Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2022** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of 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
BRICKLAYERS LOCAL NO. 8 PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1964

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)
BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES

3660 STUTZ DRIVE SUITE 101
CANFIELD, OH 44401

2b Employer Identification Number (EIN) 34-6583348

2c Plan Sponsor's telephone number 330-270-0453

2d Business code (see instructions) 238300

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.	02/14/2024	BRIAN COLLIER
	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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	364
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)**	118
a(2) Total number of active participants at the end of the plan year	**6a(2)**	114
b Retired or separated participants receiving benefits	**6b**	121
c Other retired or separated participants entitled to future benefits	**6c**	95
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	330
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	33
f Total. Add lines **6d** and **6e**.	**6f**	363
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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**	39

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

1B

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 MB (Form 5500)	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023

▶ **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
BRICKLAYERS LOCAL NO. 8 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
BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-6583348

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

1a Enter the valuation date: Month 05 Day 01 Year 2022

b Assets		
(1) Current value of assets	**1b(1)**	43243071
(2) Actuarial value of assets for funding standard account	**1b(2)**	42681756
c (1) Accrued liability for plan using immediate gain methods	**1c(1)**	45690446
(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)**	44390920
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)**	80912336
(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	816527
(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	2669350
(3) Expected plan disbursements for the plan year	**1d(3)**	2789350

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	02/05/2024 Date
RICARD L. KUBIAK Type or print name of actuary	20-08540 Most recent enrollment number
CUNI, RUST & STRENK Firm name	513-891-0270 Telephone number (including area code)
4555 LAKE FOREST DRIVE, CINCINNATI, OH 45242-3760 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**	43243071

b "RPA '94" current liability/participant count breakdown:	**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment	150	34100296
(2) For terminated vested participants	98	18990100
(3) For active participants:		
(a) Non-vested benefits		660289
(b) Vested benefits		27161651
(c) Total active	118	27821940
(4) Total	366	80912336

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**	53.44 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
05/01/2022					
04/30/2023	998564				
			Totals ► **3(b)**	998564	**3(c)**

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	96.1 %
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, were any benefits reduced (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**	2.21 %	
		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)**	AF	AF
d Valuation liability interest rate	**6d**	6.50 %	6.50 %
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)**	2.21 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	8.3 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-3.0 %	
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)**	120000	
(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	-967833	-96650
4	-380530	-38000

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 line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	
b Employer's normal cost for plan year as of valuation date	**9b**	299392

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)	16521797	2497048
(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	181768
e Total charges. Add lines 9a through 9d		9e	2978208
Credits to funding standard account:			
f Prior year credit balance, if any		9f	6461041
g Employer contributions. Total from column (b) of line 3		9g	998564
		Outstanding balance	
h Amortization credits as of valuation date	9h	7052066	1345840
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	539389
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	10404116	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	30161803	
(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	9344834
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	6366626
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 2022 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	0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2022
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023

A Name of plan
BRICKLAYERS LOCAL NO. 8 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-6583348

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

FAULKNER, HOFFMAN & PHILLIPS, LLC

20445 EMERALD PKWY 210
CLEVELAND, OH 44135-0629

34-1718740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	12344	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAH,TR&SH VALLEY CENTRAL ADMIN AGCY

3660 STUTZ DRIVE STE 101
CANFIELD, OH 44406

34-1033692

(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 64	NONE	11777	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CUNI, RUST & STRENK ACTUARIAL

4555 LAKE FOREST DR, 620
CINCINNATI, OH 45242

31-1227755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	24850	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)

PNC INSTITUTIONAL INVESTMENTS

1900 E 9TH STREET
CLEVELAND, OH 44114

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	NONE	17333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AND CO INC.

6133 ROCKSIDE RD, STE 303
CLEVELAND, OH 44131

59-3676225

(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 27	NONE	70000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN REALTY ADVISORS

801 NORTH BRAND BOULEVARD
GLENDALE, CA 91203

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 52	NONE	56235	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)

BENESYS

3660 STUTZ DRIVE STE 101
CANFIELD, OH 44401

34-1487882

(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 50	NONE	49800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HYLANT GROUP, INC.

6736 FALLS OF NEUSE RD
RALEIGH, NC 27615

34-1880366

(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		12051	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DGPERRY

3711 STARRS CENTRE DRIVE
CANFIELD, OH 44514

83-3033790

(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 10	NONE	9034	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 H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023

A Name of plan
BRICKLAYERS LOCAL NO. 8 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-6583348

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	514483	473202
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	214575	216411
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	623331	10496
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	717949	82501
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	3055662	5278221
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38150338	35912848
(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)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	43276338	41973679
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	33267	34940
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	33267	34940
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	43243071	41938739

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)	998564	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		998564
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	313846	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	136916	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		450762
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	409410	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		409410
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-325767
c Other income	2c		622
d Total income. Add all **income** amounts in column (b) and enter total	2d		1533591
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2558650	
(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)		2558650
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	46228	
(2) Contract administrator fees	2i(2)	49800	
(3) Investment advisory and management fees	2i(3)	143568	
(4) Other	2i(4)	39677	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		279273
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2837923
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1304332
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: DGPERRY **(2)** EIN: 83-3033790

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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	

		Yes	No	Amount
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 453753.

SCHEDULE R (Form 5500)	Retirement Plan 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 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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023

A Name of plan
BRICKLAYERS LOCAL NO. 8 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-6583348

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**

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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 LENCYK MASONRY

b EIN 34-1432884 **c** Dollar amount contributed by employer 185028

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 YOUNGSTOWN TILE & TERRAZZ

b EIN 34-0680197 **c** Dollar amount contributed by employer 153261

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 TERVO MASONRY

b EIN 61-1514733 **c** Dollar amount contributed by employer 85454

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 MARIANI AND RICHARDS INC

b EIN 25-0964230 **c** Dollar amount contributed by employer 41670

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 SCHAD REFRACTORY

b EIN 52-6397805 **c** Dollar amount contributed by employer 38101

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 JT THORPE

b EIN 94-0925270 **c** Dollar amount contributed by employer 37311

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 REFTECH INTERNATIONAL

b EIN 42-1778641 **c** Dollar amount contributed by employer 33032

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 COON RESTORATION

b EIN 23-7218767 **c** Dollar amount contributed by employer 32734

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 MIKE COATES CONSTRUCTION

b EIN 34-1220908 **c** Dollar amount contributed by employer 29945

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 ARMORMAX CONSTRUCTION

b EIN 27-1994610 **c** Dollar amount contributed by employer 28821

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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**	0
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**	0
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**	0

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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_____

IBEW Local 129
Pension Fund Pension Plan

Financial Statements

For the Years Ended
April 30, 2023 and 2022

DGPerry
CPAs + Advisors

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Independent Auditors' Report

Board of Trustees and Plan Management
IBEW Local 129 Pension Fund Pension Plan
Lorain, Ohio

Opinion

We have audited the accompanying financial statements of IBEW Local 129 Pension Fund Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of April 30, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of April 30, 2022, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of IBEW Local 129 Pension Fund Pension Plan as of April 30, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of April 30, 2022, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 IBEW Local 129 Pension Fund Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW Local 129 Pension Fund Pension Plan's ability to continue as a going concern for one year after the date 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of IBEW Local 129 Pension Fund Pension Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW Local 129 Pension Fund Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions 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 generally accepted auditing standards.

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

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

Canfield, Ohio
February 09, 2024

IBEW Local 129
Pension Fund Pension Plan

Statements of Net Assets Available for Benefits
As of April 30, 2023 and 2022

Assets

	2023	2022
Investments at Fair Value		
Money market funds	$ 101,607	$ 11,216,569
U.S. government obligations	2,740,847	3,495,417
Corporate and foreign bonds	1,504,996	2,401,118
Government mortgage-backed securities	3,501,173	1,835,893
Mutual funds	57,827,786	50,509,212
103-12 investment entity	4,134,973	4,264,370
Common collective trust	26,628,609	25,941,321
Private real estate investment trust	11,136,633	11,549,161
Total Investments at Fair Value	107,576,624	111,213,061
Receivables		
Employer contributions	344,435	284,063
Reciprocal contributions	110,274	96,543
Accrued investment income	43,791	51,761
Total Receivables	498,500	432,367
Noninterest-bearing cash	1,225,568	681,606
Total Assets	**109,300,692**	**112,327,034**

Liabilities

Reciprocal contributions payable	108,869	172,655
Due to Profit Sharing Plan	151,218	128,988
Accounts payable - administrative expenses	31,390	83,975
Total Liabilities	291,477	385,618
Net Assets Available for Benefits	**$ 109,009,215**	**$ 111,941,416**

See Independent Auditors' Report and Notes to Financial Statements.

