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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1964

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)
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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

2b Employer Identification Number (EIN) 43-6060737

2c Plan Sponsor's telephone number 816-756-3313

2d Business code (see instructions) 237990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	NATE ROSE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	14224
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	**6a(1)**	5147
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5296
b	Retired or separated participants receiving benefits	**6b**	4611
c	Other retired or separated participants entitled to future benefits	**6c**	3433
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	13340
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1136
f	Total. Add lines **6d** and **6e**.	**6f**	14476
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	488

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

1B

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

D Employer Identification Number (EIN)
43-6060737

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA01102		01/01/2025	12/31/2025

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
0	0

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

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

ULLICO INVESTMENT COMPANY
8403 COLESVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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	28636469

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ 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)	0
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)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

D Employer Identification Number (EIN)
43-6060737

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	802010		01/01/2025	12/31/2025

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
0	0

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

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

(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	44796243

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ 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)	0
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)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

D Employer Identification Number (EIN)
43-6060737

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

1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
(1)	Current value of assets	**1b(1)**	1048649410
(2)	Actuarial value of assets for funding standard account	**1b(2)**	1081265155
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	973527582
(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)**	973527582
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)**	1500531266
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	32570350
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	67767174
(3)	Expected plan disbursements for the plan year	**1d(3)**	70608000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	Date: 10/01/2026
HEATH MERLAK	26-05967
Type or print name of actuary	Most recent enrollment number
CHEIRON, INC.	877-243-4766
Firm name	Telephone number (including area code)
8300 GREENSBORO DRIVE SUITE 800 MCLEAN, VA 22102	
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**	1048649410
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		5727	765463281
(2) For terminated vested participants		3509	290791479
(3) For active participants:			
(a) Non-vested benefits			83439101
(b) Vested benefits			360837405
(c) Total active		4344	444276506
(4) Total		13580	1500531266
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	69.89 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2025	47028931				

	Totals ►	**3(b)**	47028931	**3(c)**	
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	28221

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	111.1 %
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: • 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."	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

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

k Has a change been made in funding method for this plan year? ☐ 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**	4.01 %	
		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)**	6.50 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.2 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.4 %	
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)**	1609268	
(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	27195019	2790530

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**	17914959

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)**	329259924		42645066
(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**	4239202
e Total charges. Add lines 9a through 9d			**9e**	64799227
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	239871667
g Employer contributions. Total from column (b) of line 3			**9g**	47028931
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	89388257		23127491
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	20028114
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	195451334		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	287768685		
(3) FFL credit			**9j(3)**	
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**	330056203
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	265256976
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)**	
(3) Total as of valuation date			**9o(3)**	
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 ..... [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

D Employer Identification Number (EIN)
43-6060737

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

MAACKAY SHIELDS LLC

06-1271230

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

CHEVY CHASE TRUST COMPANY

52-2037618

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

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

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

WILSON MCSHANE CORP

41-0956552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 49 50	CONTRACT ADMINISTRATOR	603867	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

ARISTOTLE

95-4833644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	398306	Yes ☒ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

LSV

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	INVESTMENT MANAGER	333285	Yes ☐ No ☐	Yes ☐ No ☐	0	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)

NUANCE

4900 MAIN ST 220
KANSAS CITY, MO 64112

(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		241952	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SIGULER GUFF ADVISERS, LLC

13-3855629

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	232142	Yes [X] No [ ]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

ARNOLD NEWBOLD SOLLARS & HOLLINS

43-1174269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	LEGAL	228686	Yes [ ] No [X]	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)

BAIRD

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 31	INVESTMENT MANAGER	199213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US REAL ESTATE

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	198413	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PROLOAN BOND FUND, LLC

1509A BELLEVILLE STREET
RICHMOND, VA 23230

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50		197450	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)

KENNEDY

10829 OLIVE BLVD 1
ST LOUIS, MO 63141

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	189051	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ULLICO

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	175699	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ELMTREE U.S NET LEASE FUND V

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50		145860	Yes [ ] No [X]	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)

ENTRUST GLOBAL

90-0644478

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50		144103	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARQUETTE & ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	INVESTMENT ADVISOR	132000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HAMILTON LANE

110 WASHINGTON ST, SUITE 1300
CONSHOHOCKEN, PA 19428

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 50	INVESTMENT MANAGER	0	Yes [X] No [ ]	Yes [X] No [ ]	74110	Yes [ ] No [X]

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)

CHEIRON

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	ACTUARY	124856	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL SELECT INSURANCE CARRIER

333 WEST 34TH STREET
NEW YORK, NY 10001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	INSURANCE	116898	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANGELO GORDON

245 PARK AVENUE, 26TH FLOOR
NEW YORK, NY 10167

13-3478879

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	116260	Yes [ ] No [X]	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)

RCP

353 N. CLARK STREET
CHICAGO, IL 60654

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	94500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ABERDEEN

ONE BEACON STREET
BOSTON, MA 02108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	90000	Yes [ ] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [ ]

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

WELLINGTON TRUST COMPANY, NA

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MANAGER	85688	Yes [ ] No [X]	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)

MFS

57-1187281

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	INVESTMENT MANAGER	77555	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	71676	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THL

90-0789286

(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?
	INVESTMENT MANAGER	67425	Yes [X] No [ ]	Yes [ ] No [ ]	0	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)

PARAMETRIC

100 PARK AVENUE FLOOR 32
NEW YORK, NY 10017

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	53544	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STEPSTONE GROUP

33-1156466

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50		51187	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEUBERGER BERMAN

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51		48843	Yes [ ] No [X]	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)

COMMERCE TRUST COMPANY

48-0862626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 28	INVESTMENT MANAGER	47024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50		42328	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BMO HARRIS BANK N.A.

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	35766	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)

RUBINBROWN, LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	34500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BROOKE PRIVATE EQUITY ASSOCIATES

20-0863070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51		14957	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INVESCO

27-0603835

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	20054	Yes [ ] No [ ]	Yes [ ] No [ ]	0	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 LLC

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50		18291	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

BNY MELLON

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	16019	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

CHEVY CHASE TRUST COMPANY

52-2037618

(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?
21 28 52	INVESTMENT MANAGER	0	Yes ☐ No ☐	Yes ☐ No ☐	0	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)

DRURY PLAZA HOTEL COLUMBIA EAST

3100 INTERSTATE 70 DR SE
COLUMBIA, MO 65201

(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 50 49 10		7305	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEES PRINTING COMPANY

14690 PARALLEL RD
BASEHOR, KS 66007

(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?
36 50		6944	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROXY VOTE PLUS, LLC

PO BOX 2458
NORTHBROOK, IL 60065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	NONE	6000	Yes ☐ 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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

D Employer Identification Number (EIN)
43-6060737

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: ULLICO SEPARATE ACCOUNT J

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

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)
13-1423090-203	P	28636469

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL US PROPERTY SA-PGL1

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

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)
42-0127290-027	P	44796243

a Name of MTIA, CCT, PSA, or 103-12 IE: LSV INTL VALUE EQUITY TRUST

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

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)
20-0726879-001	E	61425319

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX-EXPT FUND

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

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)
90-0622302-001	E	11280095

a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC DEFENSIVE EQUITY FUND

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

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)
32-0463932-001	E	17496111

a Name of MTIA, CCT, PSA, or 103-12 IE: PROLOAN BOND FUND, LLC

b Name of sponsor of entity listed in (a): PROLOAN BOND FUND, LLC

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)
26-3436991-001	E	74351970

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO HOUSING INVESTMENT TRUST

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

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)
74-2008758-184	C	15624029

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

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

c EIN-PN 47-1818241-076	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72905253

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS EMERGING MARKETS DEBT FUND

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

c EIN-PN 57-1187281-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22506436

a Name of MTIA, CCT, PSA, or 103-12 IE: ASB LABOR EQUITY INDEX FUND

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

c EIN-PN 27-3350609-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102691053

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SMALL CAP VALUE EQUITY CIT

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

c EIN-PN 82-0633167-105	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28105316

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE HIGH YIELD CIT CL A

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

c EIN-PN 82-0633167-105	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22316880

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS INTERNATIONAL EQUITY

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 99-2209923-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56730322

a Name of MTIA, CCT, PSA, or 103-12 IE: CC&L Q EMERGING MARKETS EQUITY CIF

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

c EIN-PN 93-6783575-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27673988

a Name of MTIA, CCT, PSA, or 103-12 IE: DB SL LARGE CAP GROWTH STOCK INDEX

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

c EIN-PN 25-6078093-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90280549

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

D Employer Identification Number (EIN)
43-6060737

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	19228434	2261874
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4500770	5110568
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	314350	17310427
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	73759940	24967949
(2) U.S. Government securities	1c(2)	4974948	6240398
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	914664	3195662
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	162728723	188796204
(5) Partnership/joint venture interests	1c(5)	164337209	165928872
(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)	353423843	438833826
(10) Value of interest in pooled separate accounts	1c(10)	65959815	73432712
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	137607913	164553495
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	63627774	68603532
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1051378383	1159235519
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	2674240	2885945
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2674240	2885945
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1048704143	1156349574

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)	47028931	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	58619	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		47087550
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	653736	
(B) U.S. Government securities	2b(1)(B)	236495	
(C) Corporate debt instruments	2b(1)(C)	125307	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	7520989	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8536527
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	46664	
(B) Common stock	2b(2)(B)	2850123	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1645412	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4542199
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	116677738	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	121318859	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-4641121
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	23636201	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		23636201

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		61479150
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3605032
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		27134211
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4116743
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		175496492
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	62440152	
(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)		62440152
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)	478200	
(3) Recordkeeping fees	2i(3)	117000	
(4) IQPA audit fees	2i(4)	34500	
(5) Investment advisory and investment management fees	2i(5)	3728973	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	105871	
(8) Legal fees	2i(8)	241419	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	704946	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		5410909
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		67851061
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		107645431
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) [X] 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)** [X] 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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 590229.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONSTRUCTION INDUSTRY LABORERS PENSION FUND

D Employer Identification Number (EIN)
43-6060737

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): 43-6060737

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 25

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer KISSICK CONSTRUCTION

b EIN 43-1684835 **c** Dollar amount contributed by employer 919429

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

e Contribution rate information *(If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer SUPERIOR BOWEN ASPHALT CO.

