—	—	—	—	—	—	—
30 - 34	—	3	2	—	—	—	—	—	—	—
35 - 39	—	5	6	—	—	1	—	—	—	—
40 - 44	—	4	2	4	1	1	—	—	—	—
45 - 49	—	3	1	—	2	—	3	1	—	—
50 - 54	—	3	2	—	1	6	2	2	1	—
55 - 59	—	2	3	1	1	7	—	3	—	1
60 - 64	—	1	1	—	1	—	—	—	—	—
65 - 69	—	—	1	—	1	1	—	—	—	—
70 & Over	—	—	1	—	—	—	—	—	—	—
<b>Total</b>	—	23	19	5	7	16	5	6	1	1

# Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

## 2024 Form 5500 Schedule SB Attachment

Certain assumptions are prescribed as noted below. The other assumptions are estimates derived from historical and recent experience as well as market observations, combined with professional judgment about future expectations.

### Interest for IRS funding purposes

The interest rates used for the 2024 plan year are the 24-month average corporate bond segment rates for February 2024 (a four-month lookback) subject to stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average corporate bond rates) but are then constrained to be within a corridor around the greater of 5.00% and a 25-year average of those same bond rates. For 2024 through 2030, the stabilization corridor is 5%. Under current law, it is scheduled to increase by 5% per year, starting in 2031, until it reaches 30% for 2035. The rates are as follows:

	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter	Effective Interest Rate
Current Year reflecting stabilization	4.75%	5.05%	5.59%	5.29%
Current Year without stabilization	4.52%	5.05%	5.04%	5.02%
Prior Year reflecting stabilization	4.75%	5.00%	5.74%	5.34%
Prior Year without stabilization	2.31%	3.72%	4.00%	3.83%

### Interest for PBGC Premium Purposes

The interest rates used to determine the PBGC variable-rate premium for the 2024 plan year are the average corporate bond segment rates for May 2024 (i.e., Standard Method) and the interest rates used to determine the PBGC variable-rate premium for the 2023 plan year are the same as those used for funding, without reflecting interest rate stabilization (i.e., Alternative Method). The interest rates are based on the plan sponsor's election for the 2024 plan year and are subject to the constraints established by law.

Assumption	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter
Current Year	5.18%	5.41%	5.62%
Prior Year	2.31%	3.72%	4.00%

# Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

## 2024 Form 5500 Schedule SB Attachment

### Mortality rates

Pri-2012 separate annuitant and non-annuitant healthy mortality tables (sex-specific), projected generationally using the 2024 Adjusted Scale MP-2021. This assumption is one of the choices allowed under IRS regulations.

### Salary increases

3.75% (applied to current year only).

Based on a review of the historical experience, in light of the plan provisions and professional judgment, this assumption reflects a reasonable expectation for the future.

### Assumed paid time off (PTO) cashout

In the year they retire, active participants are assumed to cash out their unused paid time off (vacation and sick day) balances, the amount as of the valuation date plus projected unused accruals based on the accumulation schedule shown in Section 6-A, at the applicable rate and up to the applicable maximum shown in Section 6-A.

### PTO use assumptions

	Bargained Employees	Non-Bargained Employees
Sick days	7 days per year	7 days per year
Vacation days	All but 1 day per year	All but 2 days per year

### Termination rates

None

### Disability rates

None

# Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

## 2024 Form 5500 Schedule SB Attachment

### Retirement rates from active status

Age	Annual Retirement Rates
55	30%
56-57	10%
58-59	15%
60-61	20%
62-64	10%
65-69	20%
70+	100%

Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.

### Retirement rates from inactive status

Age	Annual Retirement Rates
55	50%
56-61	0%
62-65	25%
66-69	50%
70+	100%

Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.

# Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

## 2024 Form 5500 Schedule SB Attachment

### **Percent married**

Males 80%; Females 65%

### **Spouse sex**

100% opposite sex

### **Age difference**

Male spouses are assumed to be four years older than female spouses.

### **Form of payment**

Life annuity, if single

The greater of 100% joint and survivor and life annuity, if married

Based on a review of the historical experience, in light of the plan provisions and professional judgment, this assumption reflects a reasonable expectation for the future.

### **Administrative expenses**

Plan-related expenses of \$158,000 expected to be paid by the plan during the year were assumed for the 2024 plan year. This assumption is based on the average of the non-PBGC premium expenses paid during the last four years (\$143,991, \$118,926, \$110,005, and \$144,555) adjusted to the 2024 plan year with 2.25% annual inflation for 2.5 years, plus the 2024 PBGC premium and adjusted based on professional judgement.

