

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
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.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan GREATER KANSAS CITY LABORERS PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 04/01/1966
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GREATER KANSAS CITY LABORERS PENSION PLAN 12200 N. AMBASSADOR DRIVE SUITE 400 KANSAS CITY, MO 64163-1244
2b	Employer Identification Number (EIN) 43-6141953
2c	Plan Sponsor's telephone number 816-756-3313
2d	Business code (see instructions) 236200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/17/2026	LANCE CLAIBORNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/17/2026	JEFF PHILGREEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor GREATER KANSAS CITY LABORERS PENSION PLAN 12200 N. AMBASSADOR DRIVE SUITE 400 KANSAS CITY, MO 64163-1244	3b Administrator's EIN 43-6141953 3c Administrator's telephone number 816-756-3313
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3755
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 1310 6a(2) 1486 6b 1376 6c 867 6d 3729 6e 237 6f 3966 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 147

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan GREATER KANSAS CITY LABORERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER KANSAS CITY LABORERS PENSION PLAN	D Employer Identification Number (EIN) 43-6141953	

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

(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY OF AMERICA
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030286	3966	11/01/2024	10/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	18518429

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

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.

A Name of plan GREATER KANSAS CITY LABORERS PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GREATER KANSAS CITY LABORERS PENSION PLAN	D Employer Identification Number (EIN) 43-6141953

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

1a Enter the valuation date: Month 11 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 391988855
(2) Actuarial value of assets for funding standard account	1b(2) 380678912
c (1) Accrued liability for plan using immediate gain methods	1c(1) 396626749
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 396626749
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 615738685
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 10413835
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 25792109
(3) Expected plan disbursements for the plan year	1d(3) 26792109

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

SIGN HERE	08/04/2026
Signature of actuary JAMES A. NOLAN FSA, FCA, MAAA	Date 26-07228
Type or print name of actuary SEGAL	Most recent enrollment number 312-984-8500
Firm name 101 NORTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606-1722	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	393106663
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1521	302821686
(2) For terminated vested participants	927	122116348
(3) For active participants:		
(a) Non-vested benefits		30393143
(b) Vested benefits		160407508
(c) Total active	972	190800651
(4) Total	3420	615738685
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	63.84 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/01/2025	14338632	0			
Totals ►			3(b)	14338632	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total				3(d)	164176

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	95.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a		3.89 %
		Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts.....		☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A		A
(2) Females	6c(2)	A		A
d Valuation liability interest rate	6d	7.00 %		7.00 %
e Salary scale	6e	%	☒ N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.0 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	21.4 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	964198		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-10341761	-1061187

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	6244777

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	75106163	13502639
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1382319**e** Total charges. Add lines 9a through 9d.....**9e** 21129735**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 26095544**g** Employer contributions. Total from column (b) of line 3.....**9g** 14338632**h** Amortization credits as of valuation date.....

Outstanding balance

9h	33062782	7223212
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i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 2834165**j** Full funding limitation (FFL) and credits:

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

9j(1)	51668329	
9j(2)	182232170	
9j(3)		0

k (1) Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 50491553**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 29361818**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year.....**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan GREATER KANSAS CITY LABORERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER KANSAS CITY LABORERS PENSION PLAN	D Employer Identification Number (EIN) 43-6141953	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN CORE REALTY ADVISORS	
33-0123114	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
APOLLO	9 WEST 57TH STREET, 43RD FLOOR NEW YORK, NY 10022

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ARES	
46-3583269	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BARDIN HILL	
80-0877872	

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

CROSSLINK

84-2648139

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

HIGHBRIDGE

98-1055091

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

ISQ

600 BRICKELL AVENUE
MIAMI, FL 33131

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

STARWOOD

45-3722767

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

STONEPEAK

717 FIFTH AVENUE, 25TH FLOOR
NEW YORK, NY 10022

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

WARBURG PINCUS LLC

13-3536050

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

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

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

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

WILSON MCSHANE

12200 N. AMBASSADOR DRIVE
SUITE 400
KANSAS CITY, MO 64163-1244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 14 36 50	CONTRACT ADMINISTRATOR	381927	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	INVESTMENT MANAGER	233604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARNOLD NEWBOLD SOLLARS & HOLLINS PC

43-1174269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	122353	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE SEGAL COMPANY

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 50	ACTUARY	143895	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS, INC.

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 70	INVESTMENT CONSULTING	120833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST 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	INVESTMENT MANAGER	87208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PRUDENTIAL INSURANCE CO.

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	95382	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CONSTRUCTION BENEFITS AUDIT CORP

43-1244218

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	EMPLOYER AUDIT FIRM	80395	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMMERCE TRUST

04-3574162

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	118397	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	NONE	50096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROCKPOINT

83-1098552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	65877	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUBINBROWN LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	PLAN AUDITOR	40490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	99973	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF LABOR

756 MINNESOTA AVAENUE
2ND FLOOR
KANSAS CITY, KS 66101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	20398	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMMERCE BANK

43-6334070

(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?
18 50	BANKING SERVICES	14705	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PENSION BENEFIT INFORMATION

333 SOUTH SEVENTH STREET, SUITE 240
MINNEAPOLIS, MN 55402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5101	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan GREATER KANSAS CITY LABORERS PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GREATER KANSAS CITY LABORERS PENSION PLAN		D Employer Identification Number (EIN) 43-6141953
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX SL FUND		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY		
c EIN-PN 04-0025081-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162239153
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI ACWI IMI INDEX FUND		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY		
c EIN-PN 90-0337987-161	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73584564
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROUP TRUST		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC.		
c EIN-PN 04-3799863-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20826439
a Name of MTIA, CCT, PSA, or 103-12 IE: INFRASTRUCTURE TAX EXEMPT FUND LP		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC.		
c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6211095
a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA SA		
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-038	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18518429
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES WORLD BOND TRUST		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC		
c EIN-PN 20-8080381-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan GREATER KANSAS CITY LABORERS PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER KANSAS CITY LABORERS PENSION PLAN		D Employer Identification Number (EIN) 43-6141953

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	1212799
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1494430	1521070
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1694194	7941333
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9327018	5293047
(2) U.S. Government securities	1c(2)	17300347	26034142
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	25399500	25536518
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	39240330	67188041
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	236560606	235823717
(10) Value of interest in pooled separate accounts	1c(10)	17547680	18518429
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	22689649	27037534
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19038112	20261988
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	4402915	5244174

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	394694781	441612792
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	364948	383081
i Acquisition indebtedness	1i		
j Other liabilities	1j	1223170	1083244
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1588118	1466325
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	393106663	440146467

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	14174456	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		14174456
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	84231	
(B) U.S. Government securities	2b(1)(B)	857347	
(C) Corporate debt instruments	2b(1)(C)	1186662	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	154829	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2283069
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1360548	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1360548
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	22850814	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	22705460	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		145354
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6701064	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		43690988
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		970749
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		4347885
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-113514
c Other income	2c		18740
d Total income. Add all income amounts in column (b) and enter total	2d		73579339

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23908628	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		23908628
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	381000	
(3) Recordkeeping fees	2i(3)	116425	
(4) IQPA audit fees	2i(4)	40940	
(5) Investment advisory and investment management fees	2i(5)	1590230	
(6) Bank or trust company trustee/custodial fees	2i(6)	19398	
(7) Actuarial fees	2i(7)	143895	
(8) Legal fees	2i(8)	119194	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1608	
(11) Other expenses	2i(11)	218217	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2630907
j Total expenses. Add all expense amounts in column (b) and enter total	2j		26539535

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		47039804
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RUBINBROWN LLP

(2) EIN: 43-0765316

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 582221.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025					
A Name of plan GREATER KANSAS CITY LABORERS PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER KANSAS CITY LABORERS PENSION PLAN				D Employer Identification Number (EIN) 43-6141953	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	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): 13-2600875					
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	1
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **JE DUNN CONSTRUCTION CO**

b EIN **44-0229405**

c Dollar amount contributed by employer **3083785**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2030**

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 **GEORGE J SHAW CONSTRUCTION CO**

b EIN **43-1487858**

c Dollar amount contributed by employer **992074**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2030**

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 **RODRIGUEZ MECHANICAL CONTRACTOR**

b EIN **48-0897087**

c Dollar amount contributed by employer **568417**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2030**

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 **AT ABATEMENT SERVICES, INC.**

b EIN **43-1385449**

c Dollar amount contributed by employer **409869**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2030**

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 **K.C. CORING & CUTTING CONSTRUCTION**

b EIN **20-3861475**

c Dollar amount contributed by employer **396008**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2030**

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 **WESTERN SPECIALTY CONTRACTORS**

b EIN **43-0634668**

c Dollar amount contributed by employer **390649**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2030**

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **TURNER CONSTRUCTION CO.**

b EIN **13-1401980**

c Dollar amount contributed by employer **336094**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2030**

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 **MUSSELMAN & HALL CONTRACTORS LLC**

b EIN **43-1753196**

c Dollar amount contributed by employer **335199**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2030**

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 **JOHN ROHRER CONTRACTING CO**

b EIN **48-0530087**

c Dollar amount contributed by employer **333935**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2030**

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 **BRAND SAFWAY INDUSTRIES**

b EIN **13-3909680**

c Dollar amount contributed by employer **308119**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2030**

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:

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

14a

13

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

14b

13

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

14c

12

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

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

15a

1.00

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

15b

1.08

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

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

16a

1

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

16b

165709

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: 59.2 % Private Equity: 8.8 % Investment-Grade Debt and Interest Rate Hedging Assets: 19.0 %

High-Yield Debt: 4.8 % Real Assets: 7.7 % Cash or Cash Equivalents: 0.5 % 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 _____.

***GREATER KANSAS CITY
LABORERS PENSION PLAN***
FINANCIAL STATEMENTS
OCTOBER 31, 2025

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Independent Auditors' Report

Board of Trustees
Greater Kansas City Laborers Pension Plan
Kansas City, Missouri

Opinion

We have audited the financial statements of Greater Kansas City Laborers Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of October 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Greater Kansas City Laborers Pension Plan as of October 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis For Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of Greater Kansas City Laborers Pension 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 Greater Kansas City Laborers Pension Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities For The Audit Of The Financial Statements

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

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Greater Kansas City Laborers Pension Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Greater Kansas City Laborers Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required By ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of October 31, 2025 and reportable transactions for the year ended October 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

RubinBrown LLP

August 12, 2026

GREATER KANSAS CITY LABORERS PENSION PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	October 31,	
	2025	2024
Assets		
Investments - At Fair Value		
U.S. Government, municipal and other fixed income securities	\$ 31,257,872	\$ 21,662,654
Corporate fixed income securities	25,536,518	25,399,500
Limited partnerships	40,176,089	39,240,330
Common/collective trusts	235,823,717	236,560,606
Limited liability companies	27,011,952	—
Pooled separate account	18,518,429	17,547,680
103-12 investment entities	27,037,534	22,689,649
Mutual fund	20,261,988	19,038,112
Money market funds	5,293,047	9,327,018
Total Investments - At Fair Value	430,917,146	391,465,549
Receivables		
Employer contributions	1,521,070	1,494,430
Employer withdrawal liability contributions	1,025,589	1,117,808
Interest and dividends	624,797	533,059
Other receivables	290,947	43,327
Proceeds receivable for securities sold	6,000,000	—
Total Receivables	9,462,403	3,188,624
Cash	1,212,799	—
Prepaid Expenses And Deposits	20,444	40,608
Total Assets	441,612,792	394,694,781
Liabilities		
Accounts payable	383,081	364,948
Temporary bank overdraft	—	388,690
Due to other funds	1,083,244	834,480
Total Liabilities	1,466,325	1,588,118
Net Assets Available For Benefits	\$ 440,146,467	\$ 393,106,663