b EIN 43-1861896 **c** Dollar amount contributed by employer 1079697

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

e Contribution rate information *(If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer CENTRAL MECHANICAL CONSTRUCTION CO.

b EIN 48-0735970 **c** Dollar amount contributed by employer 1056223

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

e Contribution rate information *(If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer FRONABARGER CONCRETERS INC

b EIN 43-1396603 **c** Dollar amount contributed by employer 807453

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

e Contribution rate information *(If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer CLARKSON CONSTRUCTION CO

b EIN 44-0522076 **c** Dollar amount contributed by employer 642029

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

e Contribution rate information *(If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer IDEKER INC

b EIN 43-0977060 **c** Dollar amount contributed by employer 624421

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

e Contribution rate information *(If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(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 GLOBAL EARTHWORKS & UNDERGROUND

b EIN 88-2500563 **c** Dollar amount contributed by employer 1089295

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

e Contribution rate information *(If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer KCI CONSTRUCTION CO

b EIN 43-0797053 **c** Dollar amount contributed by employer 1058739

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

e Contribution rate information *(If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer PCI ENERGY SERVICES

b EIN 73-1408922 **c** Dollar amount contributed by employer 773961

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

e Contribution rate information *(If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer INTERNATIONAL BUILDERS & CONSU

b EIN 26-3047857 **c** Dollar amount contributed by employer 711657

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 51.4 % Private Equity: 10.5 % Investment-Grade Debt and Interest Rate Hedging Assets: 14.1 %
High-Yield Debt: 9.4 % Real Assets: 9.2 % Cash or Cash Equivalents: 1.1 % Other: 4.3 %

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_____.

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2025

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CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

Independent Auditors' Report

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

Opinion

We have audited the financial statements of Construction Industry Laborers Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 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 Construction Industry Laborers Pension Fund as of December 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 Construction Industry Laborers Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities Of Management For The Financial Statements

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

RubinBrown LLP is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities.

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

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

Auditors' Responsibilities For The Audit Of The Financial Statements

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

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

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

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

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

Supplemental Schedules Required By ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2025 and reportable transactions for the year ended December 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

October 15, 2026

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2025	2024
Assets		
Investments - At Fair Value		
U.S. Government and municipal securities	**$ 6,240,398**	$ 4,974,948
Corporate obligations	**3,195,662**	914,664
Corporate stocks	**188,796,204**	162,728,723
Pooled separate accounts	**73,432,712**	65,959,815
Mutual fund	**28,283,891**	22,922,308
103-12 investment entities	**164,553,495**	137,607,913
Limited partnerships	**165,928,872**	164,337,209
Limited liability companies	**40,319,641**	40,705,466
Money market funds	**24,967,949**	73,759,940
Common/collective trusts	**438,833,826**	353,423,843
Total Investments - At Fair Value	**1,134,552,650**	1,027,334,829
Receivables		
Interest and dividends	**303,466**	225,482
Employer contributions	**5,110,568**	4,435,317
Withdrawal liability contributions	**—**	65,453
Due from brokers for securities sold	**155,093**	—
Proceeds receivable for securities sold	**16,763,000**	—
Total Receivables	**22,332,127**	4,726,252
Cash	**2,261,874**	19,228,434
Other Assets		
Prepaid expenses and deposits	**88,868**	88,868
Total Assets	**1,159,235,519**	1,051,378,383
Liabilities		
Accounts payable	**283,277**	404,280
Other liabilities	**1,351,348**	1,359,971
Reciprocal transfers	**1,189,078**	887,744
Due to brokers for securities purchased	**62,242**	22,245
Total Liabilities	**2,885,945**	2,674,240
Net Assets Available For Benefits	**$ 1,156,349,574**	$ 1,048,704,143

See the notes to financial statements.

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended December 31,	
	2025	2024
Additions To Net Assets Available For Benefits Attributed To:		
Employer contributions	**$ 54,968,328**	$ 50,535,729
Less: reciprocal transfers	**(7,939,397)**	(6,190,095)
Withdrawal liability income	**250**	8,537
Other income	**58,369**	40,327
Total Additions	**47,087,550**	44,394,498
Deductions From Net Assets Available For Benefits Attributed To:		
Benefits paid	**62,440,152**	60,434,549
Expenses		
Investment management and consulting expenses	**3,728,973**	3,338,306
Insurance	**640,317**	603,770
Administrative fees	**478,200**	456,900
Legal fees	**241,419**	250,154
Payroll audit fees	**117,000**	111,000
Actuarial expenses	**105,871**	137,056
Audit fees	**34,500**	33,400
Other expenses	**24,363**	24,447
Trustee and delegate expenses	**20,301**	14,982
Printing and postage	**19,965**	15,728
Total Expenses	**5,410,909**	4,985,743
Total Deductions	**67,851,061**	65,420,292
Investment Income		
Interest and dividends	**13,078,726**	9,318,191
Net change in fair value of investments	**115,330,216**	76,138,168
Net Investment Income	**128,408,942**	85,456,359
Net Increase	**107,645,431**	64,430,565
Net Assets Available For Benefits - Beginning Of Year	**1,048,704,143**	984,273,578
Net Assets Available For Benefits - End Of Year	**$ 1,156,349,574**	$ 1,048,704,143

1. General Information

Description Of The Plan

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

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

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

Pension Benefits

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

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

Death And Disability Benefits

Upon the death of a vested participant prior to retirement, a pre-retirement death benefit may be payable to the participant's beneficiary. An eligible surviving spouse may receive an immediate survivor annuity equal to 75% or 50% of the participant's accrued benefit, depending on the participant's years of service and retirement eligibility. If no surviving spouse benefit is payable and the participant has at least five years of credited service, the designated beneficiary is entitled to a lump-sum benefit equal to the actuarial equivalent of 60 monthly payments of 50% of the participant's accrued monthly benefit.

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

Contributions

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

Employer contributions are intended to be at least sufficient to fund the participants' current service costs and to fund the Plan's future benefit obligations. The Plan's employer contributions for the Plan years ended December 31, 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.

Estimates And Assumptions

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

Cash

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

Investment Valuation And Revenue Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for further discussion on fair value measurements. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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 contributions and other receivables are stated at the amount management expects to collect from outstanding balances, less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate of amounts that will not be collected. This estimate considers historical experience, current conditions and, when applicable, reasonable and supportable forecasts. The Plan has concluded that no allowance for current expected credit losses was necessary at December 31, 2025 or 2024.

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 December 31, 2024 and 2023 are as follows:

	2024	2023
Investment Rate Of Return	7.00%	7.00%
Mortality	Healthy lives: 120% Pri.H-2012 Healthy Blue Collar Mortality Table, generationally projected using the rates of Scale MP-2020 Disabled lives: 100% Pri.H-2012 Disabled Mortality Table, generationally projected using the rates of Scale MP-2020	Healthy lives: 120% Pri.H-2012 Healthy Blue Collar Mortality Table, generationally projected using the rates of Scale MP-2020 Disabled lives: 100% Pri.H-2012 Disabled Mortality Table, generationally projected using the rates of Scale MP-2020
Average Expected Retirement Age	56 (for those retirees with 30 years of credited service; 59 (for all other retirees)	56 (for those retirees with 30 years of credited service; 59 (for all other retirees)
Percent Married	80%	80%

The actuarial valuation was made using the unit credit actuarial cost method. The valuations reflect deductions of $1,664,640 and $1,632,000 for anticipated administrative expenses associated with providing benefits for 2025 and 2024, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, 2024 and 2023, respectively, there would be no material differences.

Payment Of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

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

3. Actuarial Present Value Of Accumulated Plan Benefits

The latest available actuarial reports were prepared as of December 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	$ 561,998,125
Other vested benefits	389,580,661
Total vested benefits	951,578,786
Non-vested benefits	44,339,930
Total actuarial present value of accumulated plan benefits	$ 995,918,716

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

Actuarial present value of accumulated plan benefits, beginning of year	$ 981,098,539
Factors that affected change in the actuarial present value of accumulated plan benefits:	
Benefits accumulated	16,267,154
Experience (gains)/losses	(7,036,122)
Interest	67,679,201
Benefits paid	(60,434,549)
Administrative expenses	(1,655,507)
Actuarial present value of accumulated plan benefits, end of year	$ 995,918,716

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. Tax Status

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

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

5. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;

- Inputs other than quoted prices that are observable for the asset or liability;

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

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

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

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

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

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

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

Mutual Fund And Money Market Funds

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

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

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

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

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

	Level 1	Level 2	Level 3	Total
U.S. Government and municipal securities	$ —	$ 6,240,398	$ —	$ 6,240,398
Corporate obligations	—	3,195,662	—	3,195,662
Corporate stocks	188,796,204	—	—	188,796,204
Mutual fund	28,283,891	—	—	28,283,891
Money market funds	24,967,949	—	—	24,967,949
Total Assets In The Fair Value Hierarchy	$ 242,048,044	$ 9,436,060	$ —	251,484,104
Pooled separate accounts measured at net asset value (a)				73,432,712
103-12 investment entities measured at net asset value (a)				164,553,495
Limited partnerships measured at net asset value (a)				165,928,872
Limited liability companies measured at net asset value (a)				40,319,641
Common/collective trusts measured at net asset value (a)				438,833,826
				$ 1,134,552,650

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

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

(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.

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

	Fair Value		Unfunded	Redemption	Redemption Notice
	2025	2024	**Commitments**	**Frequency**	**Period**
103-12 Investment Entities					
Equity	**$ 61,425,319**	$ 47,371,617	$ —	Daily	3 days
Hedge strategy	**17,496,111**	16,951,160	—	Monthly	5 days
Real estate	**11,280,095**	11,715,673	—	Quarterly	45 days
Fixed income	**74,351,970**	61,569,463	—	Weekly	4 days
Pooled Separate Accounts					
Real estate	**73,432,712**	65,959,815	—	Daily to Monthly	3 days to 3 months
Common/Collective Trusts					
Equity	**327,798,108**	259,725,991	—	Daily to weekly	2 to 10 days
Fixed income	**111,035,718**	93,697,852	—	Daily to monthly	0 to 15 days
Limited Liability Companies			—		
Real estate	**23,185,762**	24,095,651	7,594,457	Not Permitted,	90 days, N/A
Hedge strategy/fixed income	**17,133,879**	16,609,815	—	Monthly	7 days
Limited Partnerships					
Private investments	**152,359,506**	132,628,073	53,790,492	Not Permitted	N/A
Infrastructure	**12,346,608**	11,681,721	—	3/31 and 9/30	4 months
Fixed income	**1,222,758**	20,027,415	—	Monthly	30 days
Total	**$ 883,068,546**	$ 762,034,246	$ 61,384,949		

6. Plan Termination

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

a. Annuity benefits that participants or their beneficiaries have been receiving for at least three years, or annuity benefits that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable, or would have been payable, during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.

c. All other vested benefits not insured by PBGC.

d. All nonvested benefits under the Plan.

