

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PLASTERERS' LOCAL 8 PENSION FUND
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 05/01/1991
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) TRUSTEES OF PLASTERERS' LOCAL 8 PENSION FUND PENSION FUND 7821 BARTRAM AVENUE SUITE 102 PHILADELPHIA, PA 19153-3233
2b	Employer Identification Number (EIN) 23-2652951
2c	Plan Sponsor's telephone number 215-468-0237
2d	Business code (see instructions) 236200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/13/2025	MARK WILDSMITH
	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 ☒ 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 TRUSTEES OF OPERATIVE PLASTERERS AND CEMENT MASONS UNION LOCAL NO. c Plan Name OPERATIVE PLASTERERS AND CEMENT MASONS UNIONLOCAL NO. 8 DEFINED BENEFIT PENSION FUND	4b EIN 23-2652951 4d PN 002
5 Total number of participants at the beginning of the plan year	5 327
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 105 6a(2) 97 6b 90 6c 104 6d 291 6e 28 6f 319 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 27

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

▶ 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 PLASTERERS' LOCAL 8 PENSION FUND	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF PLASTERERS' LOCAL 8 PENSION FUND	D Employer Identification Number (EIN) 23-2652951

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

1a Enter the valuation date: Month 05 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 26645926
(2) Actuarial value of assets for funding standard account.....	1b(2) 29114903
c (1) Accrued liability for plan using immediate gain methods	1c(1) 32808602
(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) 32808602
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) 61688563
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1249593
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 1890925
(3) Expected plan disbursements for the plan year	1d(3) 2130925

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	02/07/2025
Signature of actuary BORIS VAYNBLAT	Date 23-07445
Type or print name of actuary RAE GROUP LLC	Most recent enrollment number 215-773-0900
Firm name 601 DRESHER ROAD, SUITE 201, HORSHAM, PA 19044-2203	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	26645926
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	116	25780260
(2) For terminated vested participants	106	15699419
(3) For active participants:		
(a) Non-vested benefits		773522
(b) Vested benefits		19435362
(c) Total active	105	20208884
(4) Total	327	61688563
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	43.19 %

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
11/01/2023	1535439	0			
Totals ▶			3(b)	1535439	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	88.7 %
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	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	2042
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	2.75 %
			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)	6	6	
(2) Females	6c(2)	6F	6F	
d Valuation liability interest rate	6d	7.50 %	7.50 %	
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)	7.50 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.5 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	1.9 %		
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)	240000		
(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	460857	48567

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	720327

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	7297973	1171288
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 141871**e** Total charges. Add lines 9a through 9d**9e** 2033486**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 784881**g** Employer contributions. Total from column (b) of line 3**9g** 1535439**h** Amortization credits as of valuation date

	Outstanding balance	
9h	2819393	451326

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 149254**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	8233813
9j(2)	27387855

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** 2920900**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 887414**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024		
A Name of plan PLASTERERS' LOCAL 8 PENSION FUND	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLASTERERS' LOCAL 8 PENSION FUND	D Employer Identification Number (EIN) 23-2652951	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PIMCO
33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK ADVISORS, LLC
23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK FUND ADVISORS
23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIRST EAGLE INVESTMENT MANAGEMENT L
57-1156902

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

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

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)

INVESTMENT PERFORMANCE SERVICES LLC

58-2432392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	62500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOE MOSKAUSKI

23-2652951

(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?
30 64	EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	62233	Yes ☐ No ☒

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

CHEVY CHASE TRUST COMPANY

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 21 28 51	NONE	46990	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)

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	32429	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAE GROUP LLC

83-4646394

(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	27333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOANN PROCOPIO

23-2652951

(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?
30 64	EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	25308	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	16978	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGALL BRYANT & HAMILL LLC

41-1788385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	15820	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 52	NONE	12746	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(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 28	NONE	12143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARTWELL INVESTMENT PARTNERS LLC

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	8766	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUSANIN WIDMAN & BRENNAN, PC

23-2265950

(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	8404	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
BOYD WATTERSON ASSET MGMT LLC	28 52	0
(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.	
BOYD WATTERSON GSA FUND LP 45-2061717	MANAGEMENT FEES & OTHER EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BOYD WATTERSON ASSET MGMT LLC	28 52	0
(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.	
BOYD WATTERSON STATE GOV'T 32-0538379	MANAGEMENT FEES & OTHER EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JOE MOSKAUSKI	30 64	62233
(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.	
CEMENT MASONS LOCAL 592 PENS 23-1972409	ALLOCATED PAYROLL AND EMPLOYEE BENEFITS	

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
JOANN PROCOPIO	30 64	25308

(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.
CEMENT MASONS LOCAL 592 PENS 23-1972409	ALLOCATED PAYROLL AND EMPLOYEE BENEFITS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

A Name of plan PLASTERERS' LOCAL 8 PENSION FUND	B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLASTERERS' LOCAL 8 PENSION FUND	D Employer Identification Number (EIN) 23-2652951

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

a Name of MTIA, CCT, PSA, or 103-12 IE: ASB LABOR EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 27-3350609-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7459491
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION COLLECT		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY		
c EIN-PN 46-0563260-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 635227
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW ULTRA CONSTRUCTION LOAN IN		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 20-8434730-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1878
a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INT'L EQUITY GRO T		
b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS, LLC		
c EIN-PN 26-6493485-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1698128
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024		
A Name of plan PLASTERERS' LOCAL 8 PENSION FUND	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLASTERERS' LOCAL 8 PENSION FUND	D Employer Identification Number (EIN) 23-2652951	