IBEW Local 129
Pension Fund Pension Plan

Statements of Changes in Net Assets Available for Benefits
For the Years Ended April 30, 2023 and 2022

	2023	2022
Additions to Net Assets		
Investment Income (Loss):		
Interest	$ 285,567	$ 202,491
Dividends	1,920,715	3,132,687
Capital gain distributions	597,882	5,466
Net appreciation (depreciation) in fair value of investments	(1,402,625)	(3,260,349)
Total Investment Income	1,401,539	80,295
Less: Investment Expenses	(350,616)	(337,404)
Net Investment Income (Loss)	1,050,923	(257,109)
Contributions:		
Employer	4,680,688	4,266,332
Profit sharing remittance	(1,446,035)	(1,386,343)
Reciprocity received	712,952	606,479
Reciprocity paid	(1,108,197)	(872,441)
Total Contributions	2,839,408	2,614,027
Other Income	1,143	173
Total Additions	3,891,474	2,357,091
Deductions from Net Assets		
Participant Benefits Paid	6,453,654	5,948,805
Administrative Expenses:		
Actuary	47,130	61,966
Administrative manager	140,506	90,000
Attorney	27,765	15,948
Audit and payroll compliance	26,457	12,192
Consultant - investments	40,000	40,000
Conferences and meetings	25,448	1,070
ERTS fee	2,480	2,480
IFEBP dues	1,360	1,310
Insurance	30,656	28,842
Miscellaneous	3,115	1,818
PBGC premium	23,431	20,181
Printing and postage	1,673	-
Total Administrative Expenses	370,021	275,807
Total Deductions	6,823,675	6,224,612
Change in Net Assets Available for Benefits	(2,932,201)	(3,867,521)
Net Assets Available for Benefits:		
Beginning of Year	111,941,416	115,808,937
End of Year	**$ 109,009,215**	**$ 111,941,416**

See Independent Auditors' Report and Notes to Financial Statements.

IBEW Local 129
Pension Fund Pension Plan

Statement of Accumulated Plan Benefits
As of April 30, 2022

	2022
Actuarial Present Value of Accumulated Plan Benefits	
Vested Benefits:	
Retired participants and beneficiaries	$ 61,865,358
Inactive vested participants	12,742,928
Active vested participants	32,847,511
Total Vested Benefits	107,455,797
Nonvested Benefits	492,971
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 107,948,768**

See Independent Auditors' Report and Notes to Financial Statements.

IBEW Local 129
Pension Fund Pension Plan

Statement of Changes in Accumulated Plan Benefits
For the Year Ended April 30, 2022

	2022
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$ 105,184,108
Increase (Decrease) During Plan Year Attributable to:	
Decrease in discount period	7,000,870
Benefits paid	(5,948,805)
Plan experience and benefit accrual	1,712,595
Net Change	2,764,660
Actuarial Present Value of Accumulated Plan Benefits at End of Year	**$ 107,948,768**

See Independent Auditors' Report and Notes to Financial Statements.

IBEW Local 129
Pension Fund Pension Plan

Notes to Financial Statements
For the Years Ended April 30, 2023 and 2022

Note A – Description of Plan

The following brief description of the IBEW Local 129 Pension Fund Pension Plan (the "Plan") is for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multi-employer defined benefit pension plan established pursuant to a collective bargaining agreement ("CBA") between the International Brotherhood of Electrical Workers Local Union No. 129 (the "Local") representing the employees and the Lake Erie Division Greater Cleveland Chapter of the National Electrical Contractors Association (the "Association") to provide retirement, death, and disability benefits for eligible participants and beneficiaries. To be eligible, an employee must be working for a participating employer who is subject to the CBA or for a participating employer subject to a trustee approved participant agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Administration of the Plan is the responsibility of the Board of Trustees ("Trustees") and is governed by a joint board consisting of equal representation from the participating employers and the Local.

Funding Policy

The Plan is funded by payments from employers of the Association that employ members of the Local. The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code (IRC). Contributions by participants are not permitted under the Plan. The payments into the Plan have exceeded the minimum funding requirements of ERISA through April 30, 2023.

Normal Retirement Age

Normal retirement age is age 60 and requires 5 years of vesting service. The normal retirement age was changed from 60 to 62 for benefits accrued on or after May 1, 2009 for Inside and on or after July 1, 2009 for Residential and Teledata.

Pension Benefits

Members with 5 or more years of service are entitled to monthly pension benefits beginning at normal retirement age. The Plan permits early retirement with reduced benefits at age 55 with 10 or more years of vesting service. Members may elect to receive their pension benefits in the form of a joint and survivor annuity. If members terminate before rendering 5 years of service, they forfeit the right to receive Plan benefits.

Death Benefits

A surviving spouse of a vested participant who dies before retirement will be entitled to receive a Qualified Pre-Retirement and Survivor Annuity or a Pre-Retirement Death Benefit, as defined in the Plan agreement.

If a vested member is not married and dies before retirement, their beneficiary shall be eligible to receive a lump sum distribution of the contributions earned by the participant.

If a vested member dies after pension payments have begun, benefits will be paid in accordance with the form of benefit distribution applicable to the member, as defined in the Plan agreement.

Note A – Description of Plan (continued)

Disability Benefits

Members must submit proof of a Social Security Disability Award. Members who meet the eligibility requirements, as defined by the plan agreement, will receive a monthly benefit (payable in the normal form of benefit payments) equal to the member's full accrued benefit as of the date determined to be totally and permanently disabled. For disability benefits commencing on or after August 1, 2008, such benefits will be reduced if the member has not reached normal retirement age on the commencement date of disability benefits.

Note B – Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

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

Investment Valuation and Income Recognition

All investments of the Plan are nonparticipant directed investments. 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 E for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and (losses) on investments bought, sold, and held during the year.

Employer Contributions Receivable

Contributions receivable represent employer contributions related to employees' hours worked on or prior to April 30. The balance is based on actual collections subsequent to year end. See the "Funding Policy" section of Note A for additional information regarding employer contributions.

Reciprocity Agreements

The Plan has signed reciprocity agreements with other IBEW Locals. Amounts due from or due to other IBEW Locals are recorded as reciprocal contributions receivable or payable, respectively.

Payment of Benefits

Benefits are paid monthly to eligible pensioners and their beneficiaries on the first day of the month. Benefit payments are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid by the Plan, as provided by the Plan agreement. Certain expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in the net investment income (loss) presented in the accompanying statements of changes in net assets available for benefits.

Note B – Summary of Significant Accounting Policies (continued)

Change in Presentation

Effective May 1, 2022, the Plan changed the method of presentation of the accumulated plan benefits and changes in accumulated plan benefits from a comparative presentation to a single-year presentation. The statement of accumulated plan benefits and the statement of changes in accumulated plan benefits reflect this single-year presentation.

Reclassifications

Certain reclassifications have been made to the prior year financial statements in order for them to be in conformity with this year's presentation.

Note C – 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 for the service members have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated members or their beneficiaries, (b) beneficiaries of members who have died, and (c) present members or their beneficiaries.

Benefits under the Plan are accumulated based on employer contributions made on behalf of a member and anticipated years of credited service. The accumulated plan benefits for active members are based on data for the year ending on the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances, including retirement, death, and disability, are included to the extent they are deemed attributable to member service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

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

The most recent actuarial valuation was prepared by Horizon Actuarial Services, LLC. The significant actuarial assumptions used in the valuation as of April 30, 2022 were as follows:

- Valuation interest rate and discount rate for withdrawal liability was 6.75%.
- Interest rate used to determine the current liability was 2.21%.
- Retirement age rates: (a) age 55 – 25.0%, (b) ages 56-59 – 10.0%, (c) ages 60-61 – 20.0%, (d) age 62 and older - 100.0%
- Operating expenses: $240,000
- Hours worked: 435,000
- Average blended contribution rate: $4.89 per hour.
- Life expectancy of participants: (a) Non-disabled – RP-2019 Blue Collar Mortality Table, (b) Disabled – RP-2019 Disabled Mortality Table
- Disability rates: (a) ages 25-39 – 0.08%, (b) ages 40-44 – 0.11%, (c) ages 45-49 – 0.26%, (d) ages 50-54 – 0.47%, (e) ages 55-59 – 0.86%, (f) ages 60-63 – 1.33%, (g) age 64 and older – 1.51%

Note C – Actuarial Present Value of Accumulated Plan Benefits (continued)

- Withdrawal rates: (a) ages 25-29 – 5.29%, (b) ages 30-34 – 5.07%, (c) ages 35-39 – 4.70%, (d) ages 40-44 – 4.19%, (e) ages 45-49 – 3.54%, (f) ages 50-54 – 2.48%, (g) ages 55-59 – 0.94%, (h) age 60 and older – 0.09%
- Cost method: Unit credit
- All single participants will elect a life annuity with a 60-month guarantee. All married participants will elect a 66.67% joint and survivor annuity.
- 100% of non-retired participants are married.
- Spouses are the same age as the participant.
- Participants will not be reemployed following a break in service.
- Benefits to alternate payee are included with participant's benefit until payment commences.