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

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

7. Administrative Agreements And Party In Interest Transactions

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

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

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

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

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

These transactions qualified as exempt party in interest transactions.

8. Risks And Uncertainties

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

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

9. Concentration Of Credit Risk

The Plan maintains cash accounts at Commerce Bank. The balance is insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 (without regard to outstanding items). At various times during the years ended December 31, 2025 and 2024, the Plan's cash balances exceeded FDIC limits.

Supplemental Schedules

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
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Description Of Investment	No. Of Shares	Cost	Current Value
Corporate Stocks			
Ameriprise Finl Inc Com	4,858	$ 1,116,095	$ 2,382,072
Axos Finl Inc Com	5,833	262,126	502,571
American Intl Group Inc Com New	25,350	1,935,218	2,168,693
Bjs Whsl Club Hldgs Inc Com	74,842	617,264	706,015
Blackstone Inc.	12,000	1,599,231	1,849,680
Boot Barn Hldgs Inc Com	3,514	500,210	620,116
Citizens Finl Group Inc Com	19,375	1,006,005	1,131,694
Caseys Gen Stores Inc Com	1,554	599,071	858,911
Cava Group Inc Com	12,417	865,517	728,754
Capital One Finl Corp Com	13,800	1,427,610	3,344,568
Champion Homes Inc	6,252	362,794	528,294
Churchill Downs Inc Com	4,740	502,027	539,317
Central Garden & Pet Co Cl A Non Vtg	9,445	279,774	275,700
Coca Cola Co Com	26,100	1,270,823	1,824,651
Conagra Brands Inc	19,635	336,774	339,882
Chefs Whse Inc Com	11,578	425,954	721,657
Coterra Energy Inc	63,800	1,227,905	1,679,216
Cullen Frost Bankers Inc Com	11,000	1,163,743	1,392,930
Constellation Brands Inc Cl A	1,365	500,311	482,213
Dicks Sporting Goods Inc Oc-Com	2,500	553,641	494,925
Doordash Inc Cl A	1,694	328,015	383,657
Dutch Bros Inc Cl A	16,352	686,204	1,001,069
Floor & Decor Hldgs Inc Cl A	7,780	468,873	473,724
First Ctzns Bancshares Inc N C Cl A	230	423,189	493,621
GE Healthcare Technologies Inc	7,640	580,382	626,633
Hilton Worldwide Hldgs Inc When Issued	3,446	897,255	989,864
Hartford Finl Svcs Group Inc Com	5,475	706,159	754,455
Installed Bldg Prods Inc Com	1,658	225,304	430,069
Kbr Inc Com	5,475	236,464	220,095
Kontoor Brands Inc Com	6,528	529,771	398,796
Lear Corp Com New	4,620	506,101	529,452
Lennar Corp Cl A	18,400	1,663,300	1,891,520
Lowes Cos Inc Com	7,200	1,679,527	1,736,352
Magna International Inc Cl A	3,900	195,244	207,870
MCSI Inc Cl A	1,447	699,593	830,187
Markel Group Inc	250	501,402	537,413
Mercury Systems Inc	6,635	324,903	484,421
Mitsubishi Ufj Finl Group Inc	122,300	601,084	1,939,678
Nvent Electric PLC Shs	3,525	394,247	359,444
Old Republic Intl Corp Com	6,885	281,424	314,231
ELF Beauty Inc Com	8,539	946,846	649,306
Perrigo Co PLC Shs	7,050	111,101	98,136
Planet Fitness Inc Cl A	6,194	400,174	671,863
PNC Finl Svcs Group Inc Com	9,400	1,401,005	1,962,062
Polaris Inc	1,910	126,345	120,808
Pulte Group Inc Com	7,610	915,117	892,349
Procter & Gamble Co Com	11,300	1,483,060	1,619,403
Rapport Therapeutics Inc Com	4,845	145,929	146,997
Rhythm Pharmaceuticals Inc Com	1,932	108,295	206,801
Raymond James Finl Inc Com	9,870	1,409,017	1,585,023
Stifel Finl Corp Com	6,680	801,198	836,470
SHIFT4 Pmts Inc Cl A	13,100	1,003,269	824,907
Specrum Brands Hldgs Inc New Com	3,610	199,902	213,279
Sony Corp Amern Sh New	104,020	2,150,918	2,662,912
Scholar Rock Hldg Corp Com	4,187	130,357	184,437
McCormick & Co Inc Com Non Vtg	11,918	819,436	811,735
Twilio Inc Cl A	6,066	749,809	862,828
West Pharmaceutical Svcs Inc Com	3,709	871,105	1,020,494
Xeris Biophama Holdings Inc Com	26,045	136,968	204,453
Knife Riv Hldg Co Common Stock	5,121	430,511	360,262

Description Of Investment	No. Of Shares	Cost	Current Value
Corporate Stocks *(Continued)*			
Aptiv PLC Com Shs	6,390	$ 527,586	$ 486,215
Aaon Inc Com	4,578	377,672	349,073
Acuity Inc	1,690	619,145	608,468
Alcon Inc Ord Shs	19,100	1,392,533	1,505,271
Amgen Inc Com	6,600	1,615,407	2,160,246
Allison Transmission Hldgs Inc Com	4,975	405,496	487,053
Apogee Therapeutics Inc Com	3,113	155,622	234,969
Asgn Inc Com	9,090	406,548	437,865
Academy Sports & Outdoors Inc Com	8,750	419,208	437,150
Adaptive Biotechnologies Corp Com	32,482	267,648	527,508
Assurant Inc Com	3,440	760,607	828,524
Bgc Group Inc Cl A	29,791	289,986	266,034
Align Technology Inc Com	2,145	293,886	334,942
Broadridge Finl Solutions Inc Com	3,487	577,536	778,194
Biogen Inc	2,480	381,705	436,455
Centene Corp Del Com	8,005	294,032	329,406
Catalyst Pharmaceuticals Inc Com	7,973	130,971	186,090
Casella Waste Sys Inc Cl A	4,056	287,169	397,245
Comfort Sys USA Inc Com	888	205,664	828,762
Coastal Finl Corp WA Com New	3,118	256,645	357,292
Colfax Corp Com	9,086	447,817	242,051
Danaher Corp Com	7,800	1,645,928	1,785,576
Diamondback Energy Inc Com	5,335	744,938	802,011
Dexcom Inc Com	7,580	632,399	503,085
Eqt Corp Com	9,745	554,132	522,332
Everest Group LTD	1,912	640,339	648,837
Edgewise Therapeutics Inc Com	7,337	90,746	182,068
Encompass Health Corp Com	5,080	584,346	539,191
Elevance Health Inc	780	248,075	273,429
Exelixis Inc Com	9,970	403,528	436,985
Ferguson PLC New Shs	3,490	542,789	776,979
Adeia Inc Com	47,050	642,600	811,613
Globus Med Inc Cl A New	7,554	457,260	659,540
Halozyme Therapeutics Inc Com	1,878	70,218	126,389
Ionis Pharmaceuticals Inc Com	3,012	133,455	238,279
ICU Medical Inc Com	2,261	287,792	322,577
Illumina Inc Com	5,936	715,648	778,566
Insulet Corp Com	2,286	379,626	649,773
Jazz Pharmaceuticals PLC	2,620	366,921	445,400
L3harris Technologies Inc Com	2,820	811,845	827,867
Lennox International Inc Com	1,201	648,001	583,182
Leidos Hldgs Inc Com	2,820	551,656	508,728
Labcorp Holdings Inc Com Shs	955	238,777	239,590
Medtronic PLC Shs	13,800	1,472,966	1,325,628
Merck & Co Inc New Com	16,200	1,452,490	1,705,212
Nurix Therapeutics Inc Com	12,166	158,744	230,789
Nomad Hldgs LTD USD Ord Shs	31,410	363,493	392,933
Ovintiv Inc Com	18,915	716,813	741,279
Penumbra Inc Com	3,272	737,740	1,017,298
Protagonist Therapeutics Inc Com	4,230	106,796	369,448
Pjt Partners Inc Com Cl A	1,533	280,929	256,318
Quidelortho Corp Com	3,235	88,891	92,392
Repligen Corp Com	4,723	724,257	773,911
Resmed Inc Com	3,095	650,751	745,493
Ralph Lauren Corp Cl A	2,035	651,995	719,596
Strategic Ed Inc Com	5,380	408,267	431,476
Stride Inc Com	3,290	237,159	213,620
Solaris Energy Infrastructure Inc	5,822	315,850	267,637
Surgery Partners Inc Com	17,512	408,072	270,560
The Baldwin Insurance Group Inc	11,375	283,651	273,341