GREATER KANSAS CITY LABORERS PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended October 31,	
	2025	2024
Additions To Net Assets Available For		
Benefits Attributed To:		
Employer contributions	\$ 16,075,621	\$ 15,570,125
Less: reciprocity transfers	(1,901,165)	(1,564,677)
Other income	18,740	—
Total Additions	14,193,196	14,005,448
Deductions From Net Assets Available For		
Benefits Attributed To:		
Benefits paid	23,908,628	22,786,150
Expenses		
Investment management and consulting expenses	1,590,230	1,283,923
Administrative fees	381,000	503,018
Actuarial expenses	143,895	119,108
Insurance - PBGC	126,429	117,915
Legal fees	119,194	158,945
Payroll audit fees	116,425	102,025
Insurance	70,260	57,160
Audit fees	40,940	25,100
Other expenses	19,588	28,616
Bank custodian fees	19,398	14,458
Printing and postage	1,940	17,002
Trustees' meeting and conference expenses	1,608	11,365
Total Expenses	2,630,907	2,438,635
Total Deductions	26,539,535	25,224,785
Investment Income		
Interest and dividends	5,378,318	3,557,179
Net change in fair value of investments	54,007,825	67,654,111
Net Investment Income	59,386,143	71,211,290
Net Increase	47,039,804	59,991,953
Net Assets Available For Benefits - Beginning Of Year	393,106,663	333,114,710
Net Assets Available For Benefits - End Of Year	\$ 440,146,467	\$ 393,106,663

GREATER KANSAS CITY LABORERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

October 31, 2025 And 2024

1. General Information

Description Of The Plan

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

The Plan was established as a result of collective bargaining between The Builders', A Chapter of the AGC, and Laborers Locals No. 264 and No. 1290, and the Missouri Kansas Laborers' District Council of the Laborers International Union of North America (CBA). The Plan is a multiemployer defined benefit pension plan covering participants who work under the terms of the CBA.

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

Pension Benefits

A participant entitled to a monthly pension benefit is one who has attained normal retirement age of 65, and has a certain number of pension credits. Monthly pension benefits are generally also available to participants that are: age 55 with 30 pension credits, or age 62 with 5 pension credits. The Plan permits participants who meet specific requirements to retire before age 62. Pension benefits are reduced for each year of age before 65.

A participant may be eligible for a deferred pension benefit if the participant earns 5 pension credits during the contribution period.

A participant may be eligible for a supplemental pension if the participant retires on or after April 1, 1997, on or after early retirement, age of 55, and has earned at least 1 pension credit in the 1995 Plan credit year or later.

A participant may be entitled to a social security supplemental benefit if the participant retires on or after April 1, 1997, between ages 55 to 65, and has at least 20 pension credits including 1 pension credit in the Plan credit year of retirement or in the immediately preceding 2 Plan credit years.

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements *(Continued)*

Death And Disability Benefits

If a participant with at least 5 years of credited service dies at any age before retirement, a death benefit may be paid to the participant's designated beneficiary as a lump sum payment based on the number of pension credits earned by the participant for which contributions were paid to the Plan. However, if the deceased participant has a spouse who is eligible for the Pre-retirement Surviving Spouse Pension, the surviving spouse is eligible for a joint and 50% survivor benefit. Only one of such benefits are payable from the Plan.

A participant who becomes permanently and totally disabled, as defined by the Plan, and meets the service requirements is entitled to disability benefits based on the participant's accrued benefit.

Contributions

Employers of participants contribute to the Plan for each hour worked by the participant at rates negotiated through collective bargaining. Effective April 1, 2025, the contribution rates ranged from \$3.53 to \$7.84 for each hour worked. The contribution rates from April 1, 2024 to March 31, 2025 ranged from \$3.43 to \$7.74 for each hour worked. The contribution rates prior to April 1, 2024 ranged from \$3.43 to \$7.69 for each hour worked.

Effective April 1, 2026, the contribution rates were increased and range from \$3.60 to \$7.89.

Employer contributions are intended to be at least sufficient to fund the participants' current service costs and to fund the Plan's future benefit obligations. The Plan's employer contributions for the Plan years ended October 31, 2025 and 2024 met the minimum funding requirements of ERISA.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

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

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements *(Continued)*

Estimates And Assumptions

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

Cash

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

Investment Valuation And Revenue Recognition

The Plan's investments are reported at fair value which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for further discussion on fair value measurements. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Contributions Receivable And Credit Loss Policy

Employer contributions are recognized as such in the period in which covered participants perform services for contributing employers, in accordance with the terms of the applicable collective bargaining agreements. Contributions receivable represent amounts due from participating employers for hours worked by covered employees prior to the financial statement date. Amounts due for employer contributions are stated at the amount management expects to collect from outstanding balances less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate of amounts that will not be collected. This assessment considers historical experience, current conditions and, when appropriate, reasonable and supportable forecasts. The Plan has concluded that no allowance for current expected credit losses was necessary at October 31, 2025 or 2024.

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements *(Continued)*

Actuarial Present Value Of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the actuarial computations as of October 31, 2024 and 2023 are as follows:

	2024	2023
Investment Rate Of Return	7.00%	7.00%
Mortality	Healthy annuitants: 115% of the Pri-2012 Blue Collar Healthy Annuitant Mortality Table projected with 2024 Adjusted Scale MP-2021	Healthy annuitants: 115% of the Pri-2012 Blue Collar Healthy Annuitant Mortality Table projected with 2024 Adjusted Scale MP-2021
	Healthy non-annuitants: 115% of the Pri-2012 Blue Collar Employee Mortality Table projected with 2024 Adjusted Scale MP-2021	Healthy non-annuitants: 115% of the Pri-2012 Blue Collar Employee Mortality Table projected with 2024 Adjusted Scale MP-2021
	Disabled: 115% of the Pri-2012 Disabled Retiree Mortality Table projected with 2024 Adjusted Scale MP- 2021 for disabled participants	Disabled: 115% of the Pri-2012 Disabled Retiree Mortality Table projected with 2024 Adjusted Scale MP- 2021 for disabled participants
Weighted Average Retirement Age	59	59
Actuarial Cost Method	Unit Credit Actuarial Cost Method	Unit Credit Actuarial Cost Method

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements *(Continued)*

The valuations reflect deductions of \$1,000,000 and \$900,000 for anticipated administrative expenses associated with providing benefits for the Plan years beginning November 1, 2024 and November 1, 2023, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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

Payment Of Benefits

Benefit payments to participants are recorded upon distribution.

Employer Withdrawal Liability

The Plan's policy is to recognize a receivable at its present value, net of any expected credit losses once a withdrawal liability has been actuarially determined and formally assessed by the Plan.

3. Actuarial Present Value Of Accumulated Plan Benefits

The latest available actuarial report was prepared as of October 31, 2024. The actuarial present value of accumulated plan benefits as of that date is as follows:

Actuarial present value of accumulated plan benefits:	
Vested participants currently receiving payments	\$ 228,933,678
Other vested benefits	<u>166,344,767</u>
Total vested benefits	395,278,444
Non-vested benefits	<u>21,196,118</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 416,474,562</u></u>

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements (*Continued*)

The changes in the actuarial present value of accumulated plan benefits during the valuation year ended October 31, 2024 are as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 394,083,135
Factors that affected change in the actuarial present value of accumulated plan benefits:	
Benefits accumulated, net of experience gain or loss	(1,392,081)
Interest accrual	26,721,845
Benefits paid	(22,786,150)
Administrative expenses	19,847,813
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 416,474,562</u>

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

4. Fair Value Measurements

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

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

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements *(Continued)*

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

Corporate Fixed Income Securities And U.S. Government, Municipal And Other Fixed Income Securities

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

Mutual Fund And Money Market Funds

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

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements (Continued)

Common/Collective Trusts, Pooled Separate Account, 103-12 Investment Entities, Limited Partnerships, And Limited Liability Companies

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

There have been no changes in the methodologies used at October 31, 2025 or 2024.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2025:

	Level 1	Level 2	Level 3	Total
Mutual fund	\$ 20,261,988	\$ —	\$ —	\$ 20,261,988
Money market funds	5,293,047	—	—	5,293,047
Corporate fixed income securities	—	25,536,518	—	25,536,518
U.S. Government, municipal and other fixed income securities	—	31,257,872	—	31,257,872
Total Assets In The Fair Value Hierarchy	\$ 25,555,035	\$ 56,794,390	\$ —	82,349,425
Pooled separate account measured at net asset value {a}				18,518,429
Common/collective trusts measured at net asset value {a}				235,823,717
Limited partnerships measured at net asset value {a}				40,176,089
Limited liability companies measured at net asset value {a}				27,011,952
103-12 investment entities measured at net asset value {a}				27,037,534
Total Investments At Fair Value				\$ 430,917,146

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements *(Continued)*

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

	Level 1	Level 2	Level 3	Total
Mutual fund	\$ 19,038,112	\$ —	\$ —	\$ 19,038,112
Money market funds	9,327,018	—	—	9,327,018
Corporate fixed income securities	—	25,399,500	—	25,399,500
U.S. Government, municipal and other fixed income securities	—	21,662,654	—	21,662,654
Total Assets In The Fair Value Hierarchy	\$ 28,365,130	\$ 47,062,154	\$ —	75,427,284
Pooled separate account measured at net asset value {a}				17,547,680
Common/collective trusts measured at net asset value {a}				236,560,606
Limited partnerships measured at net asset value {a}				39,240,330
103-12 investment entities measured at net asset value {a}				22,689,649
Total Investments At Fair Value				\$ 391,465,549

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

Included within the investments in common/collective trusts are the following:

- Russell 3000 Index SL Fund, which is able to be redeemed daily.
- State Street MSCI ACWI IMI Index Non-Lending Fund, which is able to be redeemed twice per month at the calculated net asset value.

All of the Plan's investments in common/collective trusts file an annual report on Form 5500 as a direct filing entity.

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements *(Continued)*

Included within the investments in limited partnerships are the following:

- American Core Realty Fund, which has a stated objective of creating an opportunity for institutional investors to participate in real estate investments that can generate strong long-term returns. Investments in the fund are able to be redeemed quarterly at the per unit net asset value upon written notification.
- Rockpoint Real Estate Parallel Fund VI FR, L.P., which is limited partnership which was formed to invest in a broad range of real estate related assets, portfolios and companies to achieve superior risk-adjusted returns. The fund will terminate within eight years of the final closing date unless extended or terminated earlier in accordance with the terms of the Partnership Agreement.
- Crosslink Endeavour Fund I, L.P. which is a limited partnership with a stated objective of providing investors with the opportunity to realize long-term appreciation in venture capital investments and other growth-stage investment opportunities. The fund will terminate within seven years of the final closing date.
- Bardin Hill Opportunistic Credit Fund Offshore L.P., which is a limited partnership which was formed to invest in a diversified portfolio of assets in credit and other similar markets to provide consistent long-term appreciation. The fund should terminate within three years of the final closing date unless extended or terminated earlier in accordance with the terms of the Master Fund Agreements.
- ISQ Global Infrastructure Fund III, L.P., which is a limited partnership with a stated objective of achieving returns by making equity and equity-related investments in infrastructure and infrastructure-related assets globally. The fund will terminate within ten years of the final closing date unless extended or terminated earlier in accordance with the terms of the Partnership Agreement.

Included within the investments in limited liability companies are the following:

- Partners Group Private Credit Strategy A, LLC, which is a limited liability company which was formed to invest in a diversified portfolio of primarily senior secured loans.