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 computation of the actuarial present value of accumulated plan benefits was made as of May 1, 2022. Had the valuation been performed as of April 30, there would be no material differences.

Information shown in the statement of accumulated plan benefits and statement of changes in accumulated plan benefits at April 30, 2022 was provided by the actuary's report. Participants should refer to the Horizon Actuarial Services, LLC report dated March 15, 2023 for additional information.

Note D – Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved by the Trustees. During termination, the Plan's assets should not be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. 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:

1. Annuity benefits that former members or their beneficiaries have been receiving for at least three years, or that members eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of 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.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.
3. All other vested benefits not insured by the PBGC.
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, 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.

Note D - Plan Termination (continued)

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 may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

Participants should refer to the Plan agreement for more complete information concerning vesting, benefits, and other provisions. The PBGC's benefit guarantee is contained in the Plan booklet which includes the Summary Plan Description and the Plan Document. Copies of the Plan booklet are available at the Fund Office.

Note E - Investments and Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of value hierarchy under FASB ASC Topic 820 are described as follows:

Level 1 Fair Value Measurements

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 Fair Value Measurements

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 delivered principally from or corroborated 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 Fair Value Measurements

Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The asset 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 to maximize the use of observable inputs and minimize the use of unobservable measurements.

Note E - Investments and Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2023 and 2022.

Money market funds: Valued at the closing price reported on an actively traded exchange and are reported as level 1.

U.S. government obligations: Valued using pricing models maximizing the use of observable inputs for similar securities and are reported as level 2.

Corporate and foreign bonds: Valued using the pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings and are reported as level 2.

Government mortgage-backed securities: Valued daily using pricing models related to contractual cash flows or appraised values depending on the type and are reported as level 2.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are therefore reported as level 1.

The preceding method described may produce fair value calculations that may not be indicative of net realizable value or reflective of future values. Furthermore, although the plan believes its valuation is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value could result in a different fair value measurement at the reporting date.

	Assets at Fair Value as of April 30, 2023			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 101,607	$ -	$ -	$ 101,607
U.S. government obligations	-	2,740,847	-	2,740,847
Corporate and foreign bonds	-	1,504,996	-	1,504,996
Gov't mortgage-backed securities	-	3,501,173	-	3,501,173
Mutual funds	57,827,786	-	-	57,827,786
Total Assets in Fair Value Hierarchy	$ 57,929,393	$7,747,016	$ -	65,676,409
Investments Valued at NAV				41,900,215
Total				$107,576,624

There were no level 3 investments as of April 30, 2023.

Note E - Investments and Fair Value Measurements (continued)

	Assets at Fair Value as of April 30, 2022			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 11,216,569	$ -	$ -	$ 11,216,569
U.S. government obligations	-	3,495,417	-	3,495,417
Corporate and foreign bonds	-	2,401,118	-	2,401,118
Gov't mortgage-backed securities	-	1,835,893	-	1,835,893
Mutual funds	50,509,212	-	-	50,509,212
Total Assets in Fair Value Hierarchy	$ 61,725,781	$7,732,428	$ -	69,458,209
Investments Valued at NAV				41,754,852
Total				$111,213,061

There were no level 3 investments as of April 30, 2022.

The following table summarizes investments measured at fair value based on net asset value (NAV) per unit as of April 30, 2023 and 2022.

	2023	2022	Redemption Frequency	Redemption Notice Period
103-12 investment entity (a)	$ 4,134,973	$ 4,264,370	Quarterly	90 days
Common collective trust (b)	26,628,609	25,941,321	Daily	Same day
Private REIT (c)	11,136,633	11,549,161	Quarterly	See (c)
	$41,900,215	$41,754,852		

a) 103-12 investment entity: The Ullico Infrastructure Tax-Exempt Fund's objective is to achieve risk-adjusted returns with significant annual cash yield and relatively low volatility. The fund is valued quarterly.

b) Common collective trust: The IBEW-NECA Equity Index Fund is a common collective fund established on June 1, 2001, solely for the benefit of those certain pension trusts which are joint labor management (Taft-Hartley) trusts that, along with other participants, cover International Brotherhood of Electrical Workers represented employees working for National Electrical Contractors Association affiliated employers in the electrical industry. The investment objective of the IBEW-NECA Equity index fund is to replicate the performance of the Standard and Poor's 500 Index.

c) Private REIT: The American Core Realty Fund is an open-end diversified core real estate commingled fund whose primary objective is to provide returns that are attractive relative to other asset classes with stable income and the potential for market appreciation. The Fund invests primarily in core, institutional quality industrial, residential, office, and retail properties located throughout the United States and is diversified by product type, geographic region, and economic exposure in order to mitigate investment risk. The Fund is valued quarterly. Requests for redemptions of units in the Core Fund may be made at any time, with 10 business day's notification by submitting a Redemption Notice form signed by a representative of the investor, and are effective at the end of the calendar quarter in which the request is received by American Realty Advisors (ARA).

Note F – Tax Status

The Plan obtained its latest determination letter on March 11, 2016, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC.

Note G – Related Party and Party in Interest Transactions

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party in interest transactions under ERISA. Such fees are included on the statements of changes in net assets available for benefits.

The Plan contributes toward the support of the IBEW Local 129 Fringe Benefits administrative offices, along with the Local's Health and Welfare Fund and Profit Sharing Annuity Plan, which are the other employee benefit funds maintained by the Local. The monthly amount paid is predetermined by the Board of Trustees annually and is paid directly to the IBEW Local 129 Fringe Benefits Fund. These administrative expenses are included on the statements of changes in net assets available for benefits. However, beginning in October 2022, partial administration of the Plan was handled by a third-party administrator whose fees are included with this administrative fee. The administrative fee paid to the IBEW Local 129 Fringe Benefit Fund totaled $90,000 for the years ended April 30, 2023 and 2022.

The Plan shares common governance with related organizations including the International Brotherhood of Electrical Workers Local Union No. 129, the Lake Erie Division Greater Cleveland Chapter of the National Electrical Contractors Association, IBEW Local 129 Profit Sharing Annuity Plan, and IBEW Local No. 129 Health and Welfare Fund, all of which are tax-exempt.

Note H – Risks and Uncertainties

Investments

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 statements of net assets available for benefits.

Concentration of Cash

The Plan maintains its cash in a bank deposit account at a financial institution. The balance, at times, may exceed current federally insured limits through the Federal Deposit Insurance Corporation of $250,000, per institution.

Significant Participating Employers

During the year ended April 30, 2023, two employers represented 49% of total employer contributions to the Plan for the year then ended. During the year ended April 30, 2022, three employers represented 56% of total employer contributions to the Plan for the year then ended. In the event one of these employers was to suspend contributions, the Plan would retain the risk of meeting its current obligations until the appropriate adjustments were made.

Note H – Risks and Uncertainties (continued)

Actuarial Present Value of Accumulated Plan Benefits

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

Note I – Plan Amendments

During the Plan year ended April 30, 2023, the Plan was amended for the following:

- Plan amendment 8 was executed on June 15, 2022. Effective April 1, 2022, the temporary exception to suspension rules was updated. Effective May 1, 2022, the future service benefit was updated.
- Plan amendment 9 was executed on September 21, 2022 and effective May 1, 2020. The amendment adopted applicable provisions of the Secure Act.

Note J – Subsequent Events

Plan amendment 10 was executed June 22, 2023. Effective January 1, 2020, the amendment updated the timing in which a participant's surviving spouse will begin receiving distributions. Effective January 1, 2023, the amendment adopted applicable provisions of the Secure Act 2.0. Effective May 1, 2023, the amendment updated the temporary exception to suspension rules.

Subsequent events have been evaluated through February 09, 2024, which is the date the financial statements were available to be issued.