Description Of Investment	No. Of Shares	Cost	Current Value
Corporate Stocks *(Continued)*			
Totalengeries SE	26,300	$ 1,681,545	$ 1,720,546
U Haul Holding Company Com Ser N	4,560	224,442	213,134
United Cmnty Bks Blairsvle GA Com	8,625	255,948	269,273
Universal Technical Inst Inc Com	17,798	276,835	465,062
US Bancorp Del Com New	43,000	1,636,643	2,294,480
Veeva Sys Inc Cl A Com	3,423	743,827	764,116
Viper Energy Inc Cl A	14,011	540,004	541,245
Wave Life Sciences LTD Shs	11,489	93,079	195,313
Webster Finl Corp Waterbury Conn Com	12,790	738,450	805,003
Wells Fargo & Co New Com	23,119	1,816,257	2,154,691
Wealthfront Corp Com	23,778	319,589	323,143
Waystar Therapeutics Inc Com	11,827	342,117	387,334
Wingstop Inc Com	4,004	1,022,826	954,914
Atricure Inc Com	7,998	290,981	316,401
Avidity Biosciences Inc Com	3,416	146,158	246,396
Axsome Therapeutics Inc Com	1,565	177,943	285,832
Bwx Technologies inc Com	4,072	417,575	703,804
Biomarin Pharmaceutical Inc Com	8,680	461,864	515,852
Fabrinet Shs	1,055	229,927	480,320
Adobe Inc	4,840	2,266,992	1,693,952
Akamai Technologies Inc Com	3,970	291,105	346,383
Crane Company Common Stock	2,541	278,858	468,637
Cdw Corp Com	1,988	247,096	270,766
Curtiss Wright Corp Com	1,511	854,445	832,969
Check Point Software Tech Com	955	183,353	177,210
Applied Optoelectronics Inc Com	10,455	344,691	364,461
Astera Labs Inc Com	3,260	170,603	542,334
Coherent Corp Com	3,075	427,447	567,553
Descartes Sys Group Inc Com	5,362	444,881	470,033
Delta Air Lines Inc Del Com New	5,010	294,445	347,694
Ducommun Inc Del Com	4,895	336,042	465,661
Emcor Group Inc Com	1,716	1,152,141	1,049,832
Epam Sys Inc Com	3,124	645,940	640,045
Equifax Inc Com	3,061	679,970	664,176
Fastenal Co Com	16,676	431,448	669,208
Franklin Elec Inc Com	2,853	305,957	272,547
General Dynamics Corp Com	6,100	990,843	2,053,626
Datadog Inc Cl A Com	5,185	702,158	705,108
Graco Inc Com	7,738	419,671	634,284
Heico Corp New Com	2,375	321,840	768,526
F5 Inc	1,620	400,877	413,521
Freshworks Inc Class A Com	22,802	387,184	279,324
Insight Enterprises Inc Com	2,296	328,142	187,055
Impinj Inc Com	3,118	280,596	542,563
Intapp Inc Com	6,591	393,438	302,000
Microsoft Corp Com	8,020	2,111,856	3,878,632
Macom Technology Solutions Holdings	3,979	314,606	681,523
Mastec Inc Com	3,117	282,268	677,542
Mks Inc Com	5,990	863,398	957,202
NXP Semiconductors N V Com	955	200,516	207,292
Oshkosh Truck Corp Com	10,700	1,211,964	1,344,241
Owens Coming New Com	5,795	638,327	648,518
Powell Inds Inc Com	1,183	281,180	377,117
Parker Hannifin Corp Com	5,700	1,646,103	5,010,072
Leonardo Drs Inc Com	10,909	198,683	371,888
Paylocity Hldg Corp Com	2,048	341,304	312,320
Parsons Corporation Com	5,267	369,227	325,501
Primoris Svcs Corp Com	2,360	313,546	292,970
Regal Rexnord Corporation	2,005	279,509	281,342
Standex Intl Corp Com	1,978	413,173	429,780

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

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Description Of Investment	No. Of Shares	Cost	Current Value
Corporate Stocks *(Continued)*			
Science Applicatns Intl CP New Com	2,490	$ 229,075	$ 250,643
Sterlling Infrastructure Inc	993	348,386	304,086
Rollins Inc Com	13,222	637,278	793,584
Ufp Industries Inc Com	3,181	275,045	289,630
Uber Technologies Inc Com	24,350	1,788,898	1,989,639
Tetra Tech Inc New Com	20,154	614,587	675,966
Trex Co Inc Com	9,137	489,687	320,526
Tower Semiconductor LTD Shs New	7,275	654,139	854,231
Willdan Group Inc Com	2,916	287,676	302,273
Vertiv Holdings LLC Com Cl A	4,787	472,783	775,542
Xpo Inc Com	5,625	778,561	764,494
American Wtr Wks Co Inc New Com	14,090	1,684,436	1,838,745
Air Prods Chems Inc Com	6,350	1,957,922	1,568,577
Argentine Peso	1,724	27	1
Alphabet Inc Cap Stk Cl C	11,590	1,917,288	3,636,942
Atmos Energy Corp Com	13,579	1,536,101	2,276,247
Contra Ligand Parmace	294	2,406	2,406
Commercial Metals Co Com	8,740	512,785	604,983
Corteva Inc Com	42,000	1,778,056	2,815,260
Evergy Inc Com	8,195	626,713	594,055
Digital Rlty Tr Inc Com	5,390	899,744	833,887
Eastman Chem Co Com	5,140	316,052	328,086
Ecolab Inc Com	8,240	1,821,723	2,163,165
Discovery Inc Com Ser A	9,585	220,596	276,240
Equity Lifestyle Pptys Inc Com	18,800	1,244,608	1,139,468
Gaming & Leisure Pptys Inc Com	11,495	512,979	513,711
Freeport-McMoran Inc Cl B	12,805	518,710	650,366
Host Hotels & Resorts Inc	45,605	758,458	808,577
Entergy Corp New Com	7,085	680,913	654,866
Lxp Industrial Trust Com	9,465	458,767	469,275
Northwestern Energy Group Inc	6,220	381,211	401,439
Mirion Technologies Inc Com Cl A	13,816	312,598	323,571
Magnite Inc Com	39,677	448,682	643,958
Martin Marietta Materials Com	4,300	1,390,532	2,677,438
Nnn REIT Inc Com	14,515	579,386	575,229
Microchip Technology Inc Com	26,900	1,860,858	1,714,068
Live Nation Entertainment, Inc	3,721	515,424	530,243
Monolithic Pwr Sys Inc Com	1,143	501,623	1,035,969
Jfrog LTD Ord Shs	13,949	473,056	871,255
Onto Innovation Inc Com	6,781	868,649	1,070,449
Netskope Inc Cl A	15,347	337,226	269,186
Penguin Solutions Inc Com	20,357	367,542	398,183
Piedmont Office Rlty Tr Inc Com Cl A	39,395	325,662	328,554
Pinnacle West Cap Corp Com	7,090	627,261	628,883
PTC Inc Com	3,223	359,820	561,479
Qualcomm Inc Com	12,800	2,073,120	2,189,440
Rpm Intl Inc Com	16,300	1,430,432	1,695,200
Synopsys Inc Com	4,200	2,035,899	1,972,824
Sentinelone Inc Cl A	13,166	257,063	197,490
Sitime Corporation Com	1,557	201,994	549,917
Tko Group Holdings Inc Cl A	3,707	719,793	774,763
Teledyne Technologies Inc Com	3,880	1,628,942	1,981,632
Tyler Technologies Inc Com	1,398	395,147	634,622
Universal Display Corp Com	2,370	340,344	276,768
Zebra Technologies Corp Cl A	1,932	628,027	469,128
Vici Pptys Inc Com	21,890	659,774	615,547
Verizon Communications Inc Com	43,700	1,910,657	1,779,901
Vertex Inc Cl A	15,061	416,378	300,768
Xcel Energy Inc Com	25,100	1,696,903	1,853,886
Total Corporate Stocks		155,613,897	188,796,204

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Description Of Investment	Par Value / No. Of Units	Cost	Current Value
Mutual Fund			
Transamerica International Small Cap	1,578,342	$ 27,709,587	$ 28,283,891
U.S. Government And Municipal Securities			
US Treasury Note 4.375% Dtd 12/15/2023 Due 12/15/1016	$ 1,000,000	1,001,484	1,007,940
US Treasury Note 4.375% Dtd 7/15/2024 Due 7/15/2027	1,000,000	1,001,406	1,013,400
US Treasury Note 3.75% Dtd 8/31/2024 Due 8/31/2026	800,000	793,438	800,920
US Treasury Note 4.25% Dtd 1/15/2025 Due 1/15/2028	750,000	747,979	761,168
US Treasury Note 3.75% Dtd 5/15/2025 Due 5/15/2028	1,250,000	1,253,613	1,256,963
US Treasury Note 3.5% Dtd 10/15/2025 Due 10/15/2027	1,250,000	1,245,020	1,248,875
Champaign Cnty III Cmnty Unit	150,000	150,000	151,132
Total U.S. Government And Municipal Securities		6,192,940	6,240,398
Corporate Obligations			
American Express Co Sr NT Var Rate Dtd 4/25/2024 Due 4/23/2027	$ 150,000	151,566	150,718
Bk of America Corp Fr Var Rate Dtd 2/4/2022 Due 2/4/2028	150,000	143,217	147,546
Bank New York Mellon Corp Fr Var Rate Dtd 2/7/2017 Due 2/7/2028	150,000	146,256	149,272
Entergy LA LLC 1m Bd 3.12% Dtd 5/23/2017 Due 9/01/2027	315,000	302,830	311,119
Enterprise Prods Oper LLC Sr Gibl NT 3.95% Dtd 4/13/2016 Due 2/15/2027	155,000	152,959	155,144
Evergy MO West Inc 1m 144a Bd 5.15% Dtd 12/05/2022 Due 12/15/2027	150,000	151,229	152,889
General Mtrs Finl Co Inc Sr Glbl	75,000	74,956	75,107
Goldman Sachs Bk USA Sr NT Var Rate Dtd 5/21/2024 Due 5/21/2027	100,000	101,264	100,524
Gulf Power Co Sr Glbl 2017a 3.3% Dtd 5/18/2017 Due 5/30/2027	155,000	150,169	154,239
Honeywell Intl Inc Sr NT 4.65% Dtd 8/1/2024 Due 7/30/2027	100,000	99,997	101,283
Intuit Sr NT 5.25% Dtd 9/15/2023 Due 9/15/2026	130,000	129,883	131,093
JPMorgan Chase & Co Sr Flt NT Var Rate Dtd 1/23/2024 Due 1/23/2028	150,000	150,588	151,553
Legg Mason Inc Sr Glbl NT 4.75% Dtd 3/22/2016 Due 3/15/2026	150,000	150,198	150,123
Morgan Stanley Fr Var Rate Dtd 7/20/2021 Due 7/20/2027	150,000	142,844	147,867
Paccar Financial Corp Fr 4.45% Dtd 8/6/2024 Due 8/6/2027	250,000	250,085	252,888
Paypal Hldgs Inc Sr NT 2.65% Dtd 9/26/2019 Due 10/1/2026	155,000	150,108	153,638
Pepsico Inc Sr NT 4.55% Dtd 2/15/2023 Due 2/13/2026	100,000	99,942	100,022
Realty Income Corp Sr Glbl NT 4.45% Dtd 9/15/2023 Due 9/15/2026	150,000	149,292	150,153
Schwab Charles Corp New Sr Glbl	155,000	150,579	153,766
Suntrust Bk Atlanta Mdt,sbntbe Fr 3.3% Dtd 5/16/2016 Due 5/15/2026	150,000	146,987	149,574
US Bancorp Fr Var Rate Dtd 1/27/2022 Due 1/27/2028	160,000	152,178	157,144
Total Corporate Obligations		3,147,127	3,195,662
103-12 Investment Entities			
LSV International Value Equity Trust	136,981	14,085,398	61,425,319
Parametric Defensive Equity Fund LLC	—	7,151,288	17,496,111
Ullico Infrastructure Tax-Exempt Fund, LP	34,763	7,250,000	11,280,095
Proloan Bond Fund, LLC	39,412	70,517,972	74,351,970
Total 103-12 Investment Entities		99,004,658	164,553,495
Pooled Separate Accounts			
Principal US Property Sep Acct	659,733	16,809,325	44,796,243
Ullico Separate Account J	1,431,189	24,111,811	28,636,469
Total Pooled Separate Accounts		40,921,136	73,432,712
Common/Collective Trusts			
MFS Emerging Markets Debt Fund	826,227	17,947,241	22,506,436
MacKay Shields Core Plus Bond CIT	5,664,744	60,332,107	72,905,253
Chevy Chase Trust Company - ASB Labor Equity Index Fund	1,524,724	31,096,739	102,691,053
AFL-CIO Housing Investment Trust	15,744	16,393,171	15,624,029
BNYM Mellon DB SL Large Cap Growth Stock Index Fund	26,569	40,970,509	90,280,549
GQG Partners Intl Eqty CIT Cl A	3,501,137	41,211,000	56,730,322
MetLife Small Cap Value Equity CIT Cl A	2,038,094	21,907,000	28,105,316
MetLife Opportunistic High Yield CIT Cl A	1,469,182	19,366,000	22,316,880
CC&L Q Emerging Markets Equity CIF	1,877,552	18,725,000	27,673,988
Total Common/Collective Trusts		267,948,767	438,833,826