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	197896	117587
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	186765	197638
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	40130	39051
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1105695	899306
(2) U.S. Government securities	1c(2)	495141	686887
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2096731	2060939
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3010586	3525708
(5) Partnership/joint venture interests	1c(5)	11142300	11009704
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	6798856	8096596
(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)	1630897	1698128
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	26704997	28331544
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	59071	92843
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	59071	92843
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	26645926	28238701

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)	1535439	
(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)		1535439
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	33514	
(B) U.S. Government securities	2b(1)(B)	14707	
(C) Corporate debt instruments	2b(1)(C)	100373	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	323936	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		472530
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	37023	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		37023
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6552861	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6408183	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		144678
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-22486	
(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)		1447740
(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)		79257
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3694181

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1737172	
(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)		1737172
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	110819	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	32429	
(5) Investment advisory and investment management fees	2i(5)	102815	
(6) Bank or trust company trustee/custodial fees	2i(6)	12746	
(7) Actuarial fees	2i(7)	27333	
(8) Legal fees	2i(8)	12987	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	65105	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		364234
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2101406

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1592775
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NOVAK FRANCELLE, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		11009704
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 532017.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024		
A Name of plan PLASTERERS' LOCAL 8 PENSION FUND	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLASTERERS' LOCAL 8 PENSION FUND	D Employer Identification Number (EIN) 23-2652951	

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): 23-2652951		
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 **H.J. DIETZ**

b EIN **23-2789304**

c Dollar amount contributed by employer **151396**

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 **04** Day **30** Year **2025**

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) **12.10**

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

a Name of contributing employer **PETER BRADLEY**

b EIN **23-2986046**

c Dollar amount contributed by employer **308758**

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 **04** Day **30** Year **2025**

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) **12.10**

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

a Name of contributing employer **PHILADELPHIA D&M**

b EIN **23-3044210**

c Dollar amount contributed by employer **115692**

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 **04** Day **30** Year **2025**

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) **12.10**

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

a Name of contributing employer **NORTHEAST FIREPROOFING**

b EIN **22-3146110**

c Dollar amount contributed by employer **144591**

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 **04** Day **30** Year **2025**

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) **12.10**

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

a Name of contributing employer **DALE CONSTRUCTION**

b EIN **23-1613810**

c Dollar amount contributed by employer **127798**

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 **04** Day **30** Year **2025**

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) **12.10**

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

a Name of contributing employer **COOPER PLASTERING GROUP**

b EIN **22-3593667**

c Dollar amount contributed by employer **275546**

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 **04** Day **30** Year **2025**

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) **12.10**

(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 G.C. ZARNAS & CO., INC. (NE)

b EIN 23-1670134

c Dollar amount contributed by employer 83892

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 04 Day 30 Year 2025

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) 12.10

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

a Name of contributing employer DUGGAN & MARCON, INC.

b EIN 23-1567518

c Dollar amount contributed by employer 55835

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 04 Day 30 Year 2025

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) 12.10

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

a Name of contributing employer INSULATION CONTRACTORS

b EIN 23-2652951

c Dollar amount contributed by employer 46888

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 04 Day 30 Year 2025

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) 12.10

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

a Name of contributing employer PULLMAN SST, INC.

b EIN 22-3270937

c Dollar amount contributed by employer 48830

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 04 Day 30 Year 2025

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) 12.10

(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)

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)

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)

14a	
14b	
14c	

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

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

b The corresponding number for the second preceding plan year

15a	1.00
15b	0.99

- 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

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

16a	
16b	

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

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

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

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

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

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☐ "Current year" ADP test
- ☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**OPERATIVE PLASTERERS' AND CEMENT MASONS' UNION
LOCAL NO. 8 DEFINED BENEFIT PENSION FUND**

FINANCIAL STATEMENTS

APRIL 30, 2024

**OPERATIVE PLASTERERS' AND CEMENT MASONS' UNION
LOCAL NO. 8 DEFINED BENEFIT PENSION FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

APRIL 30, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Operative Plasterers' and Cement Masons'
Union Local No. 8 Defined Benefit Pension Fund

Opinion

We have audited the financial statements of the Operative Plasterers' and Cement Masons' Union Local No. 8 Defined Benefit Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of April 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of April 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions represent supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. Supplemental information is the responsibility of the Plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, 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.

Novak Francella LLC

Bala Cynwyd, Pennsylvania
November 19, 2024

**OPERATIVE PLASTERERS' AND CEMENT MASONS' UNION
LOCAL NO. 8 DEFINED BENEFIT PENSION FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

APRIL 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS - at fair value		
Common stock	\$ 3,525,708	\$ 3,010,586
United States Government and Government Agency obligations	618,896	492,429
Corporate obligations	2,060,939	2,096,731
Mortgage backed security	67,991	2,712
Short-term investments	692,979	1,105,695
Common collective trusts - equity	7,459,491	6,218,688
Common collective trust - GTAA	635,227	578,440
Common collective trusts - real estate	1,878	1,728
103-12 investment entity - international equity	1,698,128	1,630,897
Limited partnerships - opportunistic markets	3,364,808	2,876,614
Limited partnership - international equity	1,815,550	1,731,557
Limited partnerships - real estate	5,829,346	6,534,129
Total investments	<u>27,770,941</u>	<u>26,280,206</u>
RECEIVABLES		
Employer contributions	197,638	186,765
Accrued interest and dividends	32,061	29,632
Total receivables	<u>229,699</u>	<u>216,397</u>
CASH	<u>323,914</u>	<u>197,896</u>
PREPAID EXPENSES	<u>6,990</u>	<u>10,498</u>
Total assets	<u>28,331,544</u>	<u>26,704,997</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Due to related parties	6,440	19,564
Pending investment trades payable	7,375	-
Accrued administrative expenses	79,028	39,507
Total liabilities	<u>92,843</u>	<u>59,071</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 28,238,701</u></u>	<u><u>\$ 26,645,926</u></u>

See accompanying notes to financial statements.