Supplementary Information

IBEW Local 129
Pension Fund Pension Plan

EIN 34-6701406, PN 001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
April 30, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Money Market Funds			
	FDIC Insured Deposit Account	6,636.31 shares	$ 6,636	$ 6,636
	Federated Government Obligations Instl Shares	32,901.27 shares	32,901	32,901
	Schwab Funds Treasury Obligations Money Investor	62,069.59 shares	62,070	62,070
			101,607	101,607
	U.S. Government Obligations			
	U.S. Treasury bonds	2.500% due 05/15/2046 $345,000	367,212	274,692
	U.S. Treasury bonds	3.750% due 08/15/2041 $810,000	811,443	811,742
	U.S. Treasury notes	2.625% due 02/15/2029 $330,000	313,872	314,467
	U.S. Treasury notes	1.125% due 02/15/2031 $140,000	124,116	118,917
	U.S. Treasury notes	1.875% due 02/15/2032 $960,000	832,305	848,438
	U.S. Treasury notes	1.750% due 03/15/2025 $115,000	110,346	110,094
	U.S. Treasury notes	2.375% due 05/15/2027 $275,000	262,406	262,497
			2,821,700	2,740,847
	Corporate and Foreign Bonds			
	Bank of America Corp	3.974% due 02/07/2030 $280,000	307,557	261,976
	Citigroup Inc	3.980% due 03/20/2030 $360,000	405,692	337,745
	Comcast Corp	3.400% due 04/01/2030 $235,000	262,021	220,308
	International Business Machs Corp	3.500% due 05/15/2029 $255,000	263,643	239,272
	Morgan Stanley	3.772% due 01/24/2029 $135,000	142,296	127,935
	Walt Disney Co	2.650% due 01/13/2031 $125,000	119,602	110,801
	Wells Fargo & Co	4.150% due 01/24/2029 $215,000	243,525	206,959
			1,744,336	1,504,996
	Government Mortgage-Backed Securities			
	Fannie Mae	4.00% due 04/01/2038 $119,674	129,241	116,778
	Fannie Mae	3.00% due 04/01/2040 $134,129	140,941	124,845
	Fannie Mae	3.50% due 05/01/2040 $76,284	81,385	73,024
	Fannie Mae	3.00% due 05/01/2052 $248,181	213,125	223,100
	Fannie Mae	3.00% due 05/01/2052 $252,350	214,419	226,828
	Fannie Mae	4.00% due 05/01/2040 $82,103	88,979	79,708
	Fannie Mae	2.50% due 05/01/2051 $283,491	234,544	245,543
	Fannie Mae	3.50% due 10/01/2052 $239,897	212,122	222,937
	Fannie Mae	4.00% due 10/01/2052 $228,971	217,237	218,885
	Freddie Mac	3.00% due 11/01/2039 $121,118	127,249	112,730
	Freddie Mac	2.00% due 08/01/2042 $169,470	143,282	146,143
	Freddie Mac	2.50% due 09/01/2042 $247,878	214,298	217,612
	Freddie Mac	4.00% due 11/01/2052 $230,037	206,459	219,904
	Freddie Mac	2.50% due 04/01/2052 $255,478	215,480	221,300
	Freddie Mac	2.50% due 06/01/2052 $255,534	216,246	221,397
	Freddie Mac	4.00% due 08/01/2039 $59,516	64,175	57,452
	Freddie Mac	2.50% due 09/01/2052 $261,039	217,886	226,117
	Freddie Mac	4.00% due 08/01/2052 $154,368	141,512	147,584
	Freddie Mac	4.00% due 09/01/2052 $222,768	210,655	212,955
	Freddie Mac	2.50% due 04/01/2052 $214,977	180,463	186,331
			3,469,698	3,501,173
	Subtotal		$ 8,137,341	$ 7,848,623

See Independent Auditors' Report.

IBEW Local 129
Pension Fund Pension Plan

EIN 34-6701406, PN 001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
April 30, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual Funds			
	Axonic Strategic Income I	228,520.6950 shares	$ 2,019,983	$ 2,006,412
	Bramshill Multi-Strategy Income Instl	257,958.6640 shares	1,609,667	1,609,662
	Carillon Reams Unconstrained Bond I	259,010.8570 shares	3,149,677	3,175,473
	Hartford Schroders US Small Cap	183,076.7410 shares	4,857,779	4,997,995
	Holbrook Income I	216,575.5060 shares	2,094,310	2,098,617
	Ishares Russell 1000 Growth Index	32,098.0000 shares	2,572,991	7,922,749
	Leader Capital High Quality Income Instl	118,936.8710 shares	1,300,000	1,302,359
	Metropolitan West Flexible Income I	398,269.3180 shares	3,154,245	3,146,328
	Putnam Core Bond Fund Y	146,009.0560 shares	1,224,961	1,223,556
	Regan Total Return Income Institutional	349,482.9820 shares	3,242,659	3,278,150
	River Canyon Total Return Bond Instl	313,847.7460 shares	3,166,570	3,160,447
	Vanguard Equity Income Fund	107,280.8950 shares	8,342,732	8,994,430
	Vanguard Extended Market Index Fund	57,813.5240 shares	4,954,809	6,017,809
	Vanguard Total International Stock Index Fund	294,789.4900 shares	7,951,864	8,893,799
			49,642,247	57,827,786
	103-12 Investment Entity			
	Ullico Infrastructure Tax-Exempt Fund	16,965.36127 units	3,469,332	4,134,973
	Common Collective Trust			
*	IBEW-NECA Equity Index Fund	295,964.1984 units	14,951,654	26,628,609
	Private Real Estate Investment Trust			
	American Core Realty Fund	76.9811 units	9,691,640	11,136,633
	Total Assets Held For Investment		**$ 85,892,214**	**$ 107,576,624**

* Denotes party in interest

See Independent Auditors' Report.

IBEW Local 129
Pension Fund Pension Plan

EIN 34-6701406, PN 001

Schedule H, Line 4j
Schedule of Reportable Transactions
For the Year Ended April 30, 2023

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Value of Asset on Transaction Date	(i) Gain or (Loss)
Aggregate								
TD Ameritrade	Invesco Rochester Municipal	$ 8,484,373	$ 6,373,927	$ -	$ -	$ 6,334,373	$ -	$ 39,554
TD Ameritrade	Nuveen High Yield Municipal	6,414,261	6,535,689	-	-	6,418,384	-	117,305
TD Ameritrade	Schwab Variable Share Price	22,020,268	22,019,188	-	-	22,020,268	-	(1,080)
TD Ameritrade	Schwab Funds Treasury	18,315,100	18,253,031	-	-	18,253,031	-	-
TD Ameritrade	Schwab Funds Govt Money Market	37,937,198	37,937,198	-	-	37,937,198	-	-
TD Ameritrade	Mainstay Floating Rate	4,377,226	4,280,514	-	-	4,377,226	-	(96,712)
KeyBank	Federated Government Obligations Instl Shares	7,686,743	7,878,315	-	-	7,878,315	-	-

See Independent Auditors' Report.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210 - 0110 1210 - 0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	2022 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of 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
IBEW LOCAL 129 PENSION FUND PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1973

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)
IBEW UNION LOCAL 129

5600 NEW KING DRIVE, SUITE 330

TROY MI 48098

2b Employer Identification Number (EIN) 34-6701406

2c Plan Sponsor's telephone number 248-663-2449

2d Business code (see instructions) 238210

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	Heather Carman	2/14/24	HEATHER CARMAN
	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

2022 Form 5500 *e-file* Signature Authorization

IBEW Union Local 129
IBEW LOCAL 129 PENSION FUND PENSION PLAN 001
5600 New King Drive, Suite 330
TROY, MI 48098

Employer Identification Number: 34-6701406

Client Identification Number: 01IBEW129PF

You, as plan administrator, are authorizing that DG Perry, PLLC electronically file the 2022 Form 5500 for IBEW LOCAL 129 PENSION FUND PENSION PLAN as an EFAST2 Service Provider.

Authorization

As plan administrator for IBEW LOCAL 129 PENSION FUND PENSION PLAN, I authorize DG Perry, PLLC to electronically file Form 5500 for the tax year 2022. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization Steve Carm

Date: 2/14/24

Schedule MB, Line 6 –
Statement of Actuarial Assumptions/Methods

Plan Name	**IBEW Local No. 129 Pension Fund**
Plan Sponsor	Board of Trustees of the IBEW Local No. 129 Pension Fund
EIN / PN	34-6701406 / 001
Interest Rates	6.75% per annum, compounded annually, net of investment expense for determining costs and liabilities. The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation and investment policy as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate reflects professional judgment. 2.21% per annum for determining Current Liability. The discount rate used for Current Liability is the top of the range prescribed by the Internal Revenue Service.

Retirement Age

Active participants: Rates based on the following schedule

Age	Retirement Rate
55	25.0%
56	10.0%
57	10.0%
58	10.0%
59	10.0%
60	20.0%
61	20.0%
62+	100.0%

The weighted average retirement age for active participants is age 59.5. This average is based on the active population in the May 1, 2022 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Inactive vested participants: Age 60 or age on valuation date, if older.

The retirement assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.

Operating Expenses

Prior year's actual expenses ($235,807) rounded up to the next highest $10,000 ($240,000) were added to the normal cost.

The expense assumption was selected based on a review of past experience as well as expectations for the upcoming year.

Hours Worked

For the purpose of projecting future benefit accruals, it is assumed that each active participant will work 92.2% of the prior year's actual hours. This results in approximately 435,000 total hours worked each year (approximately 89% Inside, 2% Residential, 4% Teledata, and 5% Cedar Fair).