### **Asset method**

As selected by the Board of Trustees, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% and 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 7.00%, not to exceed the applicable third segment rates of 5.92% and 5.74%, for the plan years ending May 31, 2023 and May 31, 2024, respectively.

# Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

## 2024 Form 5500 Schedule SB Attachment

### **Actuarial Cost method**

Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.

If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within fifteen years. Once that is achieved, the required contribution will generally equal the target normal cost reduced by any overfunding.

### **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 presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprising 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 actuary.

### **Funding relief**

As allowed under the American Rescue Plan Act of 2021 (ARPA), the Board of Trustees elected to eliminate all prior shortfall amortization bases and amortize new shortfall amortization bases over a 15-year period starting with the plan year beginning June 1, 2020.

Schedule SB, Line 32 - Schedule of Amortization Bases  
 2024 Form 5500 Schedule SB Attachment

Schedule of Shortfall Amortization Bases as of June 1, 2024

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
2024	\$1,484,583	\$1,484,583	15	\$136,302
2023	2,367,552	2,252,834	14	216,823
2022	418,527	381,475	13	38,677
2021	(1,127,906)	(979,051)	12	(105,168)
2020	8,442,540	6,918,047	11	792,645
<b>Total</b>		<b>\$10,057,888</b>		<b>\$1,079,279</b>

Schedule SB, Line 24 - Change in Actuarial Assumptions  
2024 Form 5500 Schedule SB Attachment

**Assumption changes since prior valuation**

- Administrative expenses - \$158,000 (previously, \$274,000)

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 1

NAME	SERVICE CODES
U.S. BANK NATIONAL ASSOCIATION	19
U.S. BANK NATIONAL ASSOCIATION	49
U.S. BANK NATIONAL ASSOCIATION	50
U.S. BANK NATIONAL ASSOCIATION	72

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST	5,046.	3,246.
PREPAID EXPENSES	299,666.	833.
TOTAL TO SCHEDULE H, LINE 1B(3)	304,712.	4,079.

SCHEDULE H OTHER GENERAL INVESTMENTS STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
OTHER GENERAL INVESTMENTS	5,573.	6,646.
TOTAL TO SCHEDULE H, LINE 1C(15)	5,573.	6,646.

SCHEDULE H OTHER PLAN LIABILITIES STATEMENT 4

DESCRIPTION	BEGINNING	ENDING
DUE TO RELATED PLANS	62,351.	71,324.
TOTAL TO SCHEDULE H, LINE 1J	62,351.	71,324.

SCHEDULE H

OTHER ADMINISTRATIVE EXPENSES

STATEMENT 5

DESCRIPTION

AMOUNT

PBGC FEES

20,907.

ADMINISTRATIVE EXPENSE REIMBURSEMENTS

32,876.

INSURANCE EXPENSE

17,203.

TOTAL TO SCHEDULE H, LINE 2I(11)

70,986.

# Schedule SB, Line 22 - Description of Weighted Average Retirement Age 2024 Form 5500 Schedule SB Attachment

## Retirement rates from active status

Age	Annual Retirement Rates
55	30%
56-57	10%
58-59	15%
60-61	20%
62-64	10%
65-69	20%
70+	100%

Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.

## Description of weighted average retirement age

Age 60, determined as follows: The weighted-average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.

**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 **06/01/2024** and ending **05/31/2025**


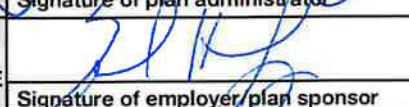
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description) \_\_\_\_\_
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>CHICAGO &amp; VICINITY LABORERS' DISTRICT COUNCIL FUND OFFICE STAFF PENSION PLAN</b>	<b>1b</b> Three-digit plan number (PN) ▶	<b>001</b>
	<b>1c</b> Effective date of plan	<b>06/01/1971</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>BD OF TRTS-CHGO &amp; VICIN LABORERS' DIST COUN FD OFFI</b>	<b>2b</b> Employer Identification Number (EIN)	<b>36-6550487</b>
	<b>2c</b> Plan Sponsor's telephone number	<b>708-562-0200</b>
<b>11465 W CERMAK ROAD WESTCHESTER IL 60154-5768</b>	<b>2d</b> Business code (see instructions)	<b>541990</b>