**OPERATIVE PLASTERERS' AND CEMENT MASONS' UNION
LOCAL NO. 8 DEFINED BENEFIT PENSION FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED APRIL 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 1,649,189	\$ 81,719
Interest and dividends	509,553	522,502
	<u>2,158,742</u>	<u>604,221</u>
Less investment expenses	(115,561)	(102,846)
Investment income - net	<u>2,043,181</u>	<u>501,375</u>
Employer contributions	<u>1,535,439</u>	<u>1,368,027</u>
Total additions	<u>3,578,620</u>	<u>1,869,402</u>
DEDUCTIONS		
Monthly retirement benefits	1,737,172	1,630,060
Administrative expenses	248,673	233,914
Total deductions	<u>1,985,845</u>	<u>1,863,974</u>
NET INCREASE	1,592,775	5,428
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>26,645,926</u>	<u>26,640,498</u>
End of year	<u><u>\$ 28,238,701</u></u>	<u><u>\$ 26,645,926</u></u>

See accompanying notes to financial statements.

**OPERATIVE PLASTERERS' AND CEMENT MASONS' UNION
LOCAL NO. 8 DEFINED BENEFIT PENSION FUND**

NOTES TO FINANCIAL STATEMENTS

APRIL 30, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The Operative Plasterers' and Cement Masons' Union Local No. 8 Defined Benefit Pension Plan (the Plan) provides pension benefits to eligible members of the Operative Plasterers' and Cement Masons' Local No. 8 which represents members employed primarily in eastern Pennsylvania, southern New Jersey and Delaware. The following brief description of the Plan is for general purposes only. Participants should refer to the summary plan description for more complete information.

The Plan was established October 1, 1954 as a result of Collective Bargaining Agreements between the Operative Plasterers' and Cement Masons' Union Local No. 8 and participating employers. The Plan is a multiemployer, defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The purpose of the Plan is to provide for normal, early death and disability retirement benefits for eligible participants. Benefits are funded entirely by employer contributions. Effective May 1, 2000, the geographic area of the Plan divided into two districts. District one covers eastern Pennsylvania, Delaware and three counties in New Jersey and Maryland. District two covers primarily southern New Jersey.

Normal retirement is at age 60 for benefits earned prior to May 1, 2015 and age 62 for benefits earned after May 1, 2015. Early retirement is at age 55 with a ½ % benefit reduction for each month prior to normal retirement. A participant is vested after 5 years of service. Reference should be made to the plan document for specific details as to eligibility and computation of benefits.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the accrual basis of accounting.

Investments and Income Recognition - Investments in common stock, United States Government and Government Agency obligations, corporate obligations, the mortgage-backed security, and short-term investments are carried at fair value as provided by the investment custodian, which generally represents quoted market prices as of the last business day of the year. The common collective trusts are carried at net asset value as provided by the trusts. The 103-12 investment entity is carried at net asset value as reported by the sponsor. The limited partnerships are carried at net asset value as reported by the partnerships.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Funding Policy and Revenue Recognition - The Plan is funded by contributions from participating employers under the terms of collective bargaining agreements (CBA). Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

Contributions Receivable - Contributions due and not paid prior to year end are recorded as contributions receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

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

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

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

NOTE 3. FUNDING POLICY

The participating employers contribute such amounts as are specified in the collective bargaining agreements. The hourly contribution rate was \$12.10 from May 1, 2023 to April 30, 2024 and \$11.60 from May 1, 2022 through April 30, 2023.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter on May 24, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provision of Section 501(a). The Plan has been amended since receiving the determination letter. The Trustees and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 4. TAX STATUS (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 5. PRIORITIES UPON 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 to the Trustees. Termination will not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

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

NOTE 6. 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

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

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

Fair Value Measurements at April 30, 2024				
	Total	Level 1	Level 2	Level 3
Common stock	\$ 3,525,708	\$ 3,525,708	\$ -	\$ -
United States Government and Government Agency obligations	618,896	500,883	118,013	-
Corporate obligations	2,060,939	-	2,060,939	-
Mortgage backed security	67,991	-	67,991	-
Short-term investments	692,979	692,979	-	-
Total investments in the fair value hierarchy	6,966,513	<u>\$ 4,719,570</u>	<u>\$ 2,246,943</u>	<u>\$ -</u>
Investments measured at net asset value (a)	<u>20,804,428</u>			
Total investments at fair value	<u>\$ 27,770,941</u>			

Fair Value Measurements at April 30, 2023				
	Total	Level 1	Level 2	Level 3
Common stock	\$ 3,010,586	\$ 3,010,586	\$ -	\$ -
United States Government and Government Agency obligations	492,429	368,814	123,615	-
Corporate obligations	2,096,731	-	2,096,731	-
Mortgage backed security	2,712	-	2,712	-
Short-term investments	1,105,695	1,105,695	-	-
Total investments in the fair value hierarchy	6,708,153	<u>\$ 4,485,095</u>	<u>\$ 2,223,058</u>	<u>\$ -</u>
Investments measured at net asset value (a)	<u>19,572,053</u>			
Total investments at fair value	<u>\$ 26,280,206</u>			

(a) In accordance with subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended April 30, 2024 and 2023, there were no transfers in or out of levels 1, 2 or 3.