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Description Of Investment	No. of Units	Cost	Current Value
Limited Liability Companies			
Invesco Strategic Opportunities III Onshore Feeder, LLC	—	$ 2,194,923	$ 1,462,817
Neuberger Berman US Equity Index PutWrite Fund LLC	—	8,149,936	17,133,879
US Real Estate Investment Fund, LLC	—	13,124,151	21,722,945
Total Limited Liability Companies		23,469,010	40,319,641
Limited Partnerships			
Entrustpermal Special Opportunities Fund IV LTD	7,416	8,587,781	8,867,768
Entrust Special Opportunities Fund III LTD	—	2,524,596	2,024,970
Hamilton Lane Secondary Feeder Fund IV-A LP	—	5,509,420	3,221,309
StepStone VC Secondaries Fund IV, LP	—	6,450,337	11,506,073
Yucaipa American Allegiance Fund II, LP	—	1,737,525	7,279,656
Yucaipa American Allegiance Fund III, LP	—	6,000,725	9,745,116
First Eagle Bank Loan Select Fund (Offshore)	1,756	—	1,222,758
JP Morgan IIF ERISA LP	13,095,400	6,900,567	12,346,608
Siguler Guff Distressed Opportunity Fund V, LP	—	5,349,519	6,995,597
Siguler Guff Emerging Markets Opportunities Fund IV, LP	—	6,840,640	10,668,613
Siguler Guff Small Buyout III, LP	—	—	5,618,362
Siguler Guff Small Buyout IV, LP	—	6,678,184	15,327,845
ElmTree U.S. Net Lease Fund V, LP	—	6,930,376	8,628,104
HighVista Private Equity IX (Offshore), LP	—	11,036,701	17,035,472
RCP Multi-Strategy Cayman Feeder, LP	—	8,546,569	12,424,611
RCP Multi-Strategy Cayman Feeder II, LP	—	6,434,873	7,313,951
Accolade Partners IX Feeder, LP	—	7,920,000	9,906,210
TPG AG DLI Evergreen, L.P	—	8,775,000	9,757,592
IVPH VII Feeder LP	—	199,623	276,007
BPEA Strategic Healthcare II, LP	—	940,000	1,209,110
Siguler Guff Small Buyout VI, LP	—	—	522,626
TA Realty Core Property Fund	3,169	4,000,000	4,030,514
Total Limited Partnerships		111,362,436	165,928,872
Money Market Funds			
GS Financial Sq Trsy Obligations Cap 1858	14,993,896	14,993,896	14,993,896
GS Financial Sq Gov #466	9,974,053	9,974,053	9,974,053
Total Money Market Funds		24,967,949	24,967,949
Total Investments		$ 760,337,507	$ 1,134,552,650

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 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 (Loss)
Series Of Transactions In Excess Of 5%								
Goldman Sachs								
GS Financial Sq Gov #466	604	—	$ 123,681,499	$ —	$ —	$ —	$ 123,681,499	$ —
GS Financial Sq Gov #466	—	286	—	134,609,707	—	134,609,707	134,609,707	—

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

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
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December 31, 2025

Description Of Investment	No. Of Shares	Cost	Current Value
Corporate Stocks			
Ameriprise Finl Inc Com	4,858	$ 1,116,095	$ 2,382,072
Axos Finl Inc Com	5,833	262,126	502,571
American Intl Group Inc Com New	25,350	1,935,218	2,168,693
Bjs Whsl Club Hldgs Inc Com	74,842	617,264	706,015
Blackstone Inc.	12,000	1,599,231	1,849,680
Boot Barn Hldgs Inc Com	3,514	500,210	620,116
Citizens Finl Group Inc Com	19,375	1,006,005	1,131,694
Caseys Gen Stores Inc Com	1,554	599,071	858,911
Cava Group Inc Com	12,417	865,517	728,754
Capital One Finl Corp Com	13,800	1,427,610	3,344,568
Champion Homes Inc	6,252	362,794	528,294
Churchill Downs Inc Com	4,740	502,027	539,317
Central Garden & Pet Co Cl A Non Vtg	9,445	279,774	275,700
Coca Cola Co Com	26,100	1,270,823	1,824,651
Conagra Brands Inc	19,635	336,774	339,882
Chefs Whse Inc Com	11,578	425,954	721,657
Coterra Energy Inc	63,800	1,227,905	1,679,216
Cullen Frost Bankers Inc Com	11,000	1,163,743	1,392,930
Constellation Brands Inc Cl A	1,365	500,311	482,213
Dicks Sporting Goods Inc Oc-Com	2,500	553,641	494,925
Doordash Inc Cl A	1,694	328,015	383,657
Dutch Bros Inc Cl A	16,352	686,204	1,001,069
Floor & Decor Hldgs Inc Cl A	7,780	468,873	473,724
First Ctzns Bancshares Inc N C Cl A	230	423,189	493,621
GE Healthcare Technologies Inc	7,640	580,382	626,633
Hilton Worldwide Hldgs Inc When Issued	3,446	897,255	989,864
Hartford Finl Svcs Group Inc Com	5,475	706,159	754,455
Installed Bldg Prods Inc Com	1,658	225,304	430,069
Kbr Inc Com	5,475	236,464	220,095
Kontoor Brands Inc Com	6,528	529,771	398,796
Lear Corp Com New	4,620	506,101	529,452
Lennar Corp Cl A	18,400	1,663,300	1,891,520
Lowes Cos Inc Com	7,200	1,679,527	1,736,352
Magna International Inc Cl A	3,900	195,244	207,870
MCSI Inc Cl A	1,447	699,593	830,187
Markel Group Inc	250	501,402	537,413
Mercury Systems Inc	6,635	324,903	484,421
Mitsubishi Ufj Finl Group Inc	122,300	601,084	1,939,678
Nvent Electric PLC Shs	3,525	394,247	359,444
Old Republic Intl Corp Com	6,885	281,424	314,231
ELF Beauty Inc Com	8,539	946,846	649,306
Perrigo Co PLC Shs	7,050	111,101	98,136
Planet Fitness Inc Cl A	6,194	400,174	671,863
PNC Finl Svcs Group Inc Com	9,400	1,401,005	1,962,062
Polaris Inc	1,910	126,345	120,808
Pulte Group Inc Com	7,610	915,117	892,349
Procter & Gamble Co Com	11,300	1,483,060	1,619,403
Rapport Therapeutics Inc Com	4,845	145,929	146,997
Rhythm Pharmaceuticals Inc Com	1,932	108,295	206,801
Raymond James Finl Inc Com	9,870	1,409,017	1,585,023
Stifel Finl Corp Com	6,680	801,198	836,470
SHIFT4 Pmts Inc Cl A	13,100	1,003,269	824,907
Specrum Brands Hldgs Inc New Com	3,610	199,902	213,279
Sony Corp Amern Sh New	104,020	2,150,918	2,662,912
Scholar Rock Hldg Corp Com	4,187	130,357	184,437
McCormick & Co Inc Com Non Vtg	11,918	819,436	811,735
Twilio Inc Cl A	6,066	749,809	862,828
West Pharmaceutical Svcs Inc Com	3,709	871,105	1,020,494
Xeris Biophama Holdings Inc Com	26,045	136,968	204,453
Knife Riv Hldg Co Common Stock	5,121	430,511	360,262