The hours worked assumption is based on actual prior and anticipated future experience, adjusted to reflect information provided in good faith by the Plan Sponsor as appropriate.

Contribution Income	Based on the hours above as well as the actual employer contribution rates per individual as of the valuation date, adjusted for any applicable rate increases. The average blended contribution rate used for the valuation is $4.89 per hour.
Non-Disabled Mortality	*Participants and Beneficiaries:* The sex-distinct RP-2019 Blue Collar Mortality Tables with separate rates for non-annuitants and annuitants with projection for mortality improvement using 50% of Scale MP-2019 were used for non-disabled participants and beneficiaries. "RP-2019 Blue Collar Mortality Tables" means the RP-2014 Blue Collar Mortality Tables projected backwards to 2006 using 100% of Scale MP-2014, then projected forward to 2019 using 100% of Scale MP-2019. The non-disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, expectations regarding future mortality improvement, and professional judgment. For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.
Disabled Mortality	The sex-distinct RP-2019 Disabled Mortality Tables with projection for mortality improvement using 50% of Scale MP-2019 were used for disabled participants. "RP-2019 Disabled Mortality Tables" means the RP-2014 Disabled Mortality Tables projected backwards to 2006 using 100% of Scale MP-2014, then projected forward to 2019 using 100% of Scale MP-2019. The disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, the Plan's definition of disabled, expectations regarding future mortality improvement, and professional judgment. For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Disability

The 1974-78 Society of Actuaries Study on Long Term Disability. Illustrations of the annual rates of disablement are shown in the table below for selected ages (the same rates are used for males and females):

Representative Disability Rates

Age	Rate
25	0.08%
30	0.08%
35	0.08%
40	0.11%
45	0.26%
50	0.47%
55	0.86%
60	1.33%
64+	1.51%

The disability assumption was chosen based on a review of standard disability rate tables and historical and current demographic data, and reflects anticipated future experience and professional judgment.

Withdrawal

Ultimate rates based on the T-4 Turnover Table (less GA51M). Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

Age	Withdrawal Rate
25	5.29%
30	5.07%
35	4.70%
40	4.19%
45	3.54%
50	2.48%
55	0.94%
60+	0.09%

The withdrawal assumption was chosen based on a review of standard termination rate tables and historical and current demographic data, and reflects anticipated future experience and professional judgment.

Reemployment

It is assumed that participants will not be reemployed following a break in service.

Form of Payment	All single participants are assumed to elect a Life Annuity with a 60 month guarantee. All married participants are assumed to elect a 66.67% Joint and Survivor Annuity.
Marriage	100% of non-retired participants are assumed to be married.
Spouse Ages	Spouses of participants are assumed to be the same age as the participant.
QDRO Benefits	Benefits to alternate payee included with participant's benefit until payment commences.
Cost Method	The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.
Asset Valuation Method	The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. The investment loss for the 2008 Plan year is recognized at a rate of 10% per year (instead of 20%) in accordance with the provisions of the Pension Relief Act of 2010, as elected by the Trustees. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.
Participant Data	Participant census data as of the valuation date was provided by the Plan Office.

Missing or Incomplete Participant Data	Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.
Benefits Not Included In Valuation	None.
Financial Information	Financial information was obtained from the audited financial statements as of April 30, 2022.
Nature of Actuarial Calculations	The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable. The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

Schedule MB, Line 6 –
Summary of Plan Provisions

Plan Name	**IBEW Local No. 129 Pension Fund**
Plan Sponsor	Board of Trustees of the IBEW Local No. 129 Pension Fund
EIN / PN	34-6701406 / 001
Effective Date and Most Recent Amendment	The original effective date of the Plan is May 1, 1973. The latest restatement of the Plan is as of May 1, 2014. Plan provisions are as we understand the Plan to be in effect as of the valuation date.
Plan Year	The twelve-month period beginning May 1 and ending April 30.
Employers	A participating Employer is any person or entity that has been accepted for participation in the Plan and that is required to contribute to the Plan pursuant to a collective bargaining agreement or participation agreement.
Participants	All employees working in covered employment for a signatory employer are eligible to participate in the Plan 6 months after date of hire. Prior to May 1, 2011, contributions for certain participants were made only to the defined contribution plan.
Year of Service	Plan Year with at least 435 hours.
Year of Vesting Service	Plan Year with at least 435 hours.
Past Service	Years of Service worked in the jurisdiction of the Local during the period from May 1, 1963 to May 1, 1973.
Break in Service	Plan Year with less than 435 hours.

Normal Retirement Age	For benefits accrued on or after May 1, 2009, age 62 or 5 years of plan participation, if later. For benefits accrued before May 1, 2009, age 60 or 5 years of plan participation, if later. For Residential and Teledata members, July 1, 2009 replaces May 1, 2009 in the prior sentences. For employees of Cedar Fair and any participant eligible to commence benefits on May 1, 2009, eligibility is age 60 or 5 years of plan participation, if later, for all accruals.
Normal Retirement Benefit - Eligibility	Normal Retirement Age.
Normal Retirement Benefit – Amount of Benefit	The monthly amount of the Normal Retirement Benefit is equal to: $1.50 for each year of Past Service, plus 3.65% of credited contributions made from May 1, 1973 to April 30, 2005, plus 2.00% of credited contributions made from May 1, 2005 to April 30, 2009, plus 1.00% of credited contributions made from May 1, 2009 to April 30, 2021, plus 1.50% of credited contributions made on and after May 1, 2021.
Early Retirement Benefit – Eligibility	Age 55 and 10 Years of Service.

Early Retirement Benefit – Amount of Benefit	For Participants eligible to retire as of May 1, 2010: For benefits earned on or after May 1, 2009, the Normal Retirement Benefit is reduced by 1/4 of 1% for each month prior to age 62. For benefits earned before May 1, 2009, the Normal Retirement Benefit is reduced by 1/8 of 1% for each month prior to age 60. For Participants not eligible to retire as of May 1, 2010: For benefits earned on and after May 1, 2009, the Normal Retirement Benefit is reduced by 1/4% per month for the first 24 months, plus 3/8% per month for the next 12 months, plus 1/2% per month for each additional month that benefit commencement precedes age 62. For benefits earned prior to May 1, 2009, the Normal Retirement Benefit is reduced by 3/8% per month for the first 12 months plus 1/2% per month for each additional month that benefit commencement precedes age 60. For Residential and Teledata members, July 1, 2009 replaces May 1, 2009 in the paragraphs above.
Disability Benefit – Eligibility	Total and permanent disability.
Disability Benefit – Amount of Benefit	For participants with disability benefits commencing prior to August 1, 2008: A monthly benefit equal to the participant's Normal Retirement Benefit as of the first month after the date the Participant terminated his/her employment. For participants with disability benefits commencing on or after August 1, 2008: For benefits earned prior to May 1, 2009, the Normal Retirement Benefit is reduced by 1/8% per month that the benefit commencement date precedes age 60. The maximum reduction is 22.5%. For benefits earned on or after May 1, 2009, the Normal Retirement Benefit is reduced by 1/4% per month that the benefit commencement date precedes age 62. The maximum reduction is 45.0%.

Vested Benefit

Participants who first have contributions made to the Plan on their behalf on or after May 1, 2020 are 100% vested in their Normal Retirement Benefit after earning 5 Years of Vesting Service.

Participants who have contributions made to the Plan prior to May 1, 2020 are 100% vested in their Normal Retirement Benefit after earning 7 Years of Vesting Service. Participants with less than 7 Years of Vesting service are vested in a percentage of the Normal Retirement Benefit based on the Years of Service in the table below:

Years of Service	Vesting %
0-2	0%
3	20%
4	40%
5	60%
6	80%
7+	100%

Payment Forms

The normal form of payment is a five year certain and life annuity for unmarried participants and a Qualified 66.67% joint and survivor annuity for married participants.

Optional forms of payment include:

- Ten year certain and life annuity
- Five year certain and life annuity
- Qualified joint and 66.67% survivor annuity
- Qualified joint and 75% survivor annuity

The joint and survivor payment forms include a pop-up provision in the event that the spouse predeceases the participant.

Pre-Retirement Death Benefit

If a married participant dies with a vested benefit prior to retirement, the spouse is entitled to 66.67% of participant's qualified joint and 66.67% survivor annuity payable to the spouse over the spouse's lifetime commencing at the participant's normal retirement date, or at the participant's earliest retirement date in an actuarially reduced amount. Alternatively the surviving spouse can elect the Pre-Retirement Lump Sum Benefit below.

Pre-Retirement Lump Sum Death Benefit

If an unmarried participant dies with a vested benefit prior to retirement (or the surviving spouse of a married participant elects this benefit in lieu of the Pre-Retirement Death Benefit), the beneficiary will receive a lump sum payment equal to 100% of the employer contributions made on the participant's behalf.