The unfunded commitments and redemption information are as follows at April 30, 2024 and 2023:

	Fair Value at April 30, 2024	Fair Value at April 30, 2023	Unfunded Commitments at April 30, 2024	Redemption Frequency	Redemption Notice Period
Common collective trusts - equity:					
ASB Labor Equity Index Fund	\$ 7,459,491	\$ 6,218,688	\$ -	Daily	Daily
Common collective trust - GTAA:					
Blackrock Global Allocation Fund	635,227	578,440	-	Daily	3 days
Common collective trusts - real estate:					
LongView Ultra I Construction Loan Fund	1,878	1,728	-	Monthly*	One year*
103-12 investment entity - international equity:					
Hardman Johnson International Equity Group Trust	1,698,128	1,630,897	-	Monthly	10 days
Limited partnerships - opportunistic markets:					
Corbin ERISA Opportunity Fund L.P.	2,388,527	2,214,569	-	Quarterly	65 days
GCM Grosvenor Secondary Opportunities Feeder Fund III, L.P.	976,281	662,045	1,475,075	(d)	(d)
Limited partnership - international equity:					
First Eagle International Value Fund, L.P. (a)	1,815,550	1,731,557	-	Monthly	5 days
Limited partnerships - real estate:					
Boyd Watterson GSA Fund, L.P. (b)	2,557,294	2,856,854	-	Quarterly	60 days
Boyd Watterson State Government Fund, L.P. (c)	3,272,052	3,677,275	-	Quarterly	60 days
	<u>\$ 20,804,428</u>	<u>\$ 19,572,053</u>	<u>\$ 1,475,075</u>		

+ - In accordance with the investment's policy, outstanding withdrawals will be honored on a pro rata basis with available liquid assets as determined in the sole discretion of the Trustee. Further, outstanding withdrawals will be honored as soon as practicable on a valuation date following the Trustee's receipt of written notice.

* - The Loan Fund reserves the right to pay such withdrawal at an earlier or later date as conditions warrant.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

(a) The First Eagle International Value Fund, L.P. Class A's (First Eagle Fund) investment objective is to seek capital appreciation. The First Eagle Fund will invest primarily in equity securities (and securities convertible into equity securities) of U.S. and non-U.S. issuers. The First Eagle Fund invests in companies traded in mature markets and may invest in emerging markets. The First Eagle Fund may also invest in fixed-income securities (including high-yield securities), commodities and precious metals (such as gold bullion), contracts for their future delivery ("futures contracts"), "structured notes" and derivatives on any of the above.

(b) The Boyd Watterson GSA Fund, L.P. was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration ("GSA") or other federal government agencies. The Fund offers redemptions on a quarterly basis with 60 days notification; however, because of the illiquidity of the Fund's assets, there is no guarantee that cash will be available at any particular time to fund a particular redemption request. As of April 30, 2024, the GSA has implemented a redemption queue.

(c) The Boyd Watterson State Government Fund, L.P. (the "Fund") is a real estate fund that's investment objective is to provide income stability and capital preservation while seeking to deliver excess returns with moderate risk over market cycles by investing predominantly in commercial real estate properties leased to State Government Tenants. The Fund offers redemptions on a quarterly basis with 60 days notification; however, because of the illiquidity of the Fund's assets, there is no guarantee that cash will be available at any particular time to fund a particular redemption request. As of April 30, 2024, the Fund has implemented a redemption queue.

(d) - Limited partners of the GCM Grosvenor Secondary Opportunities Feeder Fund III, L.P. are not permitted to make withdrawals. The Fund is a closed-end fund and redemptions are not provided for in the investment agreements. The purpose of the GCM Grosvenor Secondary Opportunities Feeder Fund III, L.P. is to invest, directly, or indirectly, as a limited partner in, and as a feeder vehicle of, the GCM Grosvenor Secondary Opportunities Fund III, L.P. The purpose of the GCM Grosvenor Secondary Opportunities Fund III, L.P. is to (a) identify potential investments ("Investments"), (b) to acquire, hold finance, manage, and dispose of Investments, (c) pending utilization or disbursement of funds, to invest such funds in accordance with the terms of the Amended and Restated Limited Partnership Agreement.

The Corbin ERISA Opportunity Fund, L.P. may pursue its investment objective by employing a variety of investment strategies, including, but not limited to; high-yield and distressed securities, long/short credit, structured and asset-backed credit, private lending, event driven investing and emerging markets credit. The Fund expects to use a range of implementation methods depending on the market opportunities available, including employing the services of multiple independent portfolio managers ("Portfolio Managers"). The Fund may allocate its capital to Portfolio Managers through traditional separately managed accounts ("SMAs"), collective investment vehicles such as funds ("Investee Funds") or in other structures (such as single-investor vehicles) managed by Portfolio Managers. The Fund may also make investments upon the advice or recommendation of, or alongside as a co-investor with, or otherwise in partnership with or with the involvement of, Portfolio Managers. In addition, Corbin Capital Partners, L.P. ("CCP"), acting as the investment manager to the Fund (the "Investment Manager"), may independently direct and implement certain of the Fund's investments without the involvement of Portfolio Managers, including without limitation, for purposes of hedging certain exposures.