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

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

<b>SIGN HERE</b>		<b>3-6-26</b>	<b>JAMES P CONNOLLY</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<b>2/23/26</b>	<b>DAVID H LORIG</b>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

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

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	207
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	83
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	85
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	88
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	30
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	203
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	9
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	212
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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:

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

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

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
<b>ENDING MARKET VALUE</b>					<b>84,323,073.09</b>		
<b>COMPARATIVE VALUE (5%)</b>					<b>4,216,153.65</b>		
<b>CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE</b>							
Issue: 31846V336 - First Am Govt Ob Fd Cl X							
10/25/2024	B	9,000,000.000	1.0000		- 9,000,000 *	9,000,000	
10/25/2024	S	- 9,000,000.000	1.0000		9,000,000 *	9,000,000	
10/30/2024	B	10,101,508.550	1.0000		- 10,101,509 *	10,101,509	
10/31/2024	S	- 8,983,584.320	1.0000		8,983,584 *	8,983,584	
Issue: 9SPMTKP11 - Bnym-M Db Sl Aggregate Bif							
10/31/2024	S	- 34,741.431	550.5939		19,128,421 *	18,320,000	808,421
Issue: 95MSEEA7 - Nis Core Fixed Income Fund LLC							
11/30/2024	B	361.533	23,303.5306		- 8,425,000 *	8,425,000	
Issue: 95MSEEA90 - Loomis Sayles Core Plus Fixed Income							
10/31/2024	B	527,859.238	17.0500		- 9,000,000 *	9,000,000	
<b>GRAND TOTAL</b>				<b>0</b>	<b>73,638,514</b>	<b>72,830,093</b>	<b>808,421</b>

**CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE**

Broker: Direct From Issuer

Issue: 95MSE32U6 - HI Strategic Opp Fund IV-Series 2018							
06/28/2024	S	- 8,934.000	1.0000		8,934	8,934	
Issue: 95MSE33N1 - US Real Estate Investment Fund LLC							
06/30/2024	B	18.899	1,183.4210		- 22,365	22,365	

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CHICAGO LABORERS' STAFF PENSION FUND

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/29/2024	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC S	- 14.212	1,182.2686		16,803	15,951	852
08/01/2024	Issue: 95MSE31W3 - Ab Private Credit Inv Middle Market B	350,000.000	1.0000		- 350,000	350,000	
08/02/2024	Issue: 95MSE32U6 - HI Strategic Opp Fund IV-Series 2018 S	- 69,200.000	1.0000		69,200	69,200	
08/31/2024	Issue: 95MSE31Z6 - Entrust Div Fd Ltd - CI X-09/30/2018 S	- 464.890	5.8116		2,702	46,489	- 43,787
08/31/2024	Issue: 95MSE3210 - Entrust Div Fd Ltd - CI X-12/31/2018 S	- 436.340	6.1100		2,666	43,634	- 40,968
08/31/2024	Issue: 95MSEAB89 - Entrust Div Fd Ltd - CI X-12/31/2016 B	586.328	4.6080		- 2,702	2,702	
08/31/2024	Issue: 95MSEAB89 - Entrust Div Fd Ltd - CI X-12/31/2016 B	578.569	4.6080		- 2,666	2,666	
09/25/2024	Issue: 95MSE32U6 - HI Strategic Opp Fund IV-Series 2018 S	- 4,868.000	1.0000		4,868	4,868	
09/30/2024	Issue: 9SPMTKNS4 - Bnymm Afl-Cio SI Brd Mkt Sif S	- 34,582.133	17.3500		600,000	482,523	117,477
09/30/2024	Issue: 95MSE33C5 - Multi-Employer Property Tr - Class E S	- 2.409	12,512.8419		30,147	12,249	17,898
09/30/2024	Issue: 95MSE33J0 - Ullico Infrastructure Tax-Exempt Fd S	- 231.960	279.1414		64,750	56,237	8,512
09/30/2024	Issue: 95MSE33J0 - Ullico Infrastructure Tax-Exempt Fd B	231.960	279.1414		- 64,750	64,750	
09/30/2024	Issue: 95MSE33J0 - Ullico Infrastructure Tax-Exempt Fd S	- 87.185	279.1414		24,337	21,168	3,169
09/30/2024	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC B	20.040	1,172.9100		- 23,505	23,505	