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements *(Continued)*

- Columbus Core Plus Bond Fund, LLC, which is a limited liability company which was formed to invest primarily in bonds of varying maturities, including mortgage and asset-backed securities in order to seek total return.

Included in the 103-12 investment entities are the Ullico Diversified International Equity Fund and the Ullico Infrastructure Tax Exempt Fund, which are able to be acquired and redeemed with 30 days and 90 days' notice, respectively. These investments file annual reports on Form 5500 as direct filing entities.

The pooled separate account consists of the Prudential PRISA Separate Account, which is able to be redeemed quarterly. This investment files an annual report on Form 5500 as a direct filing entity.

Commitments

The Plan's investments in the investment funds noted above include contractual commitments to provide capital contributions over periods of time. As of October 31, 2025, the remaining unfunded capital commitments of the Plan total approximately \$5,820,000 on 9 individual contracts.

5. Tax Status

The Plan obtained its latest determination letter on December 7, 2016, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Plan Administrator and the Plan's counsel believe that the Plan is designed and continues to operate in compliance with the applicable requirements of the IRC.

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

6. Plan Termination

Although the Trustees have not expressed any intention to do so, they have the right to discontinue or terminate the Plan, subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that participants or their beneficiaries have been receiving for at least three years, or annuity benefits that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable, or would have been payable, during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.
- c. All other vested benefits not insured by the PBGC.
- d. All nonvested benefits under the Plan.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due. In no event would any of the assets of the Plan revert to contributing employers.

GREATER KANSAS CITY LABORERS PENSION PLAN

Notes To Financial Statements *(Continued)*

7. Administrative Agreements And Party In Interest Transactions

The Plan had an agreement with TIC International Corporation to provide for administrative services through December 31, 2023.

The Plan has an agreement with Wilson-McShane Corporation to provide for administrative services, which commenced January 1, 2024.

The Plan has an agreement with The Segal Company to act as an independent actuary.

The Plan has an agreement with Segal Marco Advisors to provide for investment consulting and for the preparation of statistical reports for use in investment decision making.

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

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

The Plan also has agreements with certain other investment advisors, investment managers, asset custodians and attorneys.

These transactions qualify as allowable party in interest transactions.

8. Significant Contributing Employers

For the years ended October 31, 2025 and 2024, contributions from one employer represented 19% and 12%, respectively, of total employer contributions. Contributions receivable from this employer totaled \$338,356 and \$176,637 at October 31, 2025 and 2024, respectively.

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 that such change could materially affect the amounts reported in the statement of net assets available for benefits.

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

Supplemental Schedules

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001 SCHEDULE OF ASSETS HELD AT END OF YEAR

Page 1 Of 6
October 31, 2025

Description Of Investment	Par Value	Cost	Current Value
U.S. Government, Municipal and Other Fixed Income Securities			
FED HM LN PC POOL 4% DUE 6/1/42	\$ 41,772	\$ 45,094	\$ 40,934
FED HM LN PC POOL 5% DUE 5/1/33	5,180	5,262	5,252
FED HM LN PC POOL 7% DUE 3/1/27	52	51	54
FED HM LN PC POOL 6% DUE 9/1/28	209	203	214
FED HM LN PC POOL 7% DUE 6/1/29	238	235	249
FED HM LN PC POOL 7.5% DUE 12/1/29	164	163	169
FED HM LN PC POOL 5.5% DUE 6/1/33	1,754	1,792	1,798
FED HM LN PC POOL 2.5% DUE 4/1/28	10,677	10,934	10,501
FED HM LN PC POOL 3.5% 10/1/44	32,692	32,978	30,594
FED HM LN PC POOL 4% DUE 12/1/45	55,945	57,125	54,240
FED HM LN PC POOL 2% DUE 11/1/50	161,942	167,130	132,592
FED HM LN PC POOL 6% DUE 6/1/54	335,116	337,106	343,048
FED HM LN PC POOL 5% 11/01/55	600,000	598,875	597,072
FED HM LN PC POOL 3% DUE 5/1/51	468,292	413,304	415,731
FED HM LN PC POOL 5.5% DUE 7/1/53	311,099	308,863	317,703
FED HM LN PC POOL 3% DUE 7/1/52	345,853	296,082	306,581
FED HM LN PC POOL 3% DUE 7/1/52	322,012	277,836	285,499
FED HM LN PC POOL 2.86% DUE 11/1/46	24,782	25,700	24,838
FED HM LN PC POOL 5.05% DUE 5/1/34	933	901	962
FANNIE MAE 3% DUE 12/25/48	452,510	416,239	425,921
FANNIE MAE 1.5% DUE 9/25/51	404,459	406,023	333,181
FANNIE MAE 3% DUE 12/25/44	10,723	10,741	10,421
FANNIE MAE 2% DUE 2/25/47	37,294	36,176	31,396
FANNIE MAE 3% DUE 10/25/42	25,964	27,084	24,044
FANNIE MAE 2.25% DUE 3/25/44	24,750	25,056	23,773
FANNIE MAE 4% DUE 11/25/48	22,972	23,144	21,914
FANNIE MAE 2.5% DUE 11/25/49	167,440	166,289	145,418
FREDDIE MAC 4% DUE 8/15/54	49,998	52,990	49,552
FREDDIE MAC 3.5% DUE 9/15/44	240,000	247,950	233,458
FREDDIE MAC 3% DUE 4/15/43	6,330	6,440	6,189
FREDDIE MAC 4% DUE 5/25/50	411,374	397,490	399,111
FREDDIE MAC 2% DUE 8/25/46	358,247	366,979	316,371
FREDDIE MAC 2% DUE 11/25/50	244,533	246,826	176,294
FREDDIE MAC 1.5% DUE 3/25/51	339,689	339,901	292,927
FREDDIE MAC 2.5% DUE 7/15/47	24,639	24,324	21,335
FREDDIE MAC 3.5% DUE 5/15/48	25,982	26,002	23,784
FNMA POOL 3% DUE 10/1/26	1,865	1,925	1,851
FNMA POOL 2.5% DUE 9/1/28	8,577	8,770	8,422
FNMA POOL 6.5% DUE 8/1/28	112	112	116
FNMA POOL 6% DUE 10/1/28	192	189	196
FNMA POOL 6.5% DUE 3/1/29	168	167	174
FNMA POOL 6.5% DUE 12/1/31	369	369	381
FNMA POOL 6% DUE 12/1/32	841	864	870
FANNIE MAE 6% DUE 12/25/33	31,998	33,618	33,261
FNMA POOL 5% DUE 8/1/48	16,567	17,499	17,048
FNMA POOL 2% DUE 8/1/51	350,758	358,157	288,320
FNMA POOL 4.04% DUE 8/1/30	349,468	330,411	345,641

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001 SCHEDULE OF ASSETS HELD AT END OF YEAR

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October 31, 2025

Description Of Investment	Par Value	Cost	Current Value
U.S. Government, Municipal and Other Fixed Income Securities (Continued)			
FNMA POOL 5% DUE 8/1/52	\$ 314,081	\$ 306,180	\$ 313,289
FNMA POOL 5% DUE 3/1/53	318,038	306,758	317,606
FNMA POOL 6% DUE 4/1/53	534,593	540,208	546,632
FNMA POOL 4% DUE 10/1/52	333,318	307,720	317,645
FNMA POOL 5.5% DUE 12/1/54	457,919	451,336	463,547
FNMA POOL 5.5% DUE 12/1/54	511,097	506,545	517,849
FNMA POOL 4.5% DUE 9/1/54	543,143	511,403	533,035
FNMA POOL 4% DUE 8/1/52	598,669	568,175	570,765
FNMA POOL 3% DUE 5/1/52	174,158	150,184	154,654
FNMA POOL 6% DUE 10/1/53	250,610	253,156	256,806
FNMA POOL 5.5% DUE 2/1/54	512,215	507,173	518,434
FNMA POOL 5.5% DUE 3/1/54	501,664	496,334	507,524
FNMA POOL 5.5% DUE 8/1/54	404,009	403,062	408,506
FNMA POOL 6% DUE 2/1/55	438,242	437,626	448,181
FNMA POOL 5.5% 3/1/55	561,128	556,305	566,991
FNMA POOL 3% DUE 5/1/28	8,676	8,939	8,564
FNMA POOL 3.5% DUE 6/1/43	66,951	65,570	63,246
FNMA POOL 3% DUE 7/1/43	38,888	39,034	35,395
FNMA POOL 4.5% DUE 6/1/38	49,090	51,368	49,630
FNMA POOL 2% DUE 7/01/35	88,806	92,254	82,226
FNMA POOL 2% DUE 9/1/50	162,886	166,118	130,129
FNMA POOL 2% DUE 11/1/50	203,026	206,928	162,198
FNMA POOL 2% DUE 6/1/36	245,223	254,036	226,282
FNMA POOL 2% DUE 8/1/41	342,216	351,145	299,175
FNMA POOL 5% DUE 2/1/34	4,924	4,923	4,946
FNMA POOL VR DUE 2/1/35	273	277	279
FNMA POOL VR DUE 2/1/35	3,678	3,669	3,799
FNMA POOL VR DUE 7/1/35	1,505	1,508	1,507
FREDDIE MAC 3% DUE 7/25/56	72,245	74,068	68,520
FREDDIE MAC 3% DUE 5/25/57	56,866	56,280	53,480
GNMA II POOL 4.5% DUE 5/20/47	56,933	59,975	55,965
GNMA POOL 6.5% DUE 10/15/28	706	703	724
GNMA POOL 6% DUE 12/15/31	3,500	3,471	3,632
GNMA POOL 5.5% DUE 10/15/33	7,851	8,135	7,972
GNMA POOL 5.5% DUE 8/20/53	334,615	330,223	344,373
US TREASURY N/B 2.5% DUE 2/15/46	500,000	589,589	356,660
US TREASURY N/B 2.875% DUE 5/15/43	800,000	691,750	632,032
US TREASURY N/B 1.75% DUE 8/15/41	750,000	489,463	513,516
US TREASURY N/B 2.75% DUE 11/15/47	470,000	378,001	343,561
US TREASURY N/B 2.875% DUE 5/15/49	505,000	383,978	372,160
US TREASURY N/B 3.125% DUE 5/15/48	870,000	739,092	677,887
US TREASURY NOTE 2.25% DUE 8/15/49	425,000	436,239	274,457
US TREASURY NOTE 0.375% DUE 7/31/27	1,000,000	967,930	945,660
US TREASURY NOTE 0.875% DUE 11/15/30	1,000,000	949,570	871,020
US TREASURY NOTE 1.125% DUE 8/15/40	450,000	431,754	286,366
US TREASURY NOTE 3.375% DUE 5/15/33	1,590,000	1,456,328	1,532,919
US TREASURY NOTE 3.875% DUE 8/15/33	665,000	649,674	661,781

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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October 31, 2025