NOTE 7. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by a consulting actuary as of May 1, 2023. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants and beneficiaries currently receiving benefits	\$ 16,140,429
Other participants	16,412,437
	<u>32,552,866</u>
Nonvested benefits	255,736
Total actuarial present value of accumulated plan benefits	<u>\$ 32,808,602</u>
Present value of administrative expenses*	<u>\$ 422,486</u>

* Present value calculated per ERISA 4044 methodology, but with interest rate no less than 1.00%.

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits for the year ended April 30, 2023 were as follows:

Actuarial present value of accumulated plan benefits at beginning of the year	<u>\$ 31,930,484</u>
Increase (decrease) during the year attributable to:	
Interest due to the decrease in the discount period	2,333,659
Benefits paid	(1,630,060)
Benefits accumulated (includes net experience gains and losses and changes in data)	174,519
Net increase	<u>878,118</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 32,808,602</u>
Net assets available for benefits	<u>26,645,926</u>
Excess of actuarial present value of accumulated plan benefits over net assets available for benefits	<u>\$ (6,162,676)</u>

NOTE 7. ACTUARIAL INFORMATION (continued)

The actuarial valuations were made using the traditional unit credit method for the May 1, 2023 valuation. Some of the more significant actuarial assumptions used in the May 1, 2023 valuation were:

a. Mortality rates:

Healthy Lives - RP 2014 gender-distinct Blue Collar mortality tables, with no projected mortality improvements.

Disabled Lives - RP-2014 gender-distinct Disabled Retiree mortality tables, with no projected mortality improvements.

b. Normal retirement age - Earlier of age 60 with 5 years of vesting service or age 65 with 5 years of participation service.

c. Interest rates:

- The RPA '94 current liability rate was 2.75%.
- Plan assets - 7.50% compounded annually, net of investment expense charges.

d. Disability Rates - Varying by age as illustrated:

Age	Rate
25	0.0002
30	0.0002
40	0.0006
55	0.0036
70	0.0000

e. Withdrawal from service - 20% in the first and second years, 15% in the third year, and 10% in the fourth and fifth years following the date of hire.

f. Administrative expenses:

- \$240,000 per year, assumed payable as of the beginning of the year.

Asset valuation method - Actuarial value is equal to the market value, reduced/increased by unrecognized gains/losses over the prior 5 years, and adjusted to be within 20% of market value. Gains/losses are recognized at 20% per year over the 5-year period and are calculated as the difference between the actual investment return and an expected investment return (based on the assumed investment rate).

Changes in assumptions since the prior year valuation are as follows:

- Future Credited Service assumption was changed from assuming actual hours worked by each participant during the prior year (which averaged 1.6 in the prior year) to an assumed 1.3 years of Credited Service for all active participants.

NOTE 7. ACTUARIAL INFORMATION (continued)

- Current liability interest rate was changed from 2.21% to 2.75% since the prior year, to reflect the changes in the prescribed IRS rates.
- Current liability mortality rates were updated to the current year IRS prescribed rates.

The above actuarial assumptions and actuarial cost methods 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 actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the actuarial present value of accumulated plan benefits at April 30, 2024 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of April 30, 2024 and the changes therein as of and for the year ended April 30, 2024. The complete financial status is presented as of April 30, 2023.

The actuary reported that the Plan has met minimum funding standards as of April 30, 2024.

As of May 1, 2024, the actuary reported that the Plan is neither in the critical status or endangered status as identified under the Pension Protection Act of 2006. In November 2016, the Plan adopted a Rehabilitation Plan with a Default and Preferred Schedule. The Plan's rehabilitation period began on May 1, 2018 and ends on April 30, 2028. The Plan made scheduled progress under the Rehabilitation Plan in emerging from Critical Status in the plan year beginning May 1, 2024, which is prior to May 1, 2028, the end of the rehabilitation period.

NOTE 8. RELATED PARTY TRANSACTIONS

The Plan has five related organizations which includes the Cement Masons' Union Local No. 592 Pension Plan (the 592 Pension Plan), the Cement Masons' Union Local No. 592 Welfare Plan (the 592 Welfare Plan), the Cement Masons' Joint Apprenticeship Training Fund of Philadelphia and Vicinity (the 592 Apprentice Fund), the Mid-Atlantic District Council of the OPCMIA (the District Council) and the Plasterers' Local No. 8 Annuity Fund (the 8 Annuity Fund). These organizations are related by common trustees, officers and/or common administration.

The Plan has common Trustees and shares office facilities and staff with the Cement Masons' Union Local No. 592 Benefit Funds. The operating expenses of the common facilities and staff are initially paid by the 592 Pension Plan. Shared expenses are allocated to the Funds based upon a shared services agreement.

The Plan's portion of the shared administrative services was 14.55% and 14.60% for the years ended April 30, 2024 and 2023, respectively. During the years ended April 30, 2024 and 2023, the Plan's allocated portion of shared administrative expenses paid by the 592 Pension Plan totaled \$151,965 and \$150,192, respectively. As of April 30, 2024 and 2023, the Plan owed the 592 Pension Plan \$11,965 and \$28,392, respectively.