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/01/2024	Issue: 95MSE31W3 - Ab Private Credit Inv Middle Market B	350,000.000	1.0000		- 350,000	350,000	
10/30/2024	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC S	- 14.136	1,161.2923		16,416	15,869	547
10/31/2024	Issue: 9SPMTKP11 - Bnym-M Db SI Aggregate Bif S	- 34,741.431	550.5939		19,128,421 *	18,320,000	808,421
10/31/2024	Issue: 95MSE33J0 - Ullico Infrastructure Tax-Exempt Fd S	- 86.726	284.0596		24,635	21,026	3,609
10/31/2024	Issue: 95MSEEA90 - Loomis Sayles Core Plus Fixed Income B	527,859.238	17.0500		- 9,000,000 *	9,000,000	
11/01/2024	Issue: 95MSE31W3 - Ab Private Credit Inv Middle Market B	700,000.000	1.0000		- 700,000	700,000	
11/30/2024	Issue: 95MSEEA7 - Nis Core Fixed Income Fund LLC B	361.533	23,303.5306		- 8,425,000 *	8,425,000	
11/30/2024	Issue: 95MSEHFP2 - Nis High Yield Fund LLC B	12.877	44,652.2175		- 575,000	575,000	
12/31/2024	Issue: 95MSE33C5 - Multi-Employer Property Tr - Class E S	- 4.626	12,554.8050		58,084	23,522	34,562
12/31/2024	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC B	16.084	1,153.4659		- 18,552	18,552	
01/31/2025	Issue: 9SPMTKNS4 - Bnymm Afl-Cio SI Brd Mkt Sif S	- 67,349.138	18.5600		1,250,000	939,719	310,281
01/31/2025	Issue: 9SPMTKNS4 - Bnymm Afl-Cio SI Brd Mkt Sif S	- 67,861.021	18.4200		1,250,000	946,861	303,139
01/31/2025	Issue: 95MSEEA90 - Loomis Sayles Core Plus Fixed Income S	- 223.088	16.8800		3,766	3,804	- 38
01/31/2025	Issue: 95MSEEA90 - Loomis Sayles Core Plus Fixed Income B	73,920.757	16.9100		- 1,250,000	1,250,000	

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/03/2025	Issue: 95MSE31W3 - Ab Private Credit Inv Middle Market B	1,400,000.000	1.0000		- 1,400,000	1,400,000	
02/13/2025	Issue: 95MSE32U6 - HI Strategic Opp Fund IV-Series 2018 S	- 16,388.000	1.0000		16,388	16,388	
02/28/2025	Issue: 95MSE33J0 - Ullico Infrastructure Tax-Exempt Fd S	- 80.144	290.6947		23,297	7,712	15,586
02/28/2025	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC S	- 41.697	1,161.3252		48,424	46,817	1,607
04/23/2025	Issue: 95MSE32U6 - HI Strategic Opp Fund IV-Series 2018 S	- 11,419.000	1.0000		11,419	11,419	
04/30/2025	Issue: 95MSE33C5 - Multi-Employer Property Tr - Class E S	- 4.999	12,578.7738		62,881	25,416	37,465
04/30/2025	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC S	- 253.209	1,161.2280		294,033	284,298	9,735
04/30/2025	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC B	16.892	1,153.1699		- 19,479	19,479	
04/30/2025	Issue: 95MSEEA90 - Loomis Sayles Core Plus Fixed Income S	- 320.560	17.1700		5,504	5,460	44
05/30/2025	Issue: 95MSE32U6 - HI Strategic Opp Fund IV-Series 2018 S	- 3,700.000	1.0000		3,700	3,700	
05/31/2025	Issue: 9SPMTKNS4 - Bnymm Afl-Cio SI Brd Mkt Sif B	49,916.805	18.0300		- 900,000	900,000	
05/31/2025	Issue: 9SPMTKNZ8 - Bnym-M Db SI Acwi Exus Fund S	- 4,610.945	195.1878		900,000	710,891	189,109
05/31/2025	Issue: 95MSE33C5 - Multi-Employer Property Tr - Class E S	- 3.239	12,541.2660		40,615	16,465	24,150
05/31/2025	Issue: 95MSE33J0 - Ullico Infrastructure Tax-Exempt Fd S	- 79.671	297.6634		23,715	19,316	4,399