Post-Retirement Death Benefit

If both the retired participant and the beneficiary (or spouse) die prior to receiving benefits equal to 100% of the employer contributions made on the participant's behalf, then the participant's contingent beneficiary or estate will receive a lump sum equal to the difference between the aggregate employer contributions and the benefits previously paid to the participant and the beneficiary (or spouse).

Employer Contribution Rates

Rates as of May 1, 2022:

	Total Hourly Rate	Hourly Rate for Benefit Accruals
Inside Wiremen	$5.20	$5.20
Residential	1.75	1.75
Teledata	2.95	2.95
Cedar Fair	1.95	1.95

Members in the Cedar Fair group paid a 10% contribution surcharge while the plan was in critical status.

Historical Changes in Benefit Provisions	May 1, 2021	The benefit multiplier for contributions on and after this date was increased from 1.00% to 1.50%.
	May 1, 2010	For benefits earned prior to May 1, 2009, the early retirement reduction factors were increased from 1/8% per month for each month prior to normal retirement age to 3/8% per month for the first 12 months plus 1/2% per month for each additional month that benefit commencement precedes normal retirement age (age 60). This change applies only to participant who are not yet eligible to retire on May 1, 2010. For benefits earned on and after May 1, 2009, the early retirement reduction factors were increased from 1/4% per month for each month prior to normal retirement age to 1/4% per month for the first 24 months, plus 3/8% per month for the next 12 months, plus 1/2% per month for each additional month that benefit commencement precedes normal retirement age (age 62). This change applies only to participants who are not yet eligible to retire on May 1, 2010. For Residential and Teledata members, July 1, 2009 replaces May 1, 2009 in the paragraphs above.

Historical Changes in Benefit Provisions (cont.)	May 1, 2009	The benefit multiplier for contributions on and after this date was reduced from 2.00% to 1.00% The normal retirement age was increased from age 60 to 62 for benefits accrued on and after this date. This change only applies to participants who are not yet eligible to retire on May 1, 2009. For benefit earned on and after this date, the early retirement reduction factors were increased from 1/8% per month to 1/4% per month for each month prior to normal retirement age. This change applies only to participants who are not yet eligible to retire on May 1, 2009.
	August 1, 2008	For disability retirement benefits commencing on or after this date, participants who have not yet reached early retirement age will have their benefits reduced by 1/8% for each month that that benefit commencement precedes normal retirement age, with a maximum reduction of 22.5%.
	May 1, 2005	The benefit multiplier for contributions on and after this date was reduced from 3.65% to 2.00%.
	May 1, 2001	Retirees and beneficiaries in pay status as of May 1, 2000 were granted a one-time additional payment of $500.
	May 1, 2000	The benefit multiplier for contributions on and after this date was increased to 3.65% for all contributions after May 1, 1973.
	August 1, 1998	Retirees and beneficiaries in pay status as of December 31, 1997 were granted a monthly increase of $50.
	May 1, 1998	The benefit multiplier for contributions on and after this date was increased to 3.50%.
Changes in Plan Provisions	None.	

SCHEDULE MB (Form 5500)	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023

▶ **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
IBEW LOCAL 129 PENSION FUND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
IBEW UNION LOCAL 129

D Employer Identification Number (EIN)
34-6701406

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

1a Enter the valuation date: Month 05 Day 01 Year 2022

b Assets		
(1) Current value of assets	1b(1)	111,941,416
(2) Actuarial value of assets for funding standard account	1b(2)	106,863,260
c (1) Accrued liability for plan using immediate gain methods	1c(1)	107,948,768
(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)	107,948,768
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)	199,176,546
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	4,584,469
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	7,404,089
(3) Expected plan disbursements for the plan year	1d(3)	7,088,991

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: 2/12/2024
BENJAMIN P. ABLIN Type or print name of actuary	2307725 Most recent enrollment number
HORIZON ACTUARIAL SERVICES, LLC Firm name	240-247-4542 Telephone number (including area code)
8601 GEORGIA AVENUE, STE 700 SILVER SPRING MD 20910 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**	111,941,416

b "RPA '94" current liability/participant count breakdown:

	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	222	97,026,677
(2) For terminated vested participants	179	27,306,353
(3) For active participants:		
(a) Non-vested benefits		1,440,051
(b) Vested benefits		73,403,465
(c) Total active	261	74,843,516
(4) Total	662	199,176,546

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**	56.20 %

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
	2,839,408				
			Totals ► 3(b)	2,839,408	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	98.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (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**	

Line 3a: Contributions made throughout the year.

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** 2.21 %

		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	6.75 %	6.75 %
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)	6.75 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.8 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-0.3 %	
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)	240,000	
(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	-2,812,331	-284,704

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 line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(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**	1,773,837
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)**	36,370,827	4,630,013
(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**	432,260
e Total charges. Add lines 9a through 9d		**9e**	6,836,110
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	19,674,882
g Employer contributions. Total from column (b) of line 3		**9g**	2,839,408
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	15,610,437	3,146,044
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	1,636,243
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	24,055,288	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	74,265,008	
(3) FFL credit		**9j(3)**	0
k (1) Waived funding deficiency		**9k(1)**	0
(2) Other credits		**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	27,296,577
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	20,460,467
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 2022 plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No

Schedule MB Attachments – Statement by Enrolled Actuary

Plan Sponsor	IBEW Union Local 129
EIN / PN	34-6701406 / 001
Plan Year	Beginning May 1, 2022 and ending April 30, 2023
Plan Name	IBEW Local 129 Pension Fund Pension Plan (the "Plan")
Enrolled Actuary	Benjamin P. Ablin
Enrollment Number	23-07725

Actuarial Assumptions: The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the Plan.

Census data and financial information: The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Line 3 of Schedule MB were listed in reliance on information provided by the plan administrator and/or auditor.

Attached as separate exhibits are:

- Line 6 - Statement of Actuarial Assumptions/Methods
- Line 6 - Summary of Plan Provisions
- Line 8b(2) - Schedule of Active Participant Data
- Lines 9c and 9h - Schedule of Funding Standard Account Bases
- Line 11 - Justification for Change in Actuarial Assumptions

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Schedule MB, Line 6 –
Statement of Actuarial Assumptions/Methods

Plan Name	**IBEW Local No. 129 Pension Fund**
Plan Sponsor	Board of Trustees of the IBEW Local No. 129 Pension Fund
EIN / PN	34-6701406 / 001
Interest Rates	6.75% per annum, compounded annually, net of investment expense for determining costs and liabilities. The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation and investment policy as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate reflects professional judgment. 2.21% per annum for determining Current Liability. The discount rate used for Current Liability is the top of the range prescribed by the Internal Revenue Service.

Retirement Age

Active participants: Rates based on the following schedule

Age	Retirement Rate
55	25.0%
56	10.0%
57	10.0%
58	10.0%
59	10.0%
60	20.0%
61	20.0%
62+	100.0%

The weighted average retirement age for active participants is age 59.5. This average is based on the active population in the May 1, 2022 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Inactive vested participants: Age 60 or age on valuation date, if older.

The retirement assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.

Operating Expenses

Prior year's actual expenses ($235,807) rounded up to the next highest $10,000 ($240,000) were added to the normal cost.

The expense assumption was selected based on a review of past experience as well as expectations for the upcoming year.

Hours Worked

For the purpose of projecting future benefit accruals, it is assumed that each active participant will work 92.2% of the prior year's actual hours. This results in approximately 435,000 total hours worked each year (approximately 89% Inside, 2% Residential, 4% Teledata, and 5% Cedar Fair).

The hours worked assumption is based on actual prior and anticipated future experience, adjusted to reflect information provided in good faith by the Plan Sponsor as appropriate.

Contribution Income	Based on the hours above as well as the actual employer contribution rates per individual as of the valuation date, adjusted for any applicable rate increases. The average blended contribution rate used for the valuation is $4.89 per hour.
Non-Disabled Mortality	*Participants and Beneficiaries:* The sex-distinct RP-2019 Blue Collar Mortality Tables with separate rates for non-annuitants and annuitants with projection for mortality improvement using 50% of Scale MP-2019 were used for non-disabled participants and beneficiaries. "RP-2019 Blue Collar Mortality Tables" means the RP-2014 Blue Collar Mortality Tables projected backwards to 2006 using 100% of Scale MP-2014, then projected forward to 2019 using 100% of Scale MP-2019. The non-disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, expectations regarding future mortality improvement, and professional judgment. For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.
Disabled Mortality	The sex-distinct RP-2019 Disabled Mortality Tables with projection for mortality improvement using 50% of Scale MP-2019 were used for disabled participants. "RP-2019 Disabled Mortality Tables" means the RP-2014 Disabled Mortality Tables projected backwards to 2006 using 100% of Scale MP-2014, then projected forward to 2019 using 100% of Scale MP-2019. The disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, the Plan's definition of disabled, expectations regarding future mortality improvement, and professional judgment. For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Disability

The 1974-78 Society of Actuaries Study on Long Term Disability. Illustrations of the annual rates of disablement are shown in the table below for selected ages (the same rates are used for males and females):

Representative Disability Rates

Age	Rate
25	0.08%
30	0.08%
35	0.08%
40	0.11%
45	0.26%
50	0.47%
55	0.86%
60	1.33%
64+	1.51%

The disability assumption was chosen based on a review of standard disability rate tables and historical and current demographic data, and reflects anticipated future experience and professional judgment.