NOTE 8. RELATED PARTY TRANSACTIONS (continued)

The Plan occasionally pays for shared administrative expenses on behalf of the 8 Annuity Fund and the 592 Welfare Plan. For the years ended April 30, 2024 and 2023, the 8 Annuity Fund's portion of these shared expenses paid by the Plan totaled \$3,165 and \$1,523, respectively. For the years ended April 30, 2024 and 2023, the 592 Welfare Plan's portion of these shared expenses paid by the Plan totaled \$4,987 and \$1,893, respectively.

As of April 30, 2024 and 2023, the 8 Annuity Fund owed the Plan \$3,165 and \$4,308 respectively. As of April 30, 2024 and 2023, the 592 Welfare Plan owed the Plan \$4,987 and \$4,520, respectively.

Certain Plan investments are shares of money market funds managed by Principal Financial Group. Principal Financial Group is a custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year and reportable transactions.

The transactions above qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 9. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and participant 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 relevant note in financial statements.

NOTE 10. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through November 19, 2024, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**OPERATIVE PLASTERERS' AND CEMENT MASONS' UNION
LOCAL NO. 8 DEFINED BENEFIT PENSION FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED APRIL 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
PERSONNEL		
Salaries	\$ 66,162	\$ 60,934
Payroll taxes	5,271	4,866
Employee benefits	39,386	38,054
Transportation	3,884	3,588
PROFESSIONAL FEES		
Legal	12,987	4,945
Actuary	27,333	25,000
Accounting, auditing, and government filings	32,429	30,905
MEETINGS, TRAVEL, AND RETIREE LUNCHEON EXPENSES	5,639	8,497
OFFICE AND DATA PROCESSING		
Postage	921	805
Telephone	915	834
Office supplies and expenses	5,481	6,012
Bank fees	1,585	3,671
Computer services	16,978	16,976
Depreciation	42	267
Membership dues	2,210	2,230
OCCUPANCY		
Rent and taxes	8,912	8,271
Building maintenance	805	888
INSURANCE		
Pension Benefit Guaranty Corporation	11,445	10,432
Other	6,288	6,739
	<u> </u>	<u> </u>
Total	<u><u>\$ 248,673</u></u>	<u><u>\$ 233,914</u></u>

**OPERATIVE PLASTERERS' AND CEMENT MASONS' UNION
LOCAL NO. 8 DEFINED BENEFIT PENSION FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

APRIL 30, 2024

Form 5500 Schedule H, Item 4i

EIN: 23-2652951
Plan No. 002

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type Principal	Interest Rate	Maturity Date		
		<u>Common stock:</u>				
	Advanced Energy Inds Inc	316			\$ 33,836	\$ 30,285
	Agilysys Inc	480			34,496	39,864
	Allegiant Travel Co	280			37,766	15,277
	Ameris Bancorp	840			32,173	39,883
	Azek Co Inc/The	934			18,244	42,628
	Badger Meter Inc	126			9,991	23,048
	Balchem Corp Class B	258			32,922	36,476
	Berry Plastics Group Inc	614			31,460	34,777
	Bio-Techne Corp	667			46,387	42,161
	Caci Intl Inc Formerly Caci Inc To	192			58,309	77,228
	Carlisle Cos Inc	124			19,948	48,143
	Casella Waste Sys Inc CL A	475			38,201	42,940
	Caseys Gen Stores Inc	129			24,162	41,226
	CCC Intelligent Solutions Hld	4,487			42,165	50,344
	Chemed Corp	66			33,685	37,488
	Chord Energy Corporation	172			26,996	30,441
	Churchill Downs Inc	358			36,869	46,182
	Civitas Resources Inc	529			38,119	38,067
	Clean Harbors Inc	353			60,533	66,876
	Coca-Cola Consolidated Inc	26			12,899	21,476
	Crane Holdings Co	556			29,501	77,846
	Crane NXT Co	861			32,017	52,357
	Diamondback Energy Inc	258			21,620	51,892
	Eagles Matls Inc	177			26,012	44,376
	Element Solutions Inc	2,464			41,355	56,992
	EMCOR Group Inc Com	182			21,335	65,005
	Encompass Health Corp	393			22,700	32,768
	Enpro Inds Inc	407			35,242	61,103
	Ensign group Inc/The	403			37,126	47,699
	Equity Commonwealth	1,234			31,264	23,100
	First Indl Rlty Tr Inc Com	867			45,261	39,379
	Five9 Inc	554			41,385	31,894
	Five Below Inc	148			23,940	21,658
	Fox Factory Holding Corp	511			41,183	19,888
	Gentex Corp	1,263			35,135	43,321
	Gildan Activewear Inc	1,182			39,169	40,968
	Glacier Bancorp Inc	949			36,785	34,335
	Globus Medical Inc	680			39,334	33,857
	Graphic Packaging Hldg Co	1,095			22,324	28,306
	Griffon Corp Com	466			29,033	30,532
	Guildwire Software Inc	721			58,797	79,598
	Halozyme Therapeutics Inc	855			33,017	32,576