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/31/2025	Issue: 95MSEAB89 - Entrust Div Fd Ltd - CI X-12/31/2016 S	- 498.646	9.9128		4,943	2,298	2,645
<b>Total For Direct From Issuer</b>				<b>0</b>	<b>47,094,667</b>	<b>45,286,253</b>	<b>1,808,414</b>
<b>GRAND TOTAL</b>				<b>0</b>	<b>47,094,667</b>	<b>45,286,253</b>	<b>1,808,414</b>

**CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE**

Issue: 31846V336 - First Am Govt Ob Fd CI X

06/04/2024	B	983,351.600	1.0000		- 983,352	983,352	
07/02/2024	B	3,799.480	1.0000		- 3,799	3,799	
07/22/2024	B	8,934.000	1.0000		- 8,934	8,934	
07/29/2024	B	230,353.050	1.0000		- 230,353	230,353	
08/02/2024	B	4,488.910	1.0000		- 4,489	4,489	
08/05/2024	B	69,200.000	1.0000		- 69,200	69,200	
08/27/2024	B	136,821.170	1.0000		- 136,821	136,821	
09/03/2024	B	85.840	1.0000		- 86	86	
09/04/2024	B	2,941.040	1.0000		- 2,941	2,941	
09/24/2024	B	213,614.840	1.0000		- 213,615	213,615	
09/25/2024	B	4,868.000	1.0000		- 4,868	4,868	
09/30/2024	B	600,000.000	1.0000		- 600,000	600,000	
10/02/2024	B	2,393.360	1.0000		- 2,393	2,393	
10/16/2024	B	28,625.920	1.0000		- 28,626	28,626	

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/25/2024	B	9,000,000.000	1.0000		- 9,000,000 *	9,000,000	
10/28/2024	B	215,160.440	1.0000		- 215,160	215,160	
10/30/2024	B	10,101,508.550	1.0000		- 10,101,509 *	10,101,509	
11/04/2024	B	4,293.250	1.0000		- 4,293	4,293	
11/26/2024	B	329,220.070	1.0000		- 329,220	329,220	
12/03/2024	B	3,923.720	1.0000		- 3,924	3,924	
12/20/2024	B	4.520	1.0000		- 5	5	
12/27/2024	B	220,695.230	1.0000		- 220,695	220,695	
01/03/2025	B	3,990.590	1.0000		- 3,991	3,991	
01/17/2025	B	62,881.290	1.0000		- 62,881	62,881	
01/23/2025	B	1,250,000.000	1.0000		- 1,250,000	1,250,000	
01/27/2025	B	265,443.710	1.0000		- 265,444	265,444	
01/30/2025	B	1,250,000.000	1.0000		- 1,250,000	1,250,000	
02/04/2025	B	3,779.140	1.0000		- 3,779	3,779	
02/14/2025	B	16,388.000	1.0000		- 16,388	16,388	
02/25/2025	B	229,776.160	1.0000		- 229,776	229,776	
02/28/2025	B	48,424.010	1.0000		- 48,424	48,424	
03/04/2025	B	3,074.030	1.0000		- 3,074	3,074	
03/26/2025	B	187,942.330	1.0000		- 187,942	187,942	
04/02/2025	B	2,904.730	1.0000		- 2,905	2,905	
04/16/2025	B	40,614.890	1.0000		- 40,615	40,615	
04/23/2025	B	11,419.000	1.0000		- 11,419	11,419	

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/29/2025	B	232,352.230	1.0000		- 232,352	232,352	
04/30/2025	B	294,033.260	1.0000		- 294,033	294,033	
05/02/2025	B	2,311.490	1.0000		- 2,311	2,311	
05/28/2025	B	343,729.240	1.0000		- 343,729	343,729	
05/30/2025	B	3,700.000	1.0000		- 3,700	3,700	
<b>Total For Buys</b>				<b>0</b>	<b>26,417,046</b>	<b>26,417,046</b>	<b>0</b>
08/01/2024	S	- 329,712.000	1.0000		329,712	329,712	
08/01/2024	S	- 318,853.470	1.0000		318,853	318,853	
09/03/2024	S	- 302,763.000	1.0000		302,763	302,763	
10/01/2024	S	- 302,359.000	1.0000		302,359	302,359	
10/01/2024	S	- 350,000.000	1.0000		350,000	350,000	
10/10/2024	S	- 1,250.000	1.0000		1,250	1,250	
10/18/2024	S	- 625.000	1.0000		625	625	
10/25/2024	S	- 9,000,000.000	1.0000		9,000,000 *	9,000,000	
10/29/2024	S	- 32,892.650	1.0000		32,893	32,893	
10/31/2024	S	- 8,983,584.320	1.0000		8,983,584 *	8,983,584	
11/01/2024	S	- 302,359.000	1.0000		302,359	302,359	
11/01/2024	S	- 700,000.000	1.0000		700,000	700,000	
11/20/2024	S	- 12,780.280	1.0000		12,780	12,780	
12/02/2024	S	- 302,359.000	1.0000		302,359	302,359	
01/02/2025	S	- 321,869.000	1.0000		321,869	321,869	