Description Of Investment	No. Of Shares	Cost	Current Value
Corporate Stocks *(Continued)*			
Aptiv PLC Com Shs	6,390	$ 527,586	$ 486,215
Aaon Inc Com	4,578	377,672	349,073
Acuity Inc	1,690	619,145	608,468
Alcon Inc Ord Shs	19,100	1,392,533	1,505,271
Amgen Inc Com	6,600	1,615,407	2,160,246
Allison Transmission Hldgs Inc Com	4,975	405,496	487,053
Apogee Therapeutics Inc Com	3,113	155,622	234,969
Asgn Inc Com	9,090	406,548	437,865
Academy Sports & Outdoors Inc Com	8,750	419,208	437,150
Adaptive Biotechnologies Corp Com	32,482	267,648	527,508
Assurant Inc Com	3,440	760,607	828,524
Bgc Group Inc Cl A	29,791	289,986	266,034
Align Technology Inc Com	2,145	293,886	334,942
Broadridge Finl Solutions Inc Com	3,487	577,536	778,194
Biogen Inc	2,480	381,705	436,455
Centene Corp Del Com	8,005	294,032	329,406
Catalyst Pharmaceuticals Inc Com	7,973	130,971	186,090
Casella Waste Sys Inc Cl A	4,056	287,169	397,245
Comfort Sys USA Inc Com	888	205,664	828,762
Coastal Finl Corp WA Com New	3,118	256,645	357,292
Colfax Corp Com	9,086	447,817	242,051
Danaher Corp Com	7,800	1,645,928	1,785,576
Diamondback Energy Inc Com	5,335	744,938	802,011
Dexcom Inc Com	7,580	632,399	503,085
Eqt Corp Com	9,745	554,132	522,332
Everest Group LTD	1,912	640,339	648,837
Edgewise Therapeutics Inc Com	7,337	90,746	182,068
Encompass Health Corp Com	5,080	584,346	539,191
Elevance Health Inc	780	248,075	273,429
Exelixis Inc Com	9,970	403,528	436,985
Ferguson PLC New Shs	3,490	542,789	776,979
Adeia Inc Com	47,050	642,600	811,613
Globus Med Inc Cl A New	7,554	457,260	659,540
Halozyme Therapeutics Inc Com	1,878	70,218	126,389
Ionis Pharmaceuticals Inc Com	3,012	133,455	238,279
ICU Medical Inc Com	2,261	287,792	322,577
Illumina Inc Com	5,936	715,648	778,566
Insulet Corp Com	2,286	379,626	649,773
Jazz Pharmaceuticals PLC	2,620	366,921	445,400
L3harris Technologies Inc Com	2,820	811,845	827,867
Lennox International Inc Com	1,201	648,001	583,182
Leidos Hldgs Inc Com	2,820	551,656	508,728
Labcorp Holdings Inc Com Shs	955	238,777	239,590
Medtronic PLC Shs	13,800	1,472,966	1,325,628
Merck & Co Inc New Com	16,200	1,452,490	1,705,212
Nurix Therapeutics Inc Com	12,166	158,744	230,789
Nomad Hldgs LTD USD Ord Shs	31,410	363,493	392,933
Ovintiv Inc Com	18,915	716,813	741,279
Penumbra Inc Com	3,272	737,740	1,017,298
Protagonist Therapeutics Inc Com	4,230	106,796	369,448
Pjt Partners Inc Com Cl A	1,533	280,929	256,318
Quidelortho Corp Com	3,235	88,891	92,392
Repligen Corp Com	4,723	724,257	773,911
Resmed Inc Com	3,095	650,751	745,493
Ralph Lauren Corp Cl A	2,035	651,995	719,596
Strategic Ed Inc Com	5,380	408,267	431,476
Stride Inc Com	3,290	237,159	213,620
Solaris Energy Infrastructure Inc	5,822	315,850	267,637
Surgery Partners Inc Com	17,512	408,072	270,560
The Baldwin Insurance Group Inc	11,375	283,651	273,341

Description Of Investment	No. Of Shares	Cost	Current Value
Corporate Stocks *(Continued)*			
Totalengeries SE	26,300	$ 1,681,545	$ 1,720,546
U Haul Holding Company Com Ser N	4,560	224,442	213,134
United Cmnty Bks Blairsvle GA Com	8,625	255,948	269,273
Universal Technical Inst Inc Com	17,798	276,835	465,062
US Bancorp Del Com New	43,000	1,636,643	2,294,480
Veeva Sys Inc Cl A Com	3,423	743,827	764,116
Viper Energy Inc Cl A	14,011	540,004	541,245
Wave Life Sciences LTD Shs	11,489	93,079	195,313
Webster Finl Corp Waterbury Conn Com	12,790	738,450	805,003
Wells Fargo & Co New Com	23,119	1,816,257	2,154,691
Wealthfront Corp Com	23,778	319,589	323,143
Waystar Therapeutics Inc Com	11,827	342,117	387,334
Wingstop Inc Com	4,004	1,022,826	954,914
Atricure Inc Com	7,998	290,981	316,401
Avidity Biosciences Inc Com	3,416	146,158	246,396
Axsome Therapeutics Inc Com	1,565	177,943	285,832
Bwx Technologies inc Com	4,072	417,575	703,804
Biomarin Pharmaceutical Inc Com	8,680	461,864	515,852
Fabrinet Shs	1,055	229,927	480,320
Adobe Inc	4,840	2,266,992	1,693,952
Akamai Technologies Inc Com	3,970	291,105	346,383
Crane Company Common Stock	2,541	278,858	468,637
Cdw Corp Com	1,988	247,096	270,766
Curtiss Wright Corp Com	1,511	854,445	832,969
Check Point Software Tech Com	955	183,353	177,210
Applied Optoelectronics Inc Com	10,455	344,691	364,461
Astera Labs Inc Com	3,260	170,603	542,334
Coherent Corp Com	3,075	427,447	567,553
Descartes Sys Group Inc Com	5,362	444,881	470,033
Delta Air Lines Inc Del Com New	5,010	294,445	347,694
Ducommun Inc Del Com	4,895	336,042	465,661
Emcor Group Inc Com	1,716	1,152,141	1,049,832
Epam Sys Inc Com	3,124	645,940	640,045
Equifax Inc Com	3,061	679,970	664,176
Fastenal Co Com	16,676	431,448	669,208
Franklin Elec Inc Com	2,853	305,957	272,547
General Dynamics Corp Com	6,100	990,843	2,053,626
Datadog Inc Cl A Com	5,185	702,158	705,108
Graco Inc Com	7,738	419,671	634,284
Heico Corp New Com	2,375	321,840	768,526
F5 Inc	1,620	400,877	413,521
Freshworks Inc Class A Com	22,802	387,184	279,324
Insight Enterprises Inc Com	2,296	328,142	187,055
Impinj Inc Com	3,118	280,596	542,563
Intapp Inc Com	6,591	393,438	302,000
Microsoft Corp Com	8,020	2,111,856	3,878,632
Macom Technology Solutions Holdings	3,979	314,606	681,523
Mastec Inc Com	3,117	282,268	677,542
Mks Inc Com	5,990	863,398	957,202
NXP Semiconductors N V Com	955	200,516	207,292
Oshkosh Truck Corp Com	10,700	1,211,964	1,344,241
Owens Coming New Com	5,795	638,327	648,518
Powell Inds Inc Com	1,183	281,180	377,117
Parker Hannifin Corp Com	5,700	1,646,103	5,010,072
Leonardo Drs Inc Com	10,909	198,683	371,888
Paylocity Hldg Corp Com	2,048	341,304	312,320
Parsons Corporation Com	5,267	369,227	325,501
Primoris Svcs Corp Com	2,360	313,546	292,970
Regal Rexnord Corporation	2,005	279,509	281,342
Standex Intl Corp Com	1,978	413,173	429,780

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
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December 31, 2025

Description Of Investment	No. Of Shares	Cost	Current Value
Corporate Stocks *(Continued)*			
Science Applicatns Intl CP New Com	2,490	$ 229,075	$ 250,643
Sterlling Infrastructure Inc	993	348,386	304,086
Rollins Inc Com	13,222	637,278	793,584
Ufp Industries Inc Com	3,181	275,045	289,630
Uber Technologies Inc Com	24,350	1,788,898	1,989,639
Tetra Tech Inc New Com	20,154	614,587	675,966
Trex Co Inc Com	9,137	489,687	320,526
Tower Semiconductor LTD Shs New	7,275	654,139	854,231
Willdan Group Inc Com	2,916	287,676	302,273
Vertiv Holdings LLC Com Cl A	4,787	472,783	775,542
Xpo Inc Com	5,625	778,561	764,494
American Wtr Wks Co Inc New Com	14,090	1,684,436	1,838,745
Air Prods Chems Inc Com	6,350	1,957,922	1,568,577
Argentine Peso	1,724	27	1
Alphabet Inc Cap Stk Cl C	11,590	1,917,288	3,636,942
Atmos Energy Corp Com	13,579	1,536,101	2,276,247
Contra Ligand Parmace	294	2,406	2,406
Commercial Metals Co Com	8,740	512,785	604,983
Corteva Inc Com	42,000	1,778,056	2,815,260
Evergy Inc Com	8,195	626,713	594,055
Digital Rlty Tr Inc Com	5,390	899,744	833,887
Eastman Chem Co Com	5,140	316,052	328,086
Ecolab Inc Com	8,240	1,821,723	2,163,165
Discovery Inc Com Ser A	9,585	220,596	276,240
Equity Lifestyle Pptys Inc Com	18,800	1,244,608	1,139,468
Gaming & Leisure Pptys Inc Com	11,495	512,979	513,711
Freeport-McMoran Inc Cl B	12,805	518,710	650,366
Host Hotels & Resorts Inc	45,605	758,458	808,577
Entergy Corp New Com	7,085	680,913	654,866
Lxp Industrial Trust Com	9,465	458,767	469,275
Northwestern Energy Group Inc	6,220	381,211	401,439
Mirion Technologies Inc Com Cl A	13,816	312,598	323,571
Magnite Inc Com	39,677	448,682	643,958
Martin Marietta Materials Com	4,300	1,390,532	2,677,438
Nnn REIT Inc Com	14,515	579,386	575,229
Microchip Technology Inc Com	26,900	1,860,858	1,714,068
Live Nation Entertainment, Inc	3,721	515,424	530,243
Monolithic Pwr Sys Inc Com	1,143	501,623	1,035,969
Jfrog LTD Ord Shs	13,949	473,056	871,255
Onto Innovation Inc Com	6,781	868,649	1,070,449
Netskope Inc Cl A	15,347	337,226	269,186
Penguin Solutions Inc Com	20,357	367,542	398,183
Piedmont Office Rlty Tr Inc Com Cl A	39,395	325,662	328,554
Pinnacle West Cap Corp Com	7,090	627,261	628,883
PTC Inc Com	3,223	359,820	561,479
Qualcomm Inc Com	12,800	2,073,120	2,189,440
Rpm Intl Inc Com	16,300	1,430,432	1,695,200
Synopsys Inc Com	4,200	2,035,899	1,972,824
Sentinelone Inc Cl A	13,166	257,063	197,490
Sitime Corporation Com	1,557	201,994	549,917
Tko Group Holdings Inc Cl A	3,707	719,793	774,763
Teledyne Technologies Inc Com	3,880	1,628,942	1,981,632
Tyler Technologies Inc Com	1,398	395,147	634,622
Universal Display Corp Com	2,370	340,344	276,768
Zebra Technologies Corp Cl A	1,932	628,027	469,128
Vici Pptys Inc Com	21,890	659,774	615,547
Verizon Communications Inc Com	43,700	1,910,657	1,779,901
Vertex Inc Cl A	15,061	416,378	300,768
Xcel Energy Inc Com	25,100	1,696,903	1,853,886
Total Corporate Stocks		155,613,897	188,796,204