Description Of Investment	Par Value	Cost	Current Value
U.S. Government, Municipal and Other Fixed Income Securities (Continued)			
US TREASURY NOTE 3.0% DUE 11/15/44	\$ 750,000	\$ 563,730	\$ 592,823
US TREASURY NOTE 3.75% DUE 8/31/31	1,000,000	947,188	997,500
US TREASURY NOTE 3.625% DUE 2/15/53	560,000	484,531	467,494
US TREASURY NOTE 3.875% DUE 10/25/27	430,000	426,725	432,133
US TREASURY NOTE 4.125% DUE 8/15/44	600,000	564,445	561,588
US TREASURY NOTE 4.625% DUE 10/15/26	850,000	857,105	856,995
US TREASURY NOTE 4.875% DUE 10/31/30	550,000	577,479	578,770
AUSTIN TEXAS ELEC	250,000	250,000	249,728
BIRMINGHAM ALABAMA	250,000	250,000	242,273
BROWNSVILLE TEXAS SYSTEM	415,000	415,000	421,109
CALIFORNIA MUN FIN AUTH REV	270,000	270,000	265,545
CHARTIERS VALLEY PA	370,000	370,000	380,556
CONNECTICUT STATE HIGHER ED SUPP	205,000	205,000	199,346
LAKE COUNTY ILLINOIS	235,000	238,259	235,000
LAREDO TEXAS WATERWORKS	300,000	300,000	290,673
MIAMI-DADE FLORIDA	500,000	468,585	486,605
MISSOURI ST HEALTH & EDL FACS	275,000	275,000	262,542
NORTH CAROLINA ST UNIV N C RAL	250,000	250,000	231,707
OMAHA NEBRASKA SEW REV	250,000	250,000	236,793
PFLUGERVILLE	300,000	300,000	311,835
SAN JUAN CALIFORNIA UNIF	260,000	260,000	236,657
STAFFORD TX ECONOMIC	500,000	500,000	467,155
UNIVERSITY OF SOUTH ALABAMA	420,000	420,000	438,018
TENESSEE VALLEY AUTH	210,000	227,767	235,914
WASHINGTON ST HIGHER ED FACS A	270,000	270,000	268,188
Total U.S. Government Municipal and Other Fixed Income Securities		32,336,340	31,257,872
Corporate Fixed Income Securities			
ABFS MORTGAGE LOAN TR 2001-2	146	156	142
AIR LEASE CORP	200,000	197,522	202,800
ALTERNATIVE LOAN TRUST 2004-18CB	139	133	28
AMERIPRISE FINL	450,000	452,646	467,212
AON NORTH AMERICA	235,000	237,742	244,844
APPLE INC	250,000	248,357	158,510
AT&T INC	220,000	214,881	220,697
AUTOMATIC DATA PROCESSING INC	320,000	319,821	318,490
AVALONBAY CMNTYS	450,000	454,153	415,926
BAKER HUGHES INC	170,000	208,299	183,279
BANK AMER CORP	220,000	220,000	197,287
BANK MONTERAL	500,000	500,000	509,645
BANK OF NY MELLON	410,000	410,000	457,248
BAXTER INTL INC	100,000	99,840	105,985
BEAR STEARNS ALT-A 2005-9	19,319	21,457	12,062
BERKSHIRE HATHAWAY FIN CORP	240,000	237,125	262,145
BP CAP MKTS AMER INC	240,000	231,632	238,706
BURLINGTON NORTH SANTA FE MTN	190,000	203,754	221,173

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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October 31, 2025

Description Of Investment	Par Value	Cost	Current Value
Corporate Fixed Income Securities (Continued)			
CANADIAN PACIFIC	\$ 300,000	\$ 298,371	\$ 309,315
CAPITAL ONE FIN	250,000	250,000	258,887
CELGENE CORP	98,000	90,680	79,824
CENTERPOINT ENERGY	225,000	224,793	222,707
CHARLES SCHWAB CORP	355,000	355,000	379,765
CHUBB INA HLDGS	500,000	478,020	438,455
CITIGROUP INC	95,000	122,496	105,392
CITIGROUP MTG LN TR 2005-WF2	1,236	929	1,150
CNA FINAL CORP	270,000	258,795	266,574
CITIGRP COML	90,871	93,596	90,350
COMCAST CORP NEW	50,000	49,893	54,005
CONSOLIDATED EDISON	525,000	551,497	566,422
CORPORATION GONZAGA UNIV	125,000	125,000	98,511
COTERRA ENERGY LLC	285,000	278,103	287,058
CSMC MTG TR 2006-9	40,242	29,866	35,453
CUMMINS INC	430,000	427,897	438,148
CVS HEALTH CORP	250,000	252,625	261,460
CWMBS INC 2005-6	5,995	5,120	5,298
DELMARVA PWR & LT	340,000	400,013	290,292
DISCOVER FINL SVCS	255,000	287,130	254,572
DUKE ENERGY LLC	250,000	249,158	259,080
ECOLAB INC	350,000	369,978	361,756
EMERSON ELEC CO	270,000	269,671	176,040
ENTERGY TRANSFER L P	180,000	170,003	177,041
ESSENTIAL UTILS	190,000	186,118	195,098
ESSEX PORTFOLIO L P	205,000	203,817	193,616
EVERGY INC	130,000	112,242	123,560
FIDELITY NATL INFO SE	215,000	213,759	202,149
FLORIDA POWER CORP	250,000	269,973	262,247
FORTIVE CORP	180,000	214,310	151,034
GE HEALTHCARE	250,000	261,115	269,063
GENERAL MTRS FINL CO INC	225,000	224,748	227,075
GOLDMAN SACHS GROUP INC	175,000	175,000	173,658
HONEYWELL INTL INC	480,000	478,594	488,846
IMPAC CMB TR 2004-4	11,890	11,358	13,495
INDIANA MICH PWR CO	240,000	238,627	196,440
JOHN DEERE CAP COR	420,000	380,940	410,470
JOHNSON & JOHNSON	105,000	104,950	116,179
JP MORGAN ACCEPT 2005-A3	3,443	2,001	3,464
JP MORGAN ALT LN TR 2006-A1	14,836	14,530	11,078
JP MORGAN CHASE	425,000	425,000	426,364
KEYBANK NATIONAL ASSOCIATION	150,000	167,444	149,223
KINDER MORGAN PARTNR	280,000	279,112	286,812
MASTERCARD INC	420,000	419,462	375,434
MID-AMERICA APTS	230,000	226,752	148,152
MIDAMERICAN ENERGY CO	455,000	349,162	379,966

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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October 31, 2025

Description Of Investment	Par Value	Cost	Current Value
Corporate Fixed Income Securities (Continued)			
MORGAN STANLEY	\$ 130,000	\$ 130,000	\$ 135,209
MPLX LP	260,000	252,450	260,738
MS MTG LN TR 2005-7	12,005	8,385	5,593
NATIONAL RURAL UTILS COOP FIN	265,000	264,825	263,855
NORFOLK SOUTHERN	250,000	248,015	162,358
NORTHERN STS PWR CO	300,000	400,611	332,337
PAYPAL HLDGS INC	130,000	129,678	128,541
PEPSICO INC	415,000	413,942	410,410
PNC FINL SVCS GROUP	330,000	330,000	341,623
PROGRESSIVE CORP OHIO	400,000	434,712	444,908
PRUDENTIAL FINL	360,000	468,904	323,737
PUBLIC STORAGE	370,000	369,323	366,315
RBSGC MTG LN TR 2007-B	6,966	8,323	4,321
RBSGC MTG LN TR 2007-B	628	511	631
REINSURANCE GROUP	275,000	286,723	294,377
ROYAL BANK CANADA	555,000	555,000	571,506
RTX CORPORATION	260,000	255,999	269,623
SANTADER UK HOLDINGS	260,000	260,000	270,858
SOUTHERN CALIF EDISON CO	170,000	169,045	133,161
SOUTHERN CO	215,000	211,788	203,493
SSM HEALTH CARE CORP	200,000	200,000	199,470
STATE STR CORP	240,000	240,000	260,069
STEEL DYNAMICS	115,000	114,198	109,854
STRUCTURED ASSET ADJ 2005-11	10,119	10,227	8,633
TENNESSEE VALLEY	475,000	470,768	482,367
TEXAS INSTRS INC	250,000	249,222	234,423
TORCHMARK CORP	196,000	234,606	197,827
TRANSCANADA PIPELINES	210,000	292,763	230,570
TRAVELERS COMPANIES INC	225,000	224,152	186,908
TRUSIT FINAL CORP	300,000	300,000	307,074
US BANCORP	550,000	550,000	570,625
UDR INC MEDIUM TERM NTS BK ENT	125,000	124,577	119,623
UNILEVER CAP CORP	350,000	353,248	327,425
UNION PACIFIC CORP	185,000	221,933	194,339
UNITEDHEALTH GROUP	430,000	429,024	440,273
VALERO ENERGY CORP	385,000	280,211	285,816
VANDERBILT UNIV MED CTR	205,000	205,000	184,094
VERIZON COMM INC	225,000	171,837	196,742
VODAFONE GROUP PLC	165,000	154,379	160,530
WAKE FST UNIV	250,000	250,000	249,045
WELLTOWER INC	125,000	124,444	124,938
WYETH	410,000	440,123	444,260
Total Corporate Fixed Income Securities		26,376,192	25,536,518

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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October 31, 2025

Description Of Investment	Number Of Shares/Units	Cost	Current Value
Common/Collective Trusts			
RUSSELL 3000 INDEX SL FUND	2,011,844	\$ 32,736,899	\$ 162,239,153
STATE STREET MSCI ACWI IMI INDEX NON-LENDING FUND	1,134,514	17,490,185	73,584,564
Total Common / Collective Trusts		50,227,084	235,823,717
Pooled Separate Account			
PRUDENTIAL PRISA SEPARATE ACCOUNT	228	16,856,313	18,518,429
Mutual Fund			
PRINCIPAL HIGH YIELD R6 FUND	3,015,177	21,217,796	20,261,988
Limited Partnerships			
STARWOOD DISTRESSED OPPORTUNITIES FUND IX	Not applicable	725,859	343,910
WARBURG PINCUS PRIVATE EQUITY XI	Not applicable	376,723	905,466
STONEPEAK INFRASTRUCTURE FUND	Not applicable	940,907	472,748
AMERICAN CORE REALTY FUND	123	12,632,213	14,895,923
APOLLO INVESTMENT FUND VIII, L.P.	Not applicable	518,486	733,494
ROCKPOINT REAL ESTATE PARALLEL FUND VI FR, L.P.	Not applicable	4,487,767	5,478,079
CROSSLINK ENDEAVOUR FUND I, L.P.	Not applicable	5,400,000	3,848,559
ARES US REAL ESTATE FUND VIII	Not applicable	397,004	204,275
AG CAPITAL RECOVERY VIII HOLDINGS	Not applicable	—	19,082
BARDIN HILL OPPORTUNISTIC CREDIT FUND OFFSHORE L.P.	Not applicable	3,769,706	6,956,755
ISQ GLOBAL INFRASTRUCTURE FUND III, L.P.	Not applicable	5,105,413	6,317,798
Total Limited Partnerships		34,354,078	40,176,089
Limited Liability Companies			
PARTNERS GROUP PRIVATE CREDIT STRATEGY A, LLC	1,219,461	7,000,000	7,094,583
COLUMBUS CORE PLUS BOND FUND, LLC	Not applicable	19,492,702	19,917,369
Total Limited Liability Companies		26,492,702	27,011,952
103-12 Investment Entities			
ULLICO DIVERSIFIED INTERNATIONAL EQUITY FUND	751,809	10,719,689	20,826,439
ULLICO INFRASTRUCTURE TAX EXEMPT FUND	19,543	3,813,866	6,211,095
Total 103-12 Investment Entities		14,533,555	27,037,534
Money Market Funds			
GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT CAPITAL FUND #1859	2,282,233	2,282,233	2,282,233
GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT CAPITAL FUND #465	3,010,814	3,010,814	3,010,814
Total Money Market Funds		5,293,047	5,293,047
Total Investments		\$ 227,687,107	\$ 430,917,146

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

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended October 31, 2025

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain
Series Of Transactions In Excess Of 5%								
Goldman Sachs								
Financial Square Government Capital Fund #1859	95	—	\$ 32,140,197	\$ —	\$ —	\$ —	\$ 32,140,197	\$ —
Financial Square Government Capital Fund #1859	—	143	—	37,121,093	—	37,121,093	37,121,093	—
Financial Square Government #465	206	—	16,031,817	—	—	—	16,031,817	—
Financial Square Government #465	—	40	—	15,084,892	—	15,084,892	15,084,892	—

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

Schedule of active participant data

The following table shows the distribution of active participant data by age and pension credits as of October 31, 2024.