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate	Date		
		<u>Common stock (continued):</u>					
	Hancock Whitney Corp	866				\$ 42,491	\$ 39,308
	Hashicorp Inc	969				25,126	31,454
	Hub Group Inc	818				35,806	32,900
	Insulet Corp	161				38,859	27,682
	Insight Enterprises Inc COM	115				21,341	20,995
	IRHYTHM Technologies Inc	379				43,651	41,531
	ITT Inc	528				40,407	68,292
	Jacob Solutions Inc	294				39,836	42,198
	KBR Inc	1,491				62,077	96,826
	Lamb Weston Holdings Inc	425				36,256	35,420
	Landstar Sys Inc Com	180				32,021	31,394
	Littlefuse Inc Com	149				41,332	34,365
	LKQ Corporation	551				20,987	23,765
	Masco Corp	522				32,312	35,731
	Matador Resources Co	916				50,677	57,067
	Materion Corp	411				41,620	47,241
	Maximus Inc Com	391				28,662	31,389
	Medpace Holdings Inc	78				23,601	30,291
	Modine MFG Co	595				20,279	55,115
	Monolithic Pwr Sys Inc	24				10,183	16,064
	Morningstar Inc	182				34,190	51,442
	Neurocrine Biosciences Inc Com	200				27,702	27,508
	Onto Innovation Inc	232				19,245	43,034
	Q2 Holdings Inc	736				37,685	37,823
	Qiagen NV	873				41,633	36,954
	Rev Group Inc	2,299				53,246	50,256
	Seacoast Banking Corp	1,707				36,390	39,380
	Silgan HLDGS Inc Com	1,361				58,987	63,504
	Silicon Laboratories Inc	286				33,451	34,746
	Southstate Corp	580				44,798	43,906
	Stag Industrial Inc	1,199				43,606	41,234
	Steven Madden Ltd	795				27,608	32,126
	Texas Roadhouse Inc	409				34,499	65,759
	The Descartes Systems Group inc.	871				67,697	80,820
	Timken Co	362				29,299	32,299
	Topbuild Corp	129				32,418	52,202
	Tyler Technologies Inc	60				20,639	27,693
	UFP Industries Inc	235				20,382	26,484
	Universal Display Corp	326				47,289	51,501
	Vail Restors Inc Com	153				32,940	28,974
	Veracyte Inc	1,026				35,467	20,079
	Vicor Corp	346				18,564	11,203
	Waste Connections, Inc	305				35,941	49,437
	WNS Holdings LTD	574				37,459	24,056
	Total common stock					2,971,355	3,525,708

United States Government and
Government Agency obligations:

Fed Farm Credit Bk	Note	10,000	5.600	%	11/25/25	10,000	9,950
Fed Farm Credit Bk	Note	9,750	1.000		03/23/26	10,000	9,712
Fed Farm Credit Bk	Note	10,000	1.150		10/26/26	9,990	9,966
Fed Farm Credit Bk	Note	10,000	1.500		11/23/26	20,000	17,574
Fed Farm Credit Bk	Note	15,000	3.500		04/26/27	5,000	4,667
Fed Home Ln Bk	Note	10,000	5.480		10/25/27	10,000	9,067

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>United States Government and</u>					
		<u>Government Agency obligations:</u>					
	Fed Home Ln Bk	Note	20,000	3.300 %	03/23/32	\$ 10,000	\$ 9,124
	Fed Home Ln Bk	Note	10,000	4.980	07/20/32	9,750	9,025
	Fed Home Ln Mortgage Co	Note	10,000	5.600	11/25/25	10,000	9,991
	Fed Home Loan BK	Note	5,000	2.125	04/24/26	15,000	14,355
	Fed Natl Mtg Assn	Note	10,000	4.125	08/28/25	10,000	9,856
	Fed Natl Mtg Assn	Note	5,000	4.300	05/17/32	4,719	4,726
	US Treasury	Note	15,000	2.500	06/15/24	14,931	14,904
	US Treasury	Note	35,000	3.750	09/15/24	34,863	34,361
	US Treasury	Note	83,000	2.625	03/31/25	84,547	81,068
	US Treasury	Note	80,000	1.625	09/30/26	80,022	74,010
	US Treasury	Note	20,000	2.375	05/15/27	19,128	18,603
	US Treasury	Note	70,000	1.125	08/31/28	63,011	60,124
	US Treasury	Note	30,000	6.250	05/15/30	25,527	23,612
	US Treasury	Note	40,000	1.125	02/15/31	36,843	31,864
	US Treasury	Note	75,000	1.375	11/15/31	65,252	59,327
	US Treasury	Note	40,000	2.750	08/15/32	36,084	34,686
	US Treasury	Note	25,000	4.500	11/15/33	25,629	24,633
	US Treasury Inflation	Bond	10,989	1.250	04/15/27	10,086	10,260
	US Treasury Inflation	Bond	14,810	1.750	01/15/28	14,316	14,486
	US Treasury Inflation	Bond	20,834	1.125	01/15/33	19,165	18,945
		Total United States Government and Government Agency obligations				653,863	618,896
		<u>Corporate obligations:</u>					
	Acronic Inc		6,000	5.125	10/01/24	6,402	5,970
	Albertsons Cos/Safeway		40,000	3.250	03/15/26	40,159	37,989
	American Airlines/AADVANTAGE		33,333	5.500	04/20/26	32,686	32,947
	Amgen Inc		15,000	5.250	03/02/33	14,957	14,673
	Anheuser-Busch InBev Wor		5,000	3.500	06/01/30	5,104	4,555
	Anthem Inc		20,000	3.650	12/01/27	19,831	18,870
	Ares Capital Corp		20,000	3.250	07/15/25	19,917	19,287
	Ares Capital Corp		15,000	3.875	01/15/26	14,926	14,443
	AutoNation Inc		15,000	3.500	11/15/24	14,453	14,812
	Bank of America Corp		25,000	Var	09/25/25	24,481	24,508
	Bank of America Corp		10,000	Var	02/05/26	9,988	10,045
	Bank of America Corp		10,000	Var	09/15/26	9,587	9,992
	Blackrock Funding Inc		10,000	4.700	03/14/29	9,999	9,809
	Boyd Gaming Corp		20,000	4.750	12/01/27	18,861	18,948
	Centene Corp		40,000	4.250	12/15/27	37,104	37,720
	Charter Comm Opt		40,000	4.908	07/23/25	40,442	39,452
	Comcast Corp		20,000	4.150	10/15/28	20,508	19,152
	Comcast Corp		15,000	4.250	10/15/30	16,517	14,085
	Crown Amer/Cap Corp VI		15,000	4.750	02/01/26	14,839	14,678
	CVS Health Corp		2,000	4.300	03/25/28	1,949	1,919
	CVS Health Corp		15,000	3.250	08/15/29	14,855	13,450
	DCP Midstream Operating		8,000	5.375	07/15/25	8,034	7,960
	Dell INT LLC/EMC Corp		10,000	5.750	02/01/33	9,947	10,073
	Duke Energy Carolinas		15,000	4.850	01/15/34	14,814	14,240
	ESAB Corporation		15,000	6.250	04/15/29	14,981	14,944
	Extra Space Storage		10,000	2.200	10/15/30	9,424	8,064
	FMC Corp		10,000	5.150	05/18/26	9,998	9,877
	FMC Corp		5,000	3.450	10/01/29	5,000	4,435
	Ford Motor Credit Co LLC		25,000	4.063	11/01/24	25,556	24,752