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/24/2025	S	- 1,250,000.000	1.0000		1,250,000	1,250,000	
02/03/2025	S	- 321,869.000	1.0000		321,869	321,869	
02/03/2025	S	- 1,400,000.000	1.0000		1,400,000	1,400,000	
03/03/2025	S	- 318,520.000	1.0000		318,520	318,520	
03/10/2025	S	- 1,250.000	1.0000		1,250	1,250	
04/01/2025	S	- 323,678.000	1.0000		323,678	323,678	
05/01/2025	S	- 323,678.000	1.0000		323,678	323,678	
05/27/2025	S	- 54,998.400	1.0000		54,998	54,998	
<b>Total For Sells</b>				<b>0</b>	<b>25,255,399</b>	<b>25,255,399</b>	<b>0</b>
<b>Total First Am Govt Ob Fd CI X</b>				<b>0</b>	<b>51,672,445</b>	<b>51,672,445</b>	<b>0</b>
Issue: 9SPMTKP11 - Bnym-M Db SI Aggregate Bif							
10/31/2024	S	- 34,741.431	550.5939		19,128,421 *	18,320,000	808,421
<b>Total For Sells</b>				<b>0</b>	<b>19,128,421</b>	<b>18,320,000</b>	<b>808,421</b>
Issue: 95MSEEA7 - Nis Core Fixed Income Fund LLC							
11/30/2024	B	361.533	23,303.5306		- 8,425,000 *	8,425,000	
<b>Total For Buys</b>				<b>0</b>	<b>8,425,000</b>	<b>8,425,000</b>	<b>0</b>
Issue: 95MSEEA90 - Loomis Sayles Core Plus Fixed Income							
10/31/2024	B	527,859.238	17.0500		- 9,000,000 *	9,000,000	

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2025	B	73,920.757	16.9100		- 1,250,000	1,250,000	
<b>Total For Buys</b>				<b>0</b>	<b>10,250,000</b>	<b>10,250,000</b>	<b>0</b>
01/31/2025	S	- 223.088	16.8800		3,766	3,804	- 38
04/30/2025	S	- 320.560	17.1700		5,504	5,460	44
<b>Total For Sells</b>				<b>0</b>	<b>9,270</b>	<b>9,264</b>	<b>6</b>
<b>Total Loomis Sayles Core Plus Fixed Income</b>				<b>0</b>	<b>10,259,270</b>	<b>10,259,264</b>	<b>6</b>
<b>GRAND TOTAL</b>				<b>0</b>	<b>89,485,136</b>	<b>88,676,709</b>	<b>808,427</b>

**CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE**

Broker: Direct From Issuer

06/28/2024	S	Issue: 95MSE32U6 - HI Strategic Opp Fund IV-Series 2018 - 8,934.000	1.0000		8,934	8,934	
06/30/2024	B	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC 18.899	1,183.4210		- 22,365	22,365	
07/29/2024	S	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC - 14.212	1,182.2686		16,803	15,951	852
08/01/2024	B	Issue: 95MSE31W3 - Ab Private Credit Inv Middle Market 350,000.000	1.0000		- 350,000	350,000	
08/02/2024	S	Issue: 95MSE32U6 - HI Strategic Opp Fund IV-Series 2018 - 69,200.000	1.0000		69,200	69,200	
08/31/2024	S	Issue: 95MSE31Z6 - Entrust Div Fd Ltd - CI X-09/30/2018 - 464.890	5.8116		2,702	46,489	- 43,787