Schedule MB, Line 8b(2)

Actives by Age and Pension Credits

Age	Total	1 – 4	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 – 34	35 – 39
Under 25	88	85	3	0	0	0	0	0	0
25 – 29	97	71	25	1	0	0	0	0	0
30 – 34	116	62	42	12	0	0	0	0	0
35 – 39	101	44	30	17	10	0	0	0	0
40 – 44	105	40	14	11	24	13	3	0	0
45 – 49	144	36	15	20	20	22	30	1	0
50 – 54	145	23	15	13	23	28	42	1	0
55 – 59	104	18	15	13	17	11	26	2	2
60 – 64	58	3	5	9	9	12	15	5	0
65 – 69	9	1	0	1	2	2	2	1	0
70 & over	1	0	0	0	0	0	1	0	0
Unknown	4	4	0	0	0	0	0	0	0
Total	972	387	164	97	105	88	119	10	2

Statement of actuarial assumptions/methods (Schedule MB, Line 6)

Mortality rates

Healthy Annuitants: 115% of the Pri-2012 Blue Collar Healthy Annuitant Mortality Table projected generationally from 2012 with 2024 Adjusted Scale MP-2021.

Healthy Non-Annuitants: 115% of the Pri-2012 Blue Collar Employee Mortality Table projected generationally from 2012 with 2024 Adjusted Scale MP-2021.

Disabled Annuitants: 115% of the Pri-2012 Disabled Retiree Mortality Table projected generationally from 2012 with 2024 Adjusted Scale MP-2021 for disabled participants.

The mortality rates were based on historical and current data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over the most recent 5 years taking into consideration the results of Segal's industry mortality study.

Disability and withdrawal rates

Age	Total & Complete Disability	Occupational Disability	Withdrawal ¹
20	0.02	0.01	7.29
25	0.03	0.01	7.10
30	0.04	0.02	6.83
35	0.06	0.02	6.39
40	0.09	0.03	5.69
45	0.15	0.05	4.66
50	0.25	0.08	3.10
55	0.42	0.14	1.14

The disability and withdrawal rates were based on historical and current data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior year's assumption over the most recent 5 years.

¹ 45% of participants are expected to terminate the two years prior to earning 2 pension credits. Thereafter, withdrawal rates are dependent on participant's age. Withdrawal rates cut out at the first age a participant is eligible for an immediate pension.

Retirement rates for active participants

Age	Not Eligible for Service Pension	Eligible for Service Pension*
50 – 54	N/A	40%
55	15%	40%
56 – 59	5%	30%
60	10%	50%
61	25%	50%
62	60%	100%
63 – 64	25%	100%
65	100%	100%

*The retirement rate for the year a participant is first eligible for a service pension is increased by 10%.

The retirement rates were based on historical and current data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent 5 years.

Description of weighted average retirement age

Age 59, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the November 1, 2024 actuarial valuation.

Retirement rates for inactive vested participants

Age	Retirement Rate
55	20%
56 – 61	5%
62	30%
63 – 64	15%
65	100%

The retirement rates for inactive vested participants was based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior years' assumption over the most recent 5 years.

Future benefit accruals

Based on 1,550 hours per year of employment and 1.00 Pension Credit per year.

The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.

Unknown data for participants

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

Definition of active participants

Those with at least 500 hours in the most recent plan year, excluding those who have retired as of the valuation date.

Exclusion of inactive vested participants

Unless verified to be a vested participant by the Fund Administrator, all inactive vested participants over age 80 who were reported in the October 31, 2024 census data, but not reported in the October 31, 2023 census data, are assumed to not be participants. Inactive vested participants over age 80 who were reported in the census data as of October 31, 2023 are assumed to be participants and are included in the valuation.

Percent married

85%

Age and sex of spouse

Spouse of male participant is assumed to be four years younger than the participant and the spouse of female participant is assumed to be four years older than the participant. If the spouse's sex is not provided, the spouse is assumed to be the opposite sex of the participant.

Load for reciprocity

2.5% of both Normal Cost and accrued liability for active and inactive vested participants.

Benefit election

Normal form of payment.

The benefit elections were based on historical and current data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent 5 years.

Delayed retirement factors

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

Net investment return

7.00%

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

Annual administrative expenses

\$1,000,000 for the year beginning November 1, 2024 (equivalent to \$964,198 payable at the beginning of the year).

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

Rationale

Current data is reviewed in conjunction with each annual valuation. Based on professional judgment, no demographic assumption changes from the prior valuation to this valuation were made.

Actuarial value of assets

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

Actuarial cost method

Unit Credit Cost Method.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Appendix B.

Current liability assumptions

- **Interest:** 3.89%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using the Adjusted MP-2021 scale

Actuarial models

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

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended October 31, 2025

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain
Series Of Transactions In Excess Of 5%								
Goldman Sachs								
Financial Square Government Capital Fund #1859	95	—	\$ 32,140,197	\$ —	\$ —	\$ —	\$ 32,140,197	\$ —
Financial Square Government Capital Fund #1859	—	143	—	37,121,093	—	37,121,093	37,121,093	—
Financial Square Government #465	206	—	16,031,817	—	—	—	16,031,817	—
Financial Square Government #465	—	40	—	15,084,892	—	15,084,892	15,084,892	—

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

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.

A Name of plan GREATER KANSAS CITY LABORERS PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GREATER KANSAS CITY LABORERS PENSION PLAN	D Employer Identification Number (EIN) 43-6141953

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

1a Enter the valuation date: Month 11 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 391,988,855
(2) Actuarial value of assets for funding standard account	1b(2) 380,678,912
c (1) Accrued liability for plan using immediate gain methods	1c(1) 396,626,749
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 396,626,749
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 615,738,685
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 10,413,835
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 25,792,109
(3) Expected plan disbursements for the plan year	1d(3) 26,792,109

Statement by Enrolled Actuary

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

SIGN HERE James Nolan	08/04/2026
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Signature of actuary

James A. Nolan FSA, FCA, MAAA

Date

2607228

Type or print name of actuary

Segal

Most recent enrollment number

312-984-8500

Firm name

101 NORTH WACKER DRIVE SUITE 1800

CHICAGO IL 60606-1722

Address of the firm

Telephone number (including area code)

101 NORTH WACKER DRIVE SUITE 1800

CHICAGO IL 60606-1722

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	393,106,663
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,521	302,821,686
(2) For terminated vested participants	927	122,116,348
(3) For active participants:		
(a) Non-vested benefits		30,393,143
(b) Vested benefits		160,407,508
(c) Total active	972	190,800,651
(4) Total	3,420	615,738,685
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	63.84 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/01/2025	14,338,632	0			
Totals ▶			3(b)	14,338,632	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 164,176

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	95.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

j If box h is checked, enter period of use of shortfall method **5j**

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.89 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	8.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	21.4 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	964,198
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-10,341,761	-1,061,187

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any.....	9a	0	
b Employer's normal cost for plan year as of valuation date.....	9b	6,244,777	

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	75,106,163		13,502,639
(2) Funding waivers.....	9c(2)			
(3) Certain bases for which the amortization period has been extended.....	9c(3)			

d Interest as applicable on lines 9a, 9b, and 9c	9d	1,382,319
e Total charges. Add lines 9a through 9d.....	9e	21,129,735

Credits to funding standard account:			
f Prior year credit balance, if any	9f	26,095,544	
g Employer contributions. Total from column (b) of line 3.....	9g	14,338,632	

		Outstanding balance		
h Amortization credits as of valuation date.....	9h	33,062,782		7,223,212

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	2,834,165
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j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL).....	9j(1)	51,668,329		
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	182,232,170		
(3) FFL credit.....	9j(3)			0

k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits.....	9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	50,491,553
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	29,361,818
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0	
(3) Total as of valuation date.....	9o(3)	0	

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
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Greater Kansas City Laborers' Pension Plan
EIN 43-6141953 / PN 001

PRELIMINARY VALUATION COUNTS AS OF OCTOBER 31, 2025

ACTIVE PARTICIPANTS	1,107
RETIREEES IN PAY STATUS	1,309
OTHER RETIRED OR SEPARATED PARTICIPANTS, NOT YET IN PAY STATUS	<u>896</u>
SUBTOTAL	3,312
DECEASED PARTICIPANTS WHOSE BENEFICIARIES ARE RECEIVING OR ENTITLED TO BENEFITS	<u>246</u>
TOTAL	3,558

Note: Per Form 5500 instructions, the above numbers do not include 60 alternate payees receiving and 1 alternate payee eligible to receive in the future a benefit under a Qualified Domestic Relations Order. While our participant counts are sufficient for our valuation purposes, they may not be sufficient for purposes of the Form 5500. In addition, the figures above are preliminary and are subject to change, as we have not yet completed the November 1, 2025 actuarial valuation.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$1,450,819	\$1,224,642	\$23,063,120	\$25,738,581
2025	2,604,276	1,603,104	22,482,943	26,690,323
2026	3,706,962	2,153,256	21,850,632	27,710,850
2027	4,850,929	2,581,865	21,269,781	28,702,575
2028	5,949,935	2,988,812	20,708,112	29,646,859
2029	6,917,873	3,500,251	20,109,047	30,527,171
2030	7,704,962	3,978,117	19,503,458	31,186,537
2031	8,400,417	4,432,643	18,886,473	31,719,533
2032	8,975,666	4,843,081	18,256,850	32,075,597
2033	9,421,781	5,255,636	17,623,338	32,300,755
2034	9,756,024	5,682,014	16,966,658	32,404,696
2035	10,028,578	6,051,106	16,290,293	32,369,977
2036	10,269,220	6,412,524	15,596,410	32,278,154
2037	10,477,281	6,754,577	14,880,156	32,112,014
2038	10,661,613	6,993,482	14,132,419	31,787,514
2039	10,832,536	7,251,187	13,386,483	31,470,206
2040	10,934,479	7,457,469	12,633,363	31,025,311
2041	10,986,018	7,648,127	11,876,171	30,510,316

This assumes the following:

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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$11,038,225	\$7,780,941	\$11,113,295	\$29,932,461
2043	11,036,382	7,864,080	10,348,507	29,248,969
2044	11,028,869	7,932,783	9,584,424	28,546,076
2045	10,992,652	7,947,771	8,828,301	27,768,724
2046	10,937,018	7,927,452	8,083,201	26,947,671
2047	10,935,130	7,855,566	7,353,843	26,144,539
2048	10,888,169	7,796,526	6,645,051	25,329,746
2049	10,718,845	7,708,101	5,961,690	24,388,636
2050	10,541,252	7,555,670	5,308,571	23,405,493
2051	10,369,799	7,402,147	4,690,269	22,462,215
2052	10,157,946	7,217,498	4,110,838	21,486,282
2053	9,943,315	6,995,643	3,573,605	20,512,563
2054	9,665,351	6,754,479	3,080,945	19,500,775
2055	9,386,064	6,511,534	2,634,185	18,531,783
2056	9,041,386	6,239,540	2,233,605	17,514,531
2057	8,713,412	5,961,783	1,878,461	16,553,656
2058	8,331,753	5,677,936	1,567,105	15,576,794
2059	7,948,747	5,371,427	1,297,105	14,617,279

This assumes the following:

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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$7,547,171	\$5,069,290	\$1,065,380	\$13,681,841
2061	7,159,569	4,756,793	868,428	12,784,790
2062	6,747,140	4,438,987	702,492	11,888,619
2063	6,343,301	4,123,495	563,797	11,030,593
2064	5,941,515	3,809,999	448,766	10,200,280
2065	5,533,307	3,503,393	354,097	9,390,797
2066	5,133,269	3,205,699	276,815	8,615,783
2067	4,744,544	2,918,765	214,268	7,877,577
2068	4,370,211	2,644,182	164,110	7,178,503
2069	4,012,230	2,383,332	124,287	6,519,849
2070	3,671,963	2,137,332	93,009	5,902,304
2071	3,350,452	1,907,010	68,718	5,326,180
2072	3,048,391	1,692,871	50,076	4,791,338
2073	2,766,138	1,495,153	35,953	4,297,244

This assumes the following:

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

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a May 1 contribution date.