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
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Description Of Investment	Par Value / No. Of Units	Cost	Current Value
Mutual Fund			
Transamerica International Small Cap	1,578,342	$ 27,709,587	$ 28,283,891
U.S. Government And Municipal Securities			
US Treasury Note 4.375% Dtd 12/15/2023 Due 12/15/1016	$ 1,000,000	1,001,484	1,007,940
US Treasury Note 4.375% Dtd 7/15/2024 Due 7/15/2027	1,000,000	1,001,406	1,013,400
US Treasury Note 3.75% Dtd 8/31/2024 Due 8/31/2026	800,000	793,438	800,920
US Treasury Note 4.25% Dtd 1/15/2025 Due 1/15/2028	750,000	747,979	761,168
US Treasury Note 3.75% Dtd 5/15/2025 Due 5/15/2028	1,250,000	1,253,613	1,256,963
US Treasury Note 3.5% Dtd 10/15/2025 Due 10/15/2027	1,250,000	1,245,020	1,248,875
Champaign Cnty III Cmnty Unit	150,000	150,000	151,132
Total U.S. Government And Municipal Securities		6,192,940	6,240,398
Corporate Obligations			
American Express Co Sr NT Var Rate Dtd 4/25/2024 Due 4/23/2027	$ 150,000	151,566	150,718
Bk of America Corp Fr Var Rate Dtd 2/4/2022 Due 2/4/2028	150,000	143,217	147,546
Bank New York Mellon Corp Fr Var Rate Dtd 2/7/2017 Due 2/7/2028	150,000	146,256	149,272
Entergy LA LLC 1m Bd 3.12% Dtd 5/23/2017 Due 9/01/2027	315,000	302,830	311,119
Enterprise Prods Oper LLC Sr Gibl NT 3.95% Dtd 4/13/2016 Due 2/15/2027	155,000	152,959	155,144
Evergy MO West Inc 1m 144a Bd 5.15% Dtd 12/05/2022 Due 12/15/2027	150,000	151,229	152,889
General Mtrs Finl Co Inc Sr Glbl	75,000	74,956	75,107
Goldman Sachs Bk USA Sr NT Var Rate Dtd 5/21/2024 Due 5/21/2027	100,000	101,264	100,524
Gulf Power Co Sr Glbl 2017a 3.3% Dtd 5/18/2017 Due 5/30/2027	155,000	150,169	154,239
Honeywell Intl Inc Sr NT 4.65% Dtd 8/1/2024 Due 7/30/2027	100,000	99,997	101,283
Intuit Sr NT 5.25% Dtd 9/15/2023 Due 9/15/2026	130,000	129,883	131,093
JPMorgan Chase & Co Sr Flt NT Var Rate Dtd 1/23/2024 Due 1/23/2028	150,000	150,588	151,553
Legg Mason Inc Sr Glbl NT 4.75% Dtd 3/22/2016 Due 3/15/2026	150,000	150,198	150,123
Morgan Stanley Fr Var Rate Dtd 7/20/2021 Due 7/20/2027	150,000	142,844	147,867
Paccar Financial Corp Fr 4.45% Dtd 8/6/2024 Due 8/6/2027	250,000	250,085	252,888
Paypal Hldgs Inc Sr NT 2.65% Dtd 9/26/2019 Due 10/1/2026	155,000	150,108	153,638
Pepsico Inc Sr NT 4.55% Dtd 2/15/2023 Due 2/13/2026	100,000	99,942	100,022
Realty Income Corp Sr Glbl NT 4.45% Dtd 9/15/2023 Due 9/15/2026	150,000	149,292	150,153
Schwab Charles Corp New Sr Glbl	155,000	150,579	153,766
Suntrust Bk Atlanta Mdt,sbntbe Fr 3.3% Dtd 5/16/2016 Due 5/15/2026	150,000	146,987	149,574
US Bancorp Fr Var Rate Dtd 1/27/2022 Due 1/27/2028	160,000	152,178	157,144
Total Corporate Obligations		3,147,127	3,195,662
103-12 Investment Entities			
LSV International Value Equity Trust	136,981	14,085,398	61,425,319
Parametric Defensive Equity Fund LLC	—	7,151,288	17,496,111
Ullico Infrastructure Tax-Exempt Fund, LP	34,763	7,250,000	11,280,095
Proloan Bond Fund, LLC	39,412	70,517,972	74,351,970
Total 103-12 Investment Entities		99,004,658	164,553,495
Pooled Separate Accounts			
Principal US Property Sep Acct	659,733	16,809,325	44,796,243
Ullico Separate Account J	1,431,189	24,111,811	28,636,469
Total Pooled Separate Accounts		40,921,136	73,432,712
Common/Collective Trusts			
MFS Emerging Markets Debt Fund	826,227	17,947,241	22,506,436
MacKay Shields Core Plus Bond CIT	5,664,744	60,332,107	72,905,253
Chevy Chase Trust Company - ASB Labor Equity Index Fund	1,524,724	31,096,739	102,691,053
AFL-CIO Housing Investment Trust	15,744	16,393,171	15,624,029
BNYM Mellon DB SL Large Cap Growth Stock Index Fund	26,569	40,970,509	90,280,549
GQG Partners Intl Eqty CIT Cl A	3,501,137	41,211,000	56,730,322
MetLife Small Cap Value Equity CIT Cl A	2,038,094	21,907,000	28,105,316
MetLife Opportunistic High Yield CIT Cl A	1,469,182	19,366,000	22,316,880
CC&L Q Emerging Markets Equity CIF	1,877,552	18,725,000	27,673,988
Total Common/Collective Trusts		267,948,767	438,833,826

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
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Description Of Investment	No. of Units	Cost	Current Value
Limited Liability Companies			
Invesco Strategic Opportunities III Onshore Feeder, LLC	—	$ 2,194,923	$ 1,462,817
Neuberger Berman US Equity Index PutWrite Fund LLC	—	8,149,936	17,133,879
US Real Estate Investment Fund, LLC	—	13,124,151	21,722,945
Total Limited Liability Companies		23,469,010	40,319,641
Limited Partnerships			
Entrustpermal Special Opportunities Fund IV LTD	7,416	8,587,781	8,867,768
Entrust Special Opportunities Fund III LTD	—	2,524,596	2,024,970
Hamilton Lane Secondary Feeder Fund IV-A LP	—	5,509,420	3,221,309
StepStone VC Secondaries Fund IV, LP	—	6,450,337	11,506,073
Yucaipa American Allegiance Fund II, LP	—	1,737,525	7,279,656
Yucaipa American Allegiance Fund III, LP	—	6,000,725	9,745,116
First Eagle Bank Loan Select Fund (Offshore)	1,756	—	1,222,758
JP Morgan IIF ERISA LP	13,095,400	6,900,567	12,346,608
Siguler Guff Distressed Opportunity Fund V, LP	—	5,349,519	6,995,597
Siguler Guff Emerging Markets Opportunities Fund IV, LP	—	6,840,640	10,668,613
Siguler Guff Small Buyout III, LP	—	—	5,618,362
Siguler Guff Small Buyout IV, LP	—	6,678,184	15,327,845
ElmTree U.S. Net Lease Fund V, LP	—	6,930,376	8,628,104
HighVista Private Equity IX (Offshore), LP	—	11,036,701	17,035,472
RCP Multi-Strategy Cayman Feeder, LP	—	8,546,569	12,424,611
RCP Multi-Strategy Cayman Feeder II, LP	—	6,434,873	7,313,951
Accolade Partners IX Feeder, LP	—	7,920,000	9,906,210
TPG AG DLI Evergreen, L.P	—	8,775,000	9,757,592
IVPH VII Feeder LP	—	199,623	276,007
BPEA Strategic Healthcare II, LP	—	940,000	1,209,110
Siguler Guff Small Buyout VI, LP	—	—	522,626
TA Realty Core Property Fund	3,169	4,000,000	4,030,514
Total Limited Partnerships		111,362,436	165,928,872
Money Market Funds			
GS Financial Sq Trsy Obligations Cap 1858	14,993,896	14,993,896	14,993,896
GS Financial Sq Gov #466	9,974,053	9,974,053	9,974,053
Total Money Market Funds		24,967,949	24,967,949
Total Investments		$ 760,337,507	$ 1,134,552,650

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

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment E to 2025 Form 5500 Schedule MB

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

Schedule of Active Participant Data as of January 1, 2025

	Completed Years of Credited Service																							
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Up		Total	
Attained Age	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit
Under 25	74	$ 0	514	$ 149	25	$ 480	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	613	$ 145
25 to 29	34	$ 0	451	$ 198	144	$ 604	8	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	638	$ 291
30 to 34	28	$ 0	316	$ 187	192	$ 627	85	$ 1,080	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	623	$ 441
35 to 39	21	$ 0	218	$ 192	128	$ 669	93	$ 1,123	61	$ 1,600	11	N/A	0	N/A	0	N/A	0	N/A	0	N/A	532	$ 662
40 to 44	11	N/A	145	$ 196	116	$ 657	83	$ 1,099	59	$ 1,682	79	$ 2,308	17	N/A	0	N/A	0	N/A	0	N/A	510	$ 1,036
45 to 49	11	N/A	117	$ 209	74	$ 633	51	$ 1,184	71	$ 1,565	91	$ 2,319	63	$ 3,115	4	N/A	0	N/A	0	N/A	482	$ 1,374
50 to 54	4	N/A	70	$ 199	58	$ 651	57	$ 1,111	60	$ 1,687	75	$ 2,259	70	$ 3,017	39	$ 3,662	1	N/A	0	N/A	434	$ 1,717
55 to 59	5	N/A	54	$ 232	30	$ 613	43	$ 1,108	51	$ 1,479	55	$ 2,226	60	$ 2,952	16	N/A	3	N/A	0	N/A	317	$ 1,648
60 to 64	1	N/A	20	$ 172	28	$ 631	16	N/A	25	$ 1,556	30	$ 1,981	33	$ 2,887	7	N/A	8	N/A	5	N/A	173	$ 1,773
65 to 69	1	N/A	3	N/A	2	N/A	2	N/A	6	N/A	2	N/A	1	N/A	1	N/A	0	N/A	0	N/A	18	N/A
70 & Up	0	N/A	2	N/A	1	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	4	N/A
Total	190	$ -	1,910	$ 184	798	$ 631	438	$ 1,107	337	$ 1,599	343	$ 2,249	244	$ 3,007	67	$ 3,548	12	N/A	5	N/A	4,344	$ 850