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/31/2024	Issue: 95MSE3210 - Entrust Div Fd Ltd - CI X-12/31/2018 S	- 436.340	6.1100		2,666	43,634	- 40,968
08/31/2024	Issue: 95MSEAB89 - Entrust Div Fd Ltd - CI X-12/31/2016 B	586.328	4.6080		- 2,702	2,702	
08/31/2024	Issue: 95MSEAB89 - Entrust Div Fd Ltd - CI X-12/31/2016 B	578.569	4.6080		- 2,666	2,666	
09/25/2024	Issue: 95MSE32U6 - HI Strategic Opp Fund IV-Series 2018 S	- 4,868.000	1.0000		4,868	4,868	
09/30/2024	Issue: 9SPMTKNS4 - Bnymm Afl-Cio SI Brd Mkt Sif S	- 34,582.133	17.3500		600,000	482,523	117,477
09/30/2024	Issue: 95MSE33C5 - Multi-Employer Property Tr - Class E S	- 2.409	12,512.8419		30,147	12,249	17,898
09/30/2024	Issue: 95MSE33J0 - Ullico Infrastructure Tax-Exempt Fd S	- 231.960	279.1414		64,750	56,237	8,512
09/30/2024	Issue: 95MSE33J0 - Ullico Infrastructure Tax-Exempt Fd B	231.960	279.1414		- 64,750	64,750	
09/30/2024	Issue: 95MSE33J0 - Ullico Infrastructure Tax-Exempt Fd S	- 87.185	279.1414		24,337	21,168	3,169
09/30/2024	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC B	20.040	1,172.9100		- 23,505	23,505	
10/01/2024	Issue: 95MSE31W3 - Ab Private Credit Inv Middle Market B	350,000.000	1.0000		- 350,000	350,000	
10/30/2024	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC S	- 14.136	1,161.2923		16,416	15,869	547
10/31/2024	Issue: 9SPMTKP11 - Bnym-M Db SI Aggregate Bif S	- 34,741.431	550.5939		19,128,421 *	18,320,000	808,421
10/31/2024	Issue: 95MSE33J0 - Ullico Infrastructure Tax-Exempt Fd S	- 86.726	284.0596		24,635	21,026	3,609

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/31/2024	Issue: 95MSEEA90 - Loomis Sayles Core Plus Fixed Income B	527,859.238	17.0500		- 9,000,000 *	9,000,000	
11/01/2024	Issue: 95MSE31W3 - Ab Private Credit Inv Middle Market B	700,000.000	1.0000		- 700,000	700,000	
11/30/2024	Issue: 95MSEEA7 - Nis Core Fixed Income Fund LLC B	361.533	23,303.5306		- 8,425,000 *	8,425,000	
11/30/2024	Issue: 95MSEHFP2 - Nis High Yield Fund LLC B	12.877	44,652.2175		- 575,000	575,000	
12/31/2024	Issue: 95MSE33C5 - Multi-Employer Property Tr - Class E S	- 4.626	12,554.8050		58,084	23,522	34,562
12/31/2024	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC B	16.084	1,153.4659		- 18,552	18,552	
01/31/2025	Issue: 9SPMTKNS4 - Bnymm Afl-Cio SI Brd Mkt Sif S	- 67,349.138	18.5600		1,250,000	939,719	310,281
01/31/2025	Issue: 9SPMTKNS4 - Bnymm Afl-Cio SI Brd Mkt Sif S	- 67,861.021	18.4200		1,250,000	946,861	303,139
01/31/2025	Issue: 95MSEEA90 - Loomis Sayles Core Plus Fixed Income S	- 223.088	16.8800		3,766	3,804	- 38
01/31/2025	Issue: 95MSEEA90 - Loomis Sayles Core Plus Fixed Income B	73,920.757	16.9100		- 1,250,000	1,250,000	
02/03/2025	Issue: 95MSE31W3 - Ab Private Credit Inv Middle Market B	1,400,000.000	1.0000		- 1,400,000	1,400,000	
02/13/2025	Issue: 95MSE32U6 - HI Strategic Opp Fund IV-Series 2018 S	- 16,388.000	1.0000		16,388	16,388	
02/28/2025	Issue: 95MSE33J0 - Ullico Infrastructure Tax-Exempt Fd S	- 80.144	290.6947		23,297	7,712	15,586
02/28/2025	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC S	- 41.697	1,161.3252		48,424	46,817	1,607

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CHICAGO LABORERS' STAFF PENSION FUND