Withdrawal

Ultimate rates based on the T-4 Turnover Table (less GA51M). Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

Age	Withdrawal Rate
25	5.29%
30	5.07%
35	4.70%
40	4.19%
45	3.54%
50	2.48%
55	0.94%
60+	0.09%

The withdrawal assumption was chosen based on a review of standard termination rate tables and historical and current demographic data, and reflects anticipated future experience and professional judgment.

Reemployment

It is assumed that participants will not be reemployed following a break in service.

Form of Payment	All single participants are assumed to elect a Life Annuity with a 60 month guarantee. All married participants are assumed to elect a 66.67% Joint and Survivor Annuity.
Marriage	100% of non-retired participants are assumed to be married.
Spouse Ages	Spouses of participants are assumed to be the same age as the participant.
QDRO Benefits	Benefits to alternate payee included with participant's benefit until payment commences.
Cost Method	The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.
Asset Valuation Method	The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. The investment loss for the 2008 Plan year is recognized at a rate of 10% per year (instead of 20%) in accordance with the provisions of the Pension Relief Act of 2010, as elected by the Trustees. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.
Participant Data	Participant census data as of the valuation date was provided by the Plan Office.

Missing or Incomplete Participant Data	Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.
Benefits Not Included In Valuation	None.
Financial Information	Financial information was obtained from the audited financial statements as of April 30, 2022.
Nature of Actuarial Calculations	The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable. The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

Schedule MB, Line 6 –
Summary of Plan Provisions

Plan Name	**IBEW Local No. 129 Pension Fund**
Plan Sponsor	Board of Trustees of the IBEW Local No. 129 Pension Fund
EIN / PN	34-6701406 / 001
Effective Date and Most Recent Amendment	The original effective date of the Plan is May 1, 1973. The latest restatement of the Plan is as of May 1, 2014. Plan provisions are as we understand the Plan to be in effect as of the valuation date.
Plan Year	The twelve-month period beginning May 1 and ending April 30.
Employers	A participating Employer is any person or entity that has been accepted for participation in the Plan and that is required to contribute to the Plan pursuant to a collective bargaining agreement or participation agreement.
Participants	All employees working in covered employment for a signatory employer are eligible to participate in the Plan 6 months after date of hire. Prior to May 1, 2011, contributions for certain participants were made only to the defined contribution plan.
Year of Service	Plan Year with at least 435 hours.
Year of Vesting Service	Plan Year with at least 435 hours.
Past Service	Years of Service worked in the jurisdiction of the Local during the period from May 1, 1963 to May 1, 1973.
Break in Service	Plan Year with less than 435 hours.

Normal Retirement Age	For benefits accrued on or after May 1, 2009, age 62 or 5 years of plan participation, if later. For benefits accrued before May 1, 2009, age 60 or 5 years of plan participation, if later. For Residential and Teledata members, July 1, 2009 replaces May 1, 2009 in the prior sentences. For employees of Cedar Fair and any participant eligible to commence benefits on May 1, 2009, eligibility is age 60 or 5 years of plan participation, if later, for all accruals.
Normal Retirement Benefit - Eligibility	Normal Retirement Age.
Normal Retirement Benefit – Amount of Benefit	The monthly amount of the Normal Retirement Benefit is equal to: $1.50 for each year of Past Service, plus 3.65% of credited contributions made from May 1, 1973 to April 30, 2005, plus 2.00% of credited contributions made from May 1, 2005 to April 30, 2009, plus 1.00% of credited contributions made from May 1, 2009 to April 30, 2021, plus 1.50% of credited contributions made on and after May 1, 2021.
Early Retirement Benefit – Eligibility	Age 55 and 10 Years of Service.

Early Retirement Benefit – Amount of Benefit	For Participants eligible to retire as of May 1, 2010: For benefits earned on or after May 1, 2009, the Normal Retirement Benefit is reduced by 1/4 of 1% for each month prior to age 62. For benefits earned before May 1, 2009, the Normal Retirement Benefit is reduced by 1/8 of 1% for each month prior to age 60. For Participants not eligible to retire as of May 1, 2010: For benefits earned on and after May 1, 2009, the Normal Retirement Benefit is reduced by 1/4% per month for the first 24 months, plus 3/8% per month for the next 12 months, plus 1/2% per month for each additional month that benefit commencement precedes age 62. For benefits earned prior to May 1, 2009, the Normal Retirement Benefit is reduced by 3/8% per month for the first 12 months plus 1/2% per month for each additional month that benefit commencement precedes age 60. For Residential and Teledata members, July 1, 2009 replaces May 1, 2009 in the paragraphs above.
Disability Benefit – Eligibility	Total and permanent disability.
Disability Benefit – Amount of Benefit	For participants with disability benefits commencing prior to August 1, 2008: A monthly benefit equal to the participant's Normal Retirement Benefit as of the first month after the date the Participant terminated his/her employment. For participants with disability benefits commencing on or after August 1, 2008: For benefits earned prior to May 1, 2009, the Normal Retirement Benefit is reduced by 1/8% per month that the benefit commencement date precedes age 60. The maximum reduction is 22.5%. For benefits earned on or after May 1, 2009, the Normal Retirement Benefit is reduced by 1/4% per month that the benefit commencement date precedes age 62. The maximum reduction is 45.0%.

Vested Benefit

Participants who first have contributions made to the Plan on their behalf on or after May 1, 2020 are 100% vested in their Normal Retirement Benefit after earning 5 Years of Vesting Service.

Participants who have contributions made to the Plan prior to May 1, 2020 are 100% vested in their Normal Retirement Benefit after earning 7 Years of Vesting Service. Participants with less than 7 Years of Vesting service are vested in a percentage of the Normal Retirement Benefit based on the Years of Service in the table below:

Years of Service	Vesting %
0-2	0%
3	20%
4	40%
5	60%
6	80%
7+	100%

Payment Forms

The normal form of payment is a five year certain and life annuity for unmarried participants and a Qualified 66.67% joint and survivor annuity for married participants.

Optional forms of payment include:

- Ten year certain and life annuity
- Five year certain and life annuity
- Qualified joint and 66.67% survivor annuity
- Qualified joint and 75% survivor annuity

The joint and survivor payment forms include a pop-up provision in the event that the spouse predeceases the participant.

Pre-Retirement Death Benefit

If a married participant dies with a vested benefit prior to retirement, the spouse is entitled to 66.67% of participant's qualified joint and 66.67% survivor annuity payable to the spouse over the spouse's lifetime commencing at the participant's normal retirement date, or at the participant's earliest retirement date in an actuarially reduced amount. Alternatively the surviving spouse can elect the Pre-Retirement Lump Sum Benefit below.

Pre-Retirement Lump Sum Death Benefit

If an unmarried participant dies with a vested benefit prior to retirement (or the surviving spouse of a married participant elects this benefit in lieu of the Pre-Retirement Death Benefit), the beneficiary will receive a lump sum payment equal to 100% of the employer contributions made on the participant's behalf.

Post-Retirement Death Benefit

If both the retired participant and the beneficiary (or spouse) die prior to receiving benefits equal to 100% of the employer contributions made on the participant's behalf, then the participant's contingent beneficiary or estate will receive a lump sum equal to the difference between the aggregate employer contributions and the benefits previously paid to the participant and the beneficiary (or spouse).

Employer Contribution Rates

Rates as of May 1, 2022:

	Total Hourly Rate	Hourly Rate for Benefit Accruals
Inside Wiremen	$5.20	$5.20
Residential	1.75	1.75
Teledata	2.95	2.95
Cedar Fair	1.95	1.95

Members in the Cedar Fair group paid a 10% contribution surcharge while the plan was in critical status.

Historical Changes in Benefit Provisions	May 1, 2021	The benefit multiplier for contributions on and after this date was increased from 1.00% to 1.50%.
	May 1, 2010	For benefits earned prior to May 1, 2009, the early retirement reduction factors were increased from 1/8% per month for each month prior to normal retirement age to 3/8% per month for the first 12 months plus 1/2% per month for each additional month that benefit commencement precedes normal retirement age (age 60). This change applies only to participant who are not yet eligible to retire on May 1, 2010. For benefits earned on and after May 1, 2009, the early retirement reduction factors were increased from 1/4% per month for each month prior to normal retirement age to 1/4% per month for the first 24 months, plus 3/8% per month for the next 12 months, plus 1/2% per month for each additional month that benefit commencement precedes normal retirement age (age 62). This change applies only to participants who are not yet eligible to retire on May 1, 2010. For Residential and Teledata members, July 1, 2009 replaces May 1, 2009 in the paragraphs above.