Average Age = **38.90** Average Service = **8.57**

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment A to 2025 Form 5500 Schedule MB

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

Schedule of Withdrawal Liability Payments			
Payment Date	**Periodic Amounts**	**Lump Sum Amounts**	**Total Amounts**
3/10/2025	$8,287	$0	$8,287
6/6/2025	8,287	0	8,287
9/4/2025	8,287	0	8,287
12/22/2025	3,360	0	3,360
Total	$28,221	$0	$28,221

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment G to 2025 Form 5500 Schedule MB

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

Table V-5
Schedule of Amortization Charges Required for Minimum Required Contribution
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2025 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan Amendment	1/1/1996	$ 674,128	30.00	$ 52,638	1.00	$ 52,638
2. Plan Amendment	1/1/1997	2,779,279	30.00	418,981	2.00	216,574
3. Assumption Change	1/1/1997	5,035,794	30.00	759,155	2.00	392,415
4. Plan Amendment	1/1/1998	5,796,142	30.00	1,265,779	3.00	450,772
5. Assumption Change	1/1/1998	26,607,722	30.00	5,810,659	3.00	2,069,309
6. Plan Amendment	1/1/1999	3,922,137	30.00	1,103,390	4.00	304,441
7. Plan Amendment	1/1/2000	3,878,272	30.00	1,318,236	5.00	300,473
8. Plan Amendment	1/1/2001	6,195,894	30.00	2,443,802	6.00	479,158
9. Plan Amendment	1/1/2002	1,027,996	30.00	457,626	7.00	79,359
10. Plan Amendment	1/1/2002	4,273,783	30.00	1,902,539	7.00	329,927
11. Assumption Change	1/1/2003	7,935,129	30.00	3,907,215	8.00	611,525
12. Plan Amendment	1/1/2004	1,324,286	30.00	710,288	9.00	101,888
13. Experience Loss	1/1/2005	16,376,263	30.00	9,453,460	10.00	1,257,907
14. Plan Amendment	1/1/2006	1,070,363	30.00	658,647	11.00	82,089
15. Plan Amendment	1/1/2007	2,860,586	30.00	1,861,651	12.00	219,052

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment G to 2025 Form 5500 Schedule MB

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

Table V-5
Schedule of Amortization Charges Required for Minimum Required Contribution as of January 1, 2025 (Continued)

Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2025 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
16. Assumption Change	1/1/2007	16,804,492	30.00	10,936,252	12.00	1,286,818
17. Recognized 2008 ENIL	1/1/2009	102,574,470	29.00	70,824,058	13.00	7,919,774
18. Experience Loss	1/1/2010	35,520,692	15.00	0	0.00	0
18. Recognized 2008 ENIL	1/1/2011	43,405,090	27.00	30,637,070	13.00	3,425,936
19. Recognized 2008 ENIL	1/1/2012	19,501,891	26.00	13,938,080	13.00	1,558,601
20. Recognized 2008 ENIL	1/1/2013	22,312,441	25.00	16,165,020	13.00	1,807,625
21. Assumption change	1/1/2013	8,616,575	15.00	2,517,663	3.00	896,597
22. Recognized 2008 ENIL	1/1/2014	23,478,069	24.00	17,263,452	13.00	1,930,455
23. Experience Loss	1/1/2015	5,743,197	15.00	2,611,888	5.00	595,341
24. Experience Loss	1/1/2016	16,609,729	15.00	8,765,377	6.00	1,718,634
25. Experience Loss	1/1/2017	12,141,118	15.00	7,231,463	7.00	1,254,039
26. Experience Loss	1/1/2018	1,285,081	15.00	846,624	8.00	132,506
27. Experience Loss	1/1/2019	17,645,580	15.00	12,662,832	9.00	1,816,424
28. Experience Loss	1/1/2020	2,119,658	15.00	1,637,145	10.00	217,843
29. Experience Loss	1/1/2021	9,000,355	15.00	7,410,118	11.00	923,543
30. Experience Loss	1/1/2022	22,482,463	15.00	19,606,151	12.00	2,306,966
31. Experience Loss	1/1/2023	23,137,952	15.00	21,231,965	13.00	2,374,227
32. Experience Loss	1/1/2024	26,718,952	15.00	25,655,681	14.00	2,741,680
33. Experience Loss	1/1/2025	27,195,019	15.00	27,195,019	15.00	2,790,530
Total Charges		**$ 526,050,597**		**$ 329,259,924**		**$ 42,645,066**

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment G to 2025 Form 5500 Schedule MB

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

Table V-6
Schedule of Amortization Credits Required for Minimum Required Contribution as of January 1, 2025

	Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2025 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1	Change in Asset Method	1/1/2009	43,186,095	30.00	30,856,378	14.00	3,297,449
2.	Recognized 2008 ENIL	1/1/2010	26,595,865	28.00	18,558,343	13.00	2,075,254
3.	Bifurcated Gain Base	1/1/2011	45,217,706	15.00	4,724,051	1.00	4,724,051
4.	Bifurcated Gain Base	1/1/2012	8,454,650	15.00	1,705,320	2.00	881,493
5.	Plan Amendment	1/1/2012	50,315,780	15.00	10,148,776	2.00	5,245,985
6.	Bifurcated Gain Base	1/1/2013	30,935,220	15.00	9,038,910	3.00	3,218,965
7.	Bifurcated Gain Base	1/1/2014	28,928,933	15.00	10,888,914	4.00	3,004,405
8.	Assumption Change	1/1/2016	6,570,782	15.00	3,467,565	6.00	679,889
	Total Credits		**$ 240,205,031**		**$ 89,388,257**		**$ 23,127,491**
	Net Charge				**$ 239,871,667**		**$ 19,517,575**

Plan Name: Construction Industry Laborers' Pension Fund
Plan Sponsor EIN / Plan Number: 43-6060737 / 001
Attachment H to 2025 Form 5500 Schedule MB

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

Changes:

The RPA '94 current liability interest rate was changed from 3.29% to 4.01%, and the LDROM liability interest rate was updated to the ERISA 4044 Yield Curve as of December 31, 2024 to comply with appropriate guidance.

The mortality table used to determine RPA '94 current liability was updated to the static mortality table for 2025.

CONSTRUCTION INDUSTRY LABORERS PENSION FUND

EIN: 43-6060737 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 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 (Loss)
Series Of Transactions In Excess Of 5%								
Goldman Sachs								
GS Financial Sq Gov #466	604	—	$ 123,681,499	$ —	$ —	$ —	$ 123,681,499	$ —
GS Financial Sq Gov #466	—	286	—	134,609,707	—	134,609,707	134,609,707	—

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ 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
Construction Industry Laborers' Pension Fund

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Construction Industry Laborers' Pension Fund

D Employer Identification Number (EIN)
43-6060737

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

1a	Enter the valuation date: Month 1 Day 1 Year 2025		
b	Assets		
	(1) Current value of assets	1b(1)	1,048,649,410
	(2) Actuarial value of assets for funding standard account	1b(2)	1,081,265,155
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	973,527,582
	(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)	973,527,582
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)	1,500,531,266
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	32,570,350
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	67,767,174
	(3) Expected plan disbursements for the plan year	1d(3)	70,608,000

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

Heath Merlak
Signature of actuary

10-01-2026
Date

Heath Merlak
Type or print name of actuary

26-05967
Most recent enrollment number

Cheiron, Inc.
Firm name

(877)243-4766
Telephone number (including area code)

8300 Greensboro Drive
Suite 800
Mclean VA 22102
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:

			(1) Number of participants	(2) Current liability
a	Current value of assets (see instructions)	2a		1,048,649,410
b	"RPA '94" current liability/participant count breakdown:			
(1)	For retired participants and beneficiaries receiving payment		5,727	765,463,281
(2)	For terminated vested participants		3,509	290,791,479
(3)	For active participants:			
(a)	Non-vested benefits			83,439,101
(b)	Vested benefits			360,837,405
(c)	Total active		4,344	444,276,506
(4)	Total		13,580	1,500,531,266
c	If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c		69.89 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)		(b) Amount paid by employer(s)		c) Amount paid by employees	
07/01/2025	47,028,931							
			Totals ►	3(b)	47,028,931	3(c)		0
(d) Total withdrawal liability amounts included in line 3(b) total						3(d)		28,221

4 Information on plan status:

a	Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	111.1 %
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: • 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.'	4f	

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

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

j	If box h is checked, enter period of use of shortfall method	5j	
k	Has a change been made in funding method for this plan year?		☐ 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	4.01 %	
		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)	6.50%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.2%	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.4%	
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)	1,609,268	
(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	27,195,019	2,790,530

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	17,914,959

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)	329,259,924		42,645,066
(2) Funding waivers	9c(2)	0		0
(3) Certain bases for which the amortization period has been extended	9c(3)	0		0
d Interest as applicable on lines 9a, 9b, and 9c			9d	4,239,202
e Total charges. Add lines 9a through 9d			9e	64,799,227
Credits to funding standard account:				
f Prior year credit balance, if any			9f	239,871,667
g Employer contributions. Total from column (b) of line 3			9g	47,028,931
		Outstanding balance		
h Amortization credits as of valuation date	9h	89,388,257		23,127,491
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	20,028,114
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	195,451,334		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	287,768,685		
(3) FFL credit			9j(3)	
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	330,056,203
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	265,256,976
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