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$11,319,750	-	\$11,319,750
2025	\$11,319,750	-	\$11,319,750
2026	\$11,319,750	-	\$11,319,750
2027	\$11,319,750	-	\$11,319,750
2028	\$11,319,750	-	\$11,319,750
2029	\$11,319,750	-	\$11,319,750
2030	\$11,319,750	-	\$11,319,750
2031	\$11,319,750	-	\$11,319,750
2032	\$11,319,750	-	\$11,319,750
2033	\$11,319,750	-	\$11,319,750

Note: Projected employer contributions and withdrawal liability payments shown above are based on the assumptions used for the Funding Standard Account projection as described in the Actuarial Certification of Plan Status as of November 1, 2024 dated, January 27, 2025.

Greater Kansas City Laborers Pension Plan
EIN: 43-6141953/PN: 001

2024 Form 5500

Plan Year November 1, 2024 – October 31, 2025

Schedule R Line 13e – Information on Contribution Rates and Base Units

For the period from April 1, 2025 to October 31, 2025, the following rates apply:

- \$7.84/hour
- \$4.21/hour
- \$3.43/hour

For the period from November 1, 2024 to March 31, 2025, the following rates apply:

- \$7.74/hour
- \$3.87/hour
- \$3.43/hour

Investment return

To the extent the vested benefits are matched by the market value of plan assets on hand: interest assumptions prescribed by the Pension Benefit Guaranty Corporation under 29 C.F.R. Ch. XL, Part 4044, which are in effect for the applicable withdrawal liability valuation date, are used.

- PBGC Interest Rates as of October 31, 2024:
 - the 4044 interest rates are as specified in the PBGC yield curve published for October 2024

To the extent the vested benefits are not matched by plan assets (at market), the interest assumption is the same as used for plan funding: 7.00% in the actuarial valuation for the withdrawal liability valuation date.

The portion of the vested benefits that is matched by readily available assets is determined by comparing the total present value of vested benefits plus expenses – at PBGC rates – with the total market value of assets; each vested benefit is treated as covered by assets to the same extent as all other vested benefits.

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

Summary of plan provisions (Schedule MB, Line 6)

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

Plan year

November 1 through October 31

Pension credit year

November 1 through October 31

Plan status

Ongoing plan

Regular pension

- **Age Requirement:** 62.
- **Service Requirement:** 5 pension credits including at least one pension credit in a Plan Credit Year which began after the participant attained age 49.
- **Amount:** \$7.50 per year of past service (service prior to the contribution period) up to a maximum of 25 years, plus 3.8% of applicable contributions made on behalf of the participant prior to November 1, 2004, plus 2.25% of applicable contributions made on behalf of the participant from November 1, 2004 to October 31, 2009, plus 1.75% of applicable contributions made on behalf of the participant on and after November 1, 2009.

Service pension

- **Age Requirement:** None.
- **Service Requirement:** 30 pension credits including at least one pension credit in a Plan Credit Year ending on or after October 31, 1999.
- **Amount:** Regular pension accrued.

Early retirement

- **Age Requirement:** 55.
- **Service Requirement:** 5 pension credits including at least one pension credit during the contribution period in a Plan Credit Year which began after age 49.
- **Amount:** Regular pension accrued, reduced by 3 1/3% for each year of age less than 62.

Total and complete disability

- **Age Requirement:** None.
- **Service Requirement:** 5 pension credits if participant received Workers' Compensation benefits for his/her injury (10 pension credits otherwise), including an average of 500 hours earned in either this plan or a reciprocal plan during each of the 5 years prior to disability.
- **Amount:** Graded amount beginning at 50% of the accrued benefit with either 5 pension credits (if participant received Workers' Compensation benefits) or 10 pension credits, up to 100% of the accrued benefit with 30 or more pension credits. (Pension credits include reciprocal credits earned under other laborer plans).

Occupational disability

- The same disability benefits provided to the total and complete disabled participants for a temporary 5-year period for participants who do not meet the Plan's current disability requirements and can still perform other duties, effective November 1, 2017. Age and service eligibility is the same as the total and complete disability benefit.

Deferred pension

- **Age Requirement:** None.
- **Service Requirement:** 5 pension credits earned during the contribution period.
- **Amount:** Regular or early pension accrued based on plan in effect when last active.
- **Normal Retirement Age:** 65.

Supplemental pension

- **Eligibility Requirement:** Retire on or after April 1, 1997, on or after early retirement age, and earned at least one pension credit in the 1995 Plan Credit Year or later.
- **Amount:** \$10.00 per month per pension credit up to a maximum of 30 pension credits, reduced 3 1/3% for each year of age less than 62. No reduction if participant has 30 or more pension credits. If the participant suffers a permanent and total disability prior to age 55, the benefit is payable unreduced (in addition to the Disability Benefit) for a maximum of 26 months or participant may elect a reduced lifetime benefit.

Health care supplemental benefit

- **Eligibility Requirement:** Retire on or after April 1, 1997, between ages 55 to 65, and has at least 20 pension credits including one pension credit in the Plan Credit Year of retirement or in the immediately preceding two Plan Credit Years.
- **Amount:** Temporary benefit to age 65 equal to \$16.00 per month per pension credit up to a maximum of 30 pension credits reduced 3 1/3% for each year of age less than 62. No reduction if participant has 30 or more pension credits. If the participant suffers a permanent and total disability prior to age 55, the benefit is payable unreduced (in addition to the Disability Benefit) for a maximum of 26 months or participant may elect a reduced level benefit payable until age 65.

Reciprocal and pro-rata

- **Eligibility Requirement:** Eligible for any type of pension under each Plan if the participant's total pension credits were treated as service under each Plan; at least one pension credit under each Plan.

Spouse's pre-retirement death benefit

- **Age Requirement:** None.
- **Service Requirement:** 5 Pension Credits.
- **Amount:** 50% of the benefit employee would have received had he or she retired at the date of death rather than died, elected the 50% joint and survivor option and commenced payment on the date described above. Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment.
- **When Paid:** The later of immediately or the earliest early retirement age for the deceased participant. If the participant had not satisfied the service requirement for early retirement, payments commence at normal retirement date.

36-month payment certain (not payable if pre-retirement surviving spouse pension is payable)

- **Age and Service Requirement:** Eligible for Regular, Service or Early Retirement Pension.
- **Amount:** Monthly benefit to which the employee would have been entitled had he or she retired the day before death.

Lump-sum death benefit (Not payable if 36-month payment certain or surviving spouse's pension is payable)

- **Age Requirement:** None.
- **Service Requirement:** 5 pension credits and active at time of death .
- **Amount:** \$1,000 increased by \$100 for each pension credit above 8, to a maximum of \$2,000.

Post-retirement death benefit

If married, all pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the employee, the employee's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the employee with 36 payments guaranteed without reduction to Regular, Service, Early, and Disability pensioners. Benefits may also be payable in any other available optional form elected by the employee in an actuarially equivalent amount.

Participation

May 1 or November 1 after completion of 1,000 hours during 12 consecutive months, or completion of 500 hours in the previous Plan Credit Year.

Optional forms of benefit

Life with 36-month guarantee of payments available to participants who retire with a Regular, Service, Early, or Disability pension, or if married:

- 50% Joint and Survivor with pop-up.
- 75% Joint and Survivor with pop-up.

Pension credit (non-service pension)

750 hours or more equals one pension credit for service after November 1, 2010 for any participants who have less than 25 years of service as of November 1, 2010. Otherwise, 500 hours or more equals one pension credit.

Pension credit (service pension)

750 hours or more equals one pension credit for service after November 1, 2008 for any participant who has less than 25 years of service as of November 1, 2008. Otherwise 500 hours or more equals one pension credit.

Vesting credit

1,000 hours or more equals one vesting credit.

Changes in plan provisions

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

Contribution rates

<u>Effective Date</u>	<u>Amount applied to Regular Benefit</u>	<u>Supplemental Amount</u>	<u>Total</u>
04/01/2006	\$3.30	\$0.50	\$3.80
04/01/2007	\$3.55	\$0.60	\$4.15
04/01/2008	\$3.55	\$0.80	\$4.35
04/01/2009	\$3.05	\$2.05 ¹	\$5.10
04/01/2010	\$3.05	\$2.55 ²	\$5.60
04/01/2012	\$3.15	\$2.55 ²	\$5.70
04/01/2013	\$3.42	\$2.63 ³	\$6.05
06/01/2014	\$3.42	\$2.93 ⁴	\$6.35
04/01/2015	\$3.42	\$3.23 ⁵	\$6.65
04/01/2016	\$3.57	\$3.23 ⁵	\$6.80
04/01/2017	\$3.67	\$3.33 ⁶	\$7.00
04/01/2018	\$3.72	\$3.38 ⁷	\$7.10
04/01/2019	\$3.82	\$3.48 ⁸	\$7.30
04/01/2020	\$3.92	\$3.58 ⁹	\$7.50
04/01/2021	\$4.02	\$3.58 ⁹	\$7.60
04/01/2022	\$4.06	\$3.58 ⁹	\$7.64
04/01/2023	\$4.11	\$3.58 ⁹	\$7.69
04/01/2024	\$4.16	\$3.58 ⁹	\$7.74
04/01/2025	\$4.26	\$3.58 ⁹	\$7.84

¹ \$0.60 applied to the Supplemental Benefits and \$1.45 in non-credited contributions

² \$0.60 applied to the Supplemental Benefits and \$1.95 in non-credited contributions

³ \$0.68 applied to the Supplemental Benefits and \$1.95 in non-credited contributions

⁴ \$0.68 applied to the Supplemental Benefits and \$2.25 in non-credited contributions

⁵ \$0.68 applied to the Supplemental Benefits and \$2.55 in non-credited contributions

⁶ \$0.68 applied to the Supplemental Benefits and \$2.65 in non-credited contributions

⁷ \$0.68 applied to the Supplemental Benefits and \$2.70 in non-credited contributions

⁸ \$0.68 applied to the Supplemental Benefits and \$2.80 in non-credited contributions

⁹ \$0.68 applied to the Supplemental Benefits and \$2.90 in non-credited contributions

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001 SCHEDULE OF ASSETS HELD AT END OF YEAR