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 Period from June 1, 2024 to May 31, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/23/2025	Issue: 95MSE32U6 - HI Strategic Opp Fund IV-Series 2018 S	- 11,419.000	1.0000		11,419	11,419	
04/30/2025	Issue: 95MSE33C5 - Multi-Employer Property Tr - Class E S	- 4.999	12,578.7738		62,881	25,416	37,465
04/30/2025	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC S	- 253.209	1,161.2280		294,033	284,298	9,735
04/30/2025	Issue: 95MSE33N1 - US Real Estate Investment Fund LLC B	16.892	1,153.1699		- 19,479	19,479	
04/30/2025	Issue: 95MSEEA90 - Loomis Sayles Core Plus Fixed Income S	- 320.560	17.1700		5,504	5,460	44
05/30/2025	Issue: 95MSE32U6 - HI Strategic Opp Fund IV-Series 2018 S	- 3,700.000	1.0000		3,700	3,700	
05/31/2025	Issue: 9SPMTKNS4 - Bnymm Afl-Cio SI Brd Mkt Sif B	49,916.805	18.0300		- 900,000	900,000	
05/31/2025	Issue: 9SPMTKNZ8 - Bnym-M Db SI Acwi Exus Fund S	- 4,610.945	195.1878		900,000	710,891	189,109
05/31/2025	Issue: 95MSE33C5 - Multi-Employer Property Tr - Class E S	- 3.239	12,541.2660		40,615	16,465	24,150
05/31/2025	Issue: 95MSE33J0 - Ullico Infrastructure Tax-Exempt Fd S	- 79.671	297.6634		23,715	19,316	4,399
05/31/2025	Issue: 95MSEAB89 - Entrust Div Fd Ltd - CI X-12/31/2016 S	- 498.646	9.9128		4,943	2,298	2,645
<b>Total For Direct From Issuer</b>				<b>0</b>	<b>47,094,667</b>	<b>45,286,253</b>	<b>1,808,414</b>
<b>GRAND TOTAL</b>				<b>0</b>	<b>47,094,667</b>	<b>45,286,253</b>	<b>1,808,414</b>

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

► **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.

<b>A</b> Name of plan CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL FUND OFFICE STAFF PENSION PLAN	<b>B</b> Three-digit plan number (PN) ►	001
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<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BD OF TRTS-CHGO & VICIN LABORERS' DIST COUN FD OFFICE STAFF PENS FUND	<b>D</b> Employer Identification Number (EIN) 36-6550487
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<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500
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**Part I Basic Information**

**1** Enter the valuation date: Month 06 Day 01 Year 2024

<b>2</b> Assets:		
<b>a</b> Market value.....	<b>2a</b>	77,780,268
<b>b</b> Actuarial value.....	<b>2b</b>	75,724,741

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	94	42,039,449	42,039,449
<b>b</b> For terminated vested participants.....	32	6,410,193	6,410,193
<b>c</b> For active participants.....	83	30,771,033	31,339,361
<b>d</b> Total.....	209	79,220,675	79,789,003

<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	

**5** Effective interest rate..... **5** 5.29%

<b>6</b> Target normal cost		
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	2,626,267
<b>b</b> Expected plan-related expenses.....	<b>6b</b>	158,000
<b>c</b> Target normal cost.....	<b>6c</b>	2,784,267

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

<b>SIGN HERE</b>	 Jeremy C. Roberts <small>Signature of actuary</small>	01/30/2026 <small>Date</small>
	JEREMY C. ROBERTS, FSA, MAAA <small>Type or print name of actuary</small>	2306462 <small>Most recent enrollment number</small>
SEGAL <small>Firm name</small>		312-984-8500 <small>Telephone number (including area code)</small>
101 NORTH WACKER DRIVE, SUITE 1800 CHICAGO IL 60606-1724 <small>Address of the firm</small>		

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

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	5,894,253	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	611,198	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	5,283,055	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.45%</u> .....	710,571	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.34%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	5,993,626	0

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	87.39%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	87.39%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	95.82%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

**18** 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
06/12/2024	296,795	0			
07/29/2024	213,551	0			
08/27/2024	136,821	0			
09/24/2024	213,615	0			
10/28/2024	215,160	0			
11/26/2024	329,220	0			
12/27/2024	220,695	0			
01/27/2025	265,444	0			
02/25/2025	229,776	0			
03/26/2025	225,709	0			
04/29/2025	232,352	0			
05/28/2025	347,146	0			
			<b>Totals ▶</b>	<b>18(b)</b>	<b>18(c)</b>
				2,926,284	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	2,845,283

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.05 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 60
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	2,784,267	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	10,057,888	1,079,279	
<b>b</b> Waiver amortization installment .....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	3,863,546	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	1,350,000	0	1,350,000
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	2,513,546	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	2,845,283	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	331,737	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	331,737	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
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