Historical Changes in Benefit Provisions (cont.)	May 1, 2009	The benefit multiplier for contributions on and after this date was reduced from 2.00% to 1.00% The normal retirement age was increased from age 60 to 62 for benefits accrued on and after this date. This change only applies to participants who are not yet eligible to retire on May 1, 2009. For benefit earned on and after this date, the early retirement reduction factors were increased from 1/8% per month to 1/4% per month for each month prior to normal retirement age. This change applies only to participants who are not yet eligible to retire on May 1, 2009.
	August 1, 2008	For disability retirement benefits commencing on or after this date, participants who have not yet reached early retirement age will have their benefits reduced by 1/8% for each month that that benefit commencement precedes normal retirement age, with a maximum reduction of 22.5%.
	May 1, 2005	The benefit multiplier for contributions on and after this date was reduced from 3.65% to 2.00%.
	May 1, 2001	Retirees and beneficiaries in pay status as of May 1, 2000 were granted a one-time additional payment of $500.
	May 1, 2000	The benefit multiplier for contributions on and after this date was increased to 3.65% for all contributions after May 1, 1973.
	August 1, 1998	Retirees and beneficiaries in pay status as of December 31, 1997 were granted a monthly increase of $50.
	May 1, 1998	The benefit multiplier for contributions on and after this date was increased to 3.50%.
Changes in Plan Provisions	None.	

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

Distribution of Active Participants

Years of Service

Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	-	11	-	-	-	-	-	-	-	-	11
25 - 29	-	16	6	-	-	-	-	-	-	-	22
30 - 34	-	11	7	6	-	-	-	-	-	-	24
35 - 39	-	7	6	6	10	-	-	-	-	-	29
40 - 44	-	2	6	11	13	11	2	-	-	-	45
45 - 49	-	3	3	6	8	6	12	-	-	-	38
50 - 54	-	-	5	-	6	5	11	9	1	-	37
55 - 59	-	2	1	2	4	3	5	10	2	-	29
60 - 64	-	1	-	3	4	4	4	3	3	1	23
65 - 69	-	-	-	1	-	2	-	-	-	-	3
70 +	-	-	-	-	-	-	-	-	-	-	-
Total	-	53	34	35	45	31	34	22	6	1	261

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

Funding Standard Account Amortization Bases

Charges [Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 5/1/2022* Period	Balance	Annual Payment
Amendment	5/1/1994	30.00	Unknown	2.00	$ 112,587	$ 58,132
Assumption	5/1/1995	30.00	Unknown	3.00	122,085	43,380
Amendment	5/1/1996	30.00	Unknown	4.00	416,719	114,598
Amendment	5/1/1998	30.00	Unknown	6.00	513,439	100,129
Amendment	5/1/1999	30.00	Unknown	7.00	412,265	71,037
Assumption	5/1/2000	30.00	Unknown	8.00	684,799	106,392
Amendment	5/1/2000	30.00	Unknown	8.00	873,339	135,684
Amendment	5/1/2001	30.00	Unknown	9.00	648,272	92,221
Amendment	5/1/2002	30.00	Unknown	10.00	1,121,479	147,853
Amendment	5/1/2003	30.00	Unknown	11.00	565,583	69,778
Assumption	5/1/2006	30.00	1,473,630	14.00	1,050,458	110,838
Assumption	5/1/2007	30.00	4,053,251	15.00	3,005,178	304,226
Exper Loss	5/1/2008	15.00	925,607	1.00	96,355	96,355
Assumption	5/1/2009	15.00	654,558	2.00	131,564	67,929
ENIL (2008)	5/1/2009	29.00	11,120,920	16.00	8,624,688	841,146
ENIL (2008)	5/1/2010	28.00	1,402,599	16.00	1,099,304	107,213
ENIL (2008)	5/1/2011	27.00	219,608	16.00	174,102	16,980
ENIL (2008)	5/1/2012	26.00	189,178	16.00	151,859	14,811
Assumption	5/1/2012	15.00	2,127,044	5.00	964,273	218,834
Assumption	5/1/2014	15.00	1,092,066	7.00	649,486	111,912
Exper Loss	5/1/2015	15.00	520,168	8.00	342,455	53,204
Exper Loss	5/1/2016	15.00	3,147,248	9.00	2,258,733	321,318
Exper Loss	5/1/2017	15.00	2,656,638	10.00	2,053,614	270,744
Assumption	5/1/2017	15.00	510,482	10.00	394,609	52,024
Exper Loss	5/1/2018	15.00	2,857,789	11.00	2,356,555	290,736
Exper Loss	5/1/2019	15.00	796,499	12.00	695,122	80,895
Exper Loss	5/1/2020	15.00	1,656,694	13.00	1,520,166	167,982
Assumption	5/1/2020	15.00	237,263	13.00	217,710	24,058
Assumption	5/1/2021	15.00	5,330,263	14.00	5,114,029	539,604
Total Charges					$ 36,370,827	$ 4,630,013

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

Funding Standard Account Amortization Bases

Credits **[Schedule MB, Line 9h]**

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 5/1/2022* Period	Balance	Annual Payment
Exper Gain	5/1/2009	15.00	$ 211,276	2.00	$ 42,463	$ 21,925
Exper Gain	5/1/2010	15.00	13,772,911	3.00	4,010,720	1,425,121
Amendment	5/1/2010	15.00	1,885,038	3.00	548,934	195,052
Exper Gain	5/1/2011	15.00	1,699,004	4.00	637,423	175,292
Exper Gain	5/1/2012	15.00	537,058	5.00	243,474	55,254
Exper Gain	5/1/2013	15.00	1,661,180	6.00	874,619	170,564
Exper Gain	5/1/2014	15.00	3,488,247	7.00	2,074,569	357,466
Exper Gain	5/1/2021	15.00	4,550,506	14.00	4,365,904	460,666
Exper Gain	5/1/2022	15.00	2,812,331	15.00	2,812,331	284,704
Total Credits					$ 15,610,437	$ 3,146,044
Net Total					$ 20,760,390	$ 1,483,969

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method, or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases

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

Changes in Assumptions	The following assumptions have been changed since the previous valuation: • The future hours worked assumption for active participants was changed from 107.1% of the prior year's actual hours to 92.2% of the prior year's actual hours. This results in approximately 435,000 total hours worked each year. • The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.
Justification for Changes in Assumptions	The changes in the actuarial assumptions described above were made to better reflect anticipated Plan experience. The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.

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

Plan Name: Bricklayers Local No. 8 Pension Plan

EIN: 34-6583348

PN: 001

	Years of Credited Service														
	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
Attained Age	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.
Under 25	2			5			0			0			0		
25 to 29	2			8			5			0			0		
30 to 34	2			4			2			2			0		
35 to 39	1			0			0			4			1		
40 to 44	1			3			1			2			2		
45 to 49	2			2			0			8			0		
50 to 54	0			4			2			5			2		
55 to 59	1			1			0			11			1		
60 to 64	1			0			1			4			1		
65 to 69	0			1			0			1			0		
70 & up	0			0			0			0			0		

	Years of Credited Service														
	20 to 24			25 to 29			30 to 34			35 to 39			40 & up		
Attained Age	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.	No.	Average Comp.	Average Accrued Mon. Ben.
Under 25	0			0			0			0			0		
25 to 29	0			0			0			0			0		
30 to 34	0			0			0			0			0		
35 to 39	0			0			0			0			0		
40 to 44	3			0			0			0			0		
45 to 49	3			4			0			0			0		
50 to 54	3			2			1			0			0		
55 to 59	1			3			2			0			0		
60 to 64	1			0			0			0			0		
65 to 69	0			0			0			0			0		
70 & up	0			0			0			0			0		

34-6583348

Federal Statements

BRICKLAYERS LOCAL NO. 8 PENSION FUND

Plan: 001

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
	SEE SCH H ATTACHMENT		$	$

Federal Statements

BRICKLAYERS LOCAL NO. 8 PENSION FUND

Plan: 001

Change in Actuarial Assumptions

Description
THE PAYMENT FORM ELECTION, RETIREMENT, AND TERMINATION RATES WERE UPDATED, THE HOURS WORKED ASSUMPTION AND EXPENSE LOAD WERE DECREASED, AND THE CURRENT LIABILITY, MORTALITY AND INTEREST RATES WERE CHANGED AS MANDATED BY THE IRS.