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October 31, 2025

Description Of Investment	Par Value	Cost	Current Value
U.S. Government, Municipal and Other Fixed Income Securities			
FED HM LN PC POOL 4% DUE 6/1/42	\$ 41,772	\$ 45,094	\$ 40,934
FED HM LN PC POOL 5% DUE 5/1/33	5,180	5,262	5,252
FED HM LN PC POOL 7% DUE 3/1/27	52	51	54
FED HM LN PC POOL 6% DUE 9/1/28	209	203	214
FED HM LN PC POOL 7% DUE 6/1/29	238	235	249
FED HM LN PC POOL 7.5% DUE 12/1/29	164	163	169
FED HM LN PC POOL 5.5% DUE 6/1/33	1,754	1,792	1,798
FED HM LN PC POOL 2.5% DUE 4/1/28	10,677	10,934	10,501
FED HM LN PC POOL 3.5% 10/1/44	32,692	32,978	30,594
FED HM LN PC POOL 4% DUE 12/1/45	55,945	57,125	54,240
FED HM LN PC POOL 2% DUE 11/1/50	161,942	167,130	132,592
FED HM LN PC POOL 6% DUE 6/1/54	335,116	337,106	343,048
FED HM LN PC POOL 5% 11/01/55	600,000	598,875	597,072
FED HM LN PC POOL 3% DUE 5/1/51	468,292	413,304	415,731
FED HM LN PC POOL 5.5% DUE 7/1/53	311,099	308,863	317,703
FED HM LN PC POOL 3% DUE 7/1/52	345,853	296,082	306,581
FED HM LN PC POOL 3% DUE 7/1/52	322,012	277,836	285,499
FED HM LN PC POOL 2.86% DUE 11/1/46	24,782	25,700	24,838
FED HM LN PC POOL 5.05% DUE 5/1/34	933	901	962
FANNIE MAE 3% DUE 12/25/48	452,510	416,239	425,921
FANNIE MAE 1.5% DUE 9/25/51	404,459	406,023	333,181
FANNIE MAE 3% DUE 12/25/44	10,723	10,741	10,421
FANNIE MAE 2% DUE 2/25/47	37,294	36,176	31,396
FANNIE MAE 3% DUE 10/25/42	25,964	27,084	24,044
FANNIE MAE 2.25% DUE 3/25/44	24,750	25,056	23,773
FANNIE MAE 4% DUE 11/25/48	22,972	23,144	21,914
FANNIE MAE 2.5% DUE 11/25/49	167,440	166,289	145,418
FREDDIE MAC 4% DUE 8/15/54	49,998	52,990	49,552
FREDDIE MAC 3.5% DUE 9/15/44	240,000	247,950	233,458
FREDDIE MAC 3% DUE 4/15/43	6,330	6,440	6,189
FREDDIE MAC 4% DUE 5/25/50	411,374	397,490	399,111
FREDDIE MAC 2% DUE 8/25/46	358,247	366,979	316,371
FREDDIE MAC 2% DUE 11/25/50	244,533	246,826	176,294
FREDDIE MAC 1.5% DUE 3/25/51	339,689	339,901	292,927
FREDDIE MAC 2.5% DUE 7/15/47	24,639	24,324	21,335
FREDDIE MAC 3.5% DUE 5/15/48	25,982	26,002	23,784
FNMA POOL 3% DUE 10/1/26	1,865	1,925	1,851
FNMA POOL 2.5% DUE 9/1/28	8,577	8,770	8,422
FNMA POOL 6.5% DUE 8/1/28	112	112	116
FNMA POOL 6% DUE 10/1/28	192	189	196
FNMA POOL 6.5% DUE 3/1/29	168	167	174
FNMA POOL 6.5% DUE 12/1/31	369	369	381
FNMA POOL 6% DUE 12/1/32	841	864	870
FANNIE MAE 6% DUE 12/25/33	31,998	33,618	33,261
FNMA POOL 5% DUE 8/1/48	16,567	17,499	17,048
FNMA POOL 2% DUE 8/1/51	350,758	358,157	288,320
FNMA POOL 4.04% DUE 8/1/30	349,468	330,411	345,641

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001 SCHEDULE OF ASSETS HELD AT END OF YEAR

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October 31, 2025

Description Of Investment	Par Value	Cost	Current Value
U.S. Government, Municipal and Other Fixed Income Securities (Continued)			
FNMA POOL 5% DUE 8/1/52	\$ 314,081	\$ 306,180	\$ 313,289
FNMA POOL 5% DUE 3/1/53	318,038	306,758	317,606
FNMA POOL 6% DUE 4/1/53	534,593	540,208	546,632
FNMA POOL 4% DUE 10/1/52	333,318	307,720	317,645
FNMA POOL 5.5% DUE 12/1/54	457,919	451,336	463,547
FNMA POOL 5.5% DUE 12/1/54	511,097	506,545	517,849
FNMA POOL 4.5% DUE 9/1/54	543,143	511,403	533,035
FNMA POOL 4% DUE 8/1/52	598,669	568,175	570,765
FNMA POOL 3% DUE 5/1/52	174,158	150,184	154,654
FNMA POOL 6% DUE 10/1/53	250,610	253,156	256,806
FNMA POOL 5.5% DUE 2/1/54	512,215	507,173	518,434
FNMA POOL 5.5% DUE 3/1/54	501,664	496,334	507,524
FNMA POOL 5.5% DUE 8/1/54	404,009	403,062	408,506
FNMA POOL 6% DUE 2/1/55	438,242	437,626	448,181
FNMA POOL 5.5% 3/1/55	561,128	556,305	566,991
FNMA POOL 3% DUE 5/1/28	8,676	8,939	8,564
FNMA POOL 3.5% DUE 6/1/43	66,951	65,570	63,246
FNMA POOL 3% DUE 7/1/43	38,888	39,034	35,395
FNMA POOL 4.5% DUE 6/1/38	49,090	51,368	49,630
FNMA POOL 2% DUE 7/01/35	88,806	92,254	82,226
FNMA POOL 2% DUE 9/1/50	162,886	166,118	130,129
FNMA POOL 2% DUE 11/1/50	203,026	206,928	162,198
FNMA POOL 2% DUE 6/1/36	245,223	254,036	226,282
FNMA POOL 2% DUE 8/1/41	342,216	351,145	299,175
FNMA POOL 5% DUE 2/1/34	4,924	4,923	4,946
FNMA POOL VR DUE 2/1/35	273	277	279
FNMA POOL VR DUE 2/1/35	3,678	3,669	3,799
FNMA POOL VR DUE 7/1/35	1,505	1,508	1,507
FREDDIE MAC 3% DUE 7/25/56	72,245	74,068	68,520
FREDDIE MAC 3% DUE 5/25/57	56,866	56,280	53,480
GNMA II POOL 4.5% DUE 5/20/47	56,933	59,975	55,965
GNMA POOL 6.5% DUE 10/15/28	706	703	724
GNMA POOL 6% DUE 12/15/31	3,500	3,471	3,632
GNMA POOL 5.5% DUE 10/15/33	7,851	8,135	7,972
GNMA POOL 5.5% DUE 8/20/53	334,615	330,223	344,373
US TREASURY N/B 2.5% DUE 2/15/46	500,000	589,589	356,660
US TREASURY N/B 2.875% DUE 5/15/43	800,000	691,750	632,032
US TREASURY N/B 1.75% DUE 8/15/41	750,000	489,463	513,516
US TREASURY N/B 2.75% DUE 11/15/47	470,000	378,001	343,561
US TREASURY N/B 2.875% DUE 5/15/49	505,000	383,978	372,160
US TREASURY N/B 3.125% DUE 5/15/48	870,000	739,092	677,887
US TREASURY NOTE 2.25% DUE 8/15/49	425,000	436,239	274,457
US TREASURY NOTE 0.375% DUE 7/31/27	1,000,000	967,930	945,660
US TREASURY NOTE 0.875% DUE 11/15/30	1,000,000	949,570	871,020
US TREASURY NOTE 1.125% DUE 8/15/40	450,000	431,754	286,366
US TREASURY NOTE 3.375% DUE 5/15/33	1,590,000	1,456,328	1,532,919
US TREASURY NOTE 3.875% DUE 8/15/33	665,000	649,674	661,781

GREATER KANSAS CITY LABORERS PENSION PLAN

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SCHEDULE OF ASSETS HELD AT END OF YEAR

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October 31, 2025

Description Of Investment	Par Value	Cost	Current Value
U.S. Government, Municipal and Other Fixed Income Securities (Continued)			
US TREASURY NOTE 3.0% DUE 11/15/44	\$ 750,000	\$ 563,730	\$ 592,823
US TREASURY NOTE 3.75% DUE 8/31/31	1,000,000	947,188	997,500
US TREASURY NOTE 3.625% DUE 2/15/53	560,000	484,531	467,494
US TREASURY NOTE 3.875% DUE 10/25/27	430,000	426,725	432,133
US TREASURY NOTE 4.125% DUE 8/15/44	600,000	564,445	561,588
US TREASURY NOTE 4.625% DUE 10/15/26	850,000	857,105	856,995
US TREASURY NOTE 4.875% DUE 10/31/30	550,000	577,479	578,770
AUSTIN TEXAS ELEC	250,000	250,000	249,728
BIRMINGHAM ALABAMA	250,000	250,000	242,273
BROWNSVILLE TEXAS SYSTEM	415,000	415,000	421,109
CALIFORNIA MUN FIN AUTH REV	270,000	270,000	265,545
CHARTIERS VALLEY PA	370,000	370,000	380,556
CONNECTICUT STATE HIGHER ED SUPP	205,000	205,000	199,346
LAKE COUNTY ILLINOIS	235,000	238,259	235,000
LAREDO TEXAS WATERWORKS	300,000	300,000	290,673
MIAMI-DADE FLORIDA	500,000	468,585	486,605
MISSOURI ST HEALTH & EDL FACS	275,000	275,000	262,542
NORTH CAROLINA ST UNIV N C RAL	250,000	250,000	231,707
OMAHA NEBRASKA SEW REV	250,000	250,000	236,793
PFLUGERVILLE	300,000	300,000	311,835
SAN JUAN CALIFORNIA UNIF	260,000	260,000	236,657
STAFFORD TX ECONOMIC	500,000	500,000	467,155
UNIVERSITY OF SOUTH ALABAMA	420,000	420,000	438,018
TENESSEE VALLEY AUTH	210,000	227,767	235,914
WASHINGTON ST HIGHER ED FACS A	270,000	270,000	268,188
Total U.S. Government Municipal and Other Fixed Income Securities		32,336,340	31,257,872
Corporate Fixed Income Securities			
ABFS MORTGAGE LOAN TR 2001-2	146	156	142
AIR LEASE CORP	200,000	197,522	202,800
ALTERNATIVE LOAN TRUST 2004-18CB	139	133	28
AMERIPRISE FINL	450,000	452,646	467,212
AON NORTH AMERICA	235,000	237,742	244,844
APPLE INC	250,000	248,357	158,510
AT&T INC	220,000	214,881	220,697
AUTOMATIC DATA PROCESSING INC	320,000	319,821	318,490
AVALONBAY CMNTYS	450,000	454,153	415,926
BAKER HUGHES INC	170,000	208,299	183,279
BANK AMER CORP	220,000	220,000	197,287
BANK MONTERAL	500,000	500,000	509,645
BANK OF NY MELLON	410,000	410,000	457,248
BAXTER INTL INC	100,000	99,840	105,985
BEAR STEARNS ALT-A 2005-9	19,319	21,457	12,062
BERKSHIRE HATHAWAY FIN CORP	240,000	237,125	262,145
BP CAP MKTS AMER INC	240,000	231,632	238,706
BURLINGTON NORTH SANTA FE MTN	190,000	203,754	221,173

GREATER KANSAS CITY LABORERS PENSION PLAN

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SCHEDULE OF ASSETS HELD AT END OF YEAR

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October 31, 2025

Description Of Investment	Par Value	Cost	Current Value
Corporate Fixed Income Securities (Continued)			
CANADIAN PACIFIC	\$ 300,000	\$ 298,371	\$ 309,315
CAPITAL ONE FIN	250,000	250,000	258,887
CELGENE CORP	98,000	90,680	79,824
CENTERPOINT ENERGY	225,000	224,793	222,707
CHARLES SCHWAB CORP	355,000	355,000	379,765
CHUBB INA HLDGS	500,000	478,020	438,455
CITIGROUP INC	95,000	122,496	105,392
CITIGROUP MTG LN TR 2005-WF2	1,236	929	1,150
CNA FINAL CORP	270,000	258,795	266,574
CITIGRP COML	90,871	93,596	90,350
COMCAST CORP NEW	50,000	49,893	54,005
CONSOLIDATED EDISON	525,000	551,497	566,422
CORPORATION GONZAGA UNIV	125,000	125,000	98,511
COTERRA ENERGY LLC	285,000	278,103	287,058
CSMC MTG TR 2006-9	40,242	29,866	35,453
CUMMINS INC	430,000	427,897	438,148
CVS HEALTH CORP	250,000	252,625	261,460
CWMBS INC 2005-6	5,995	5,120	5,298
DELMARVA PWR & LT	340,000	400,013	290,292
DISCOVER FINL SVCS	255,000	287,130	254,572
DUKE ENERGY LLC	250,000	249,158	259,080
ECOLAB INC	350,000	369,978	361,756
EMERSON ELEC CO	270,000	269,671	176,040
ENTERGY TRANSFER L P	180,000	170,003	177,041
ESSENTIAL UTILS	190,000	186,118	195,098
ESSEX PORTFOLIO L P	205,000	203,817	193,616
EVERGY INC	130,000	112,242	123,560
FIDELITY NATL INFO SE	215,000	213,759	202,149
FLORIDA POWER CORP	250,000	269,973	262,247
FORTIVE CORP	180,000	214,310	151,034
GE HEALTHCARE	250,000	261,115	269,063
GENERAL MTRS FINL CO INC	225,000	224,748	227,075
GOLDMAN SACHS GROUP INC	175,000	175,000	173,658
HONEYWELL INTL INC	480,000	478,594	488,846
IMPAC CMB TR 2004-4	11,890	11,358	13,495
INDIANA MICH PWR CO	240,000	238,627	196,440
JOHN DEERE CAP COR	420,000	380,940	410,470
JOHNSON & JOHNSON	105,000	104,950	116,179
JP MORGAN ACCEPT 2005-A3	3,443	2,001	3,464
JP MORGAN ALT LN TR 2006-A1	14,836	14,530	11,078
JP MORGAN CHASE	425,000	425,000	426,364
KEYBANK NATIONAL ASSOCIATION	150,000	167,444	149,223
KINDER MORGAN PARTNR	280,000	279,112	286,812
MASTERCARD INC	420,000	419,462	375,434
MID-AMERICA APTS	230,000	226,752	148,152
MIDAMERICAN ENERGY CO	455,000	349,162	379,966

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR

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October 31, 2025

Description Of Investment	Par Value	Cost	Current Value
Corporate Fixed Income Securities (Continued)			
MORGAN STANLEY	\$ 130,000	\$ 130,000	\$ 135,209
MPLX LP	260,000	252,450	260,738
MS MTG LN TR 2005-7	12,005	8,385	5,593
NATIONAL RURAL UTILS COOP FIN	265,000	264,825	263,855
NORFOLK SOUTHERN	250,000	248,015	162,358
NORTHERN STS PWR CO	300,000	400,611	332,337
PAYPAL HLDGS INC	130,000	129,678	128,541
PEPSICO INC	415,000	413,942	410,410
PNC FINL SVCS GROUP	330,000	330,000	341,623
PROGRESSIVE CORP OHIO	400,000	434,712	444,908
PRUDENTIAL FINL	360,000	468,904	323,737
PUBLIC STORAGE	370,000	369,323	366,315
RBSGC MTG LN TR 2007-B	6,966	8,323	4,321
RBSGC MTG LN TR 2007-B	628	511	631
REINSURANCE GROUP	275,000	286,723	294,377
ROYAL BANK CANADA	555,000	555,000	571,506
RTX CORPORATION	260,000	255,999	269,623
SANTADER UK HOLDINGS	260,000	260,000	270,858
SOUTHERN CALIF EDISON CO	170,000	169,045	133,161
SOUTHERN CO	215,000	211,788	203,493
SSM HEALTH CARE CORP	200,000	200,000	199,470
STATE STR CORP	240,000	240,000	260,069
STEEL DYNAMICS	115,000	114,198	109,854
STRUCTURED ASSET ADJ 2005-11	10,119	10,227	8,633
TENNESSEE VALLEY	475,000	470,768	482,367
TEXAS INSTRS INC	250,000	249,222	234,423
TORCHMARK CORP	196,000	234,606	197,827
TRANSCANADA PIPELINES	210,000	292,763	230,570
TRAVELERS COMPANIES INC	225,000	224,152	186,908
TRUSIT FINAL CORP	300,000	300,000	307,074
US BANCORP	550,000	550,000	570,625
UDR INC MEDIUM TERM NTS BK ENT	125,000	124,577	119,623
UNILEVER CAP CORP	350,000	353,248	327,425
UNION PACIFIC CORP	185,000	221,933	194,339
UNITEDHEALTH GROUP	430,000	429,024	440,273
VALERO ENERGY CORP	385,000	280,211	285,816
VANDERBILT UNIV MED CTR	205,000	205,000	184,094
VERIZON COMM INC	225,000	171,837	196,742
VODAFONE GROUP PLC	165,000	154,379	160,530
WAKE FST UNIV	250,000	250,000	249,045
WELLTOWER INC	125,000	124,444	124,938
WYETH	410,000	440,123	444,260
Total Corporate Fixed Income Securities		26,376,192	25,536,518

GREATER KANSAS CITY LABORERS PENSION PLAN

EIN: 43-6141953 PLAN NUMBER: 001 SCHEDULE OF ASSETS HELD AT END OF YEAR

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October 31, 2025

Description Of Investment	Number Of Shares/Units	Cost	Current Value
Common/Collective Trusts			
RUSSELL 3000 INDEX SL FUND	2,011,844	\$ 32,736,899	\$ 162,239,153
STATE STREET MSCI ACWI IMI INDEX NON-LENDING FUND	1,134,514	17,490,185	73,584,564
Total Common / Collective Trusts		50,227,084	235,823,717
Pooled Separate Account			
PRUDENTIAL PRISA SEPARATE ACCOUNT	228	16,856,313	18,518,429
Mutual Fund			
PRINCIPAL HIGH YIELD R6 FUND	3,015,177	21,217,796	20,261,988
Limited Partnerships			
STARWOOD DISTRESSED OPPORTUNITIES FUND IX	Not applicable	725,859	343,910
WARBURG PINCUS PRIVATE EQUITY XI	Not applicable	376,723	905,466
STONEPEAK INFRASTRUCTURE FUND	Not applicable	940,907	472,748
AMERICAN CORE REALTY FUND	123	12,632,213	14,895,923
APOLLO INVESTMENT FUND VIII, L.P.	Not applicable	518,486	733,494
ROCKPOINT REAL ESTATE PARALLEL FUND VI FR, L.P.	Not applicable	4,487,767	5,478,079
CROSSLINK ENDEAVOUR FUND I, L.P.	Not applicable	5,400,000	3,848,559
ARES US REAL ESTATE FUND VIII	Not applicable	397,004	204,275
AG CAPITAL RECOVERY VIII HOLDINGS	Not applicable	—	19,082
BARDIN HILL OPPORTUNISTIC CREDIT FUND OFFSHORE L.P.	Not applicable	3,769,706	6,956,755
ISQ GLOBAL INFRASTRUCTURE FUND III, L.P.	Not applicable	5,105,413	6,317,798
Total Limited Partnerships		34,354,078	40,176,089
Limited Liability Companies			
PARTNERS GROUP PRIVATE CREDIT STRATEGY A, LLC	1,219,461	7,000,000	7,094,583
COLUMBUS CORE PLUS BOND FUND, LLC	Not applicable	19,492,702	19,917,369
Total Limited Liability Companies		26,492,702	27,011,952
103-12 Investment Entities			
ULLICO DIVERSIFIED INTERNATIONAL EQUITY FUND	751,809	10,719,689	20,826,439
ULLICO INFRASTRUCTURE TAX EXEMPT FUND	19,543	3,813,866	6,211,095
Total 103-12 Investment Entities		14,533,555	27,037,534
Money Market Funds			
GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT CAPITAL FUND #1859	2,282,233	2,282,233	2,282,233
GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT CAPITAL FUND #465	3,010,814	3,010,814	3,010,814
Total Money Market Funds		5,293,047	5,293,047
Total Investments		\$ 227,687,107	\$ 430,917,146

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
02/4/2025	\$41,044	\$0	\$41,044
04/22/2025	\$41,044	\$0	\$41,044
08/3/2025	\$41,044	\$0	\$41,044
10/21/2025	\$41,044	\$0	\$41,044

Schedule MB, Line 9c

Schedule of Funding Standard Account Bases – Charges

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	11/01/1995	\$223,021	1	\$223,021
Change in Assumptions	11/01/1996	34,888	2	18,034
Plan Amendment	04/01/1997	1,293,739	2.41	561,738
Plan Amendment	11/01/1997	243,128	3	86,583
Change in Assumptions	11/01/1997	796,147	3	283,526
Change in Assumptions	11/01/1998	182,944	4	50,477
Plan Amendment	11/01/1999	802,555	5	182,931
Change in Assumptions	11/01/1999	2,898,917	5	660,765
Plan Amendment	02/01/2000	3,971,583	5.25	869,054
Plan Amendment	04/01/2001	666,099	6.42	123,682
Plan Amendment	11/01/2001	780,998	7	135,436
Plan Amendment	04/01/2002	1,679,595	7.42	278,390
Plan Amendment	11/01/2003	496,891	9	71,277
Plan Amendment	11/01/2005	1,433,755	11	178,693
Plan Amendment	11/01/2006	1,041,409	12	122,538
Change in Assumptions	11/01/2006	2,063,840	12	242,843
Plan Amendment	11/01/2007	2,406,625	13	269,117
Experience Loss	11/01/2011	915,747	2	473,357
Plan Amendment	04/01/2012	122,188	2.42	52,927
Experience Loss	11/01/2012	2,330,091	3	829,799
Plan Amendment	04/01/2013	468,282	3.42	148,303
Plan Amendment	06/01/2013	326,548	3.58	99,309
Experience Loss	11/01/2013	874,821	4	241,375

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Loss	11/01/2014	1,887,393	5	430,203
Plan Amendment	11/01/2015	59,509	6	11,668
Experience Loss	11/01/2015	4,456,042	6	873,700
Change in Assumptions	11/01/2015	7,354,704	6	1,442,043
Plan Amendment	04/01/2016	451,562	6.42	83,847
Experience Loss	11/01/2016	3,982,786	7	690,672
Plan Amendment	11/01/2017	153,730	8	24,061
Experience Loss	11/01/2017	301,115	8	47,128
Experience Loss	11/01/2018	2,648,948	9	379,979
Change in Assumptions	11/01/2018	6,622,615	9	949,983
Experience Loss	11/01/2019	937,131	10	124,698
Change in Assumptions	11/01/2019	2,412,912	10	321,070
Experience Loss	11/01/2022	4,022,151	13	449,770
Experience Loss	11/01/2023	7,045,755	14	752,941
Change in Assumptions	11/01/2023	6,715,999	14	717,701
Total		\$75,106,163		\$13,502,639

Schedule MB, Line 9h

Schedule of Funding Standard Account Bases – Credits

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Combined Base	11/01/2023	22,721,021	4.08	6,162,025
Experience Gain	11/01/2024	10,341,761	15	1,061,187
Total		\$33,062,782		\$7,223,212

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

- For purposes of determining current liability, the current liability interest rate was changed from 3.15% to 3.89% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumption was changed as of November 1, 2024:
 - The annual administrative expense assumption, previously \$900,000 per year, payable monthly
 - Exclusion of a portion of the inactive vested participants over age 80, previously all were included.