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		Corporate obligations (continued):				
	Fortress Trans & Infracore	25,000	6.500 %	10/01/25	\$ 24,762	\$ 25,000
	Fortress Trans & Infracore	20,000	5.500	05/01/28	18,711	19,196
	General Motors Finl Co	5,000	5.650	01/17/29	5,095	4,953
	GFL Environmental Inc	15,000	4.250	06/01/25	15,537	14,782
	GFL Environmental Inc	25,000	3.750	08/01/25	25,862	24,311
	GGAM Finance LTD	20,000	7.750	05/15/26	20,000	20,317
	GGAM Finance LTD	20,000	8.000	02/15/27	20,240	20,497
	Glp Capital Lp / Fin II	5,000	5.250	06/01/25	4,975	4,954
	Glp Capital Lp / Fin II	35,000	5.375	04/15/26	34,983	34,553
	Goldman Sachs Group Inc	25,000	Var	06/05/28	24,970	23,653
	HAT Holdings I LLC/HAT	10,000	6.000	04/15/25	9,794	9,947
	HAT Holdings I LLC/HAT	15,000	3.375	06/15/26	13,669	13,941
	Healthpeak Properties	15,000	2.875	01/15/31	14,474	12,590
	Hilton Domestic Operating	35,000	5.375	05/01/25	35,540	34,711
	Howmet Aerospace Inc	10,000	6.875	05/01/25	11,663	10,076
	Icahn Enterprises/Fin	10,000	4.750	09/15/24	10,497	9,941
	Icahn Enterprises/Fin	20,000	6.375	12/15/25	19,700	19,642
	Icahn Enterprises/Fin	10,000	6.250	05/15/26	9,575	9,726
	Intel Corp	10,000	3.900	03/25/30	10,241	9,254
	Intel Corp	10,000	5.200	02/10/33	9,978	9,757
	Intercontinental Exchange	5,000	4.600	03/15/33	4,997	4,680
	International Game Tech	20,000	6.250	01/15/27	20,061	19,971
	Intl FC Stone Inc	35,000	8.625	06/15/25	35,186	35,081
	Intl Track Systems	17,000	6.500	02/15/25	17,117	17,001
	Jazz Securities	35,000	4.375	01/15/29	32,512	31,844
	JBS USA Lux Sa	15,000	5.125	02/01/28	14,653	14,566
	Jefferies Fin Group Inc	5,000	5.875	07/21/28	9,991	9,886
	Jefferies Fin Group Inc	5,000	4.600	03/15/33	4,975	4,979
	JPMorgan Chase & Co	15,000	Var	02/24/26	14,917	14,605
	JPMorgan Chase & Co	15,000	Var	12/05/29	16,679	14,354
	Kinetik Holdings LP	30,000	6.625	12/15/28	30,206	30,144
	Lincoln National Corp	10,000	3.400	01/15/31	9,895	8,560
	Macquarie Airfinance Hld	10,000	8.375	05/01/28	10,000	10,499
	Morgan Stanley	15,000	Var	04/28/26	14,737	14,467
	Morgan Stanley	10,000	Var	04/20/28	9,787	9,633
	New Fortress Energy Inc	31,000	6.750	09/15/25	29,703	30,619
	New Fortress Energy Inc	10,000	6.500	09/30/26	9,637	9,563
	NMI Holdings	35,000	7.375	06/01/25	36,395	35,259
	Onemain Finance Group	5,000	3.500	01/15/27	4,625	4,600
	Oracle Corp	10,000	6.250	11/09/32	9,988	10,373
	Owl Rock Capital Corp	15,000	3.400	07/15/26	14,481	14,065
	Phillip Morris Intl Inc	5,000	5.625	09/07/33	4,882	4,972
	Phillip Morris Intl Inc	15,000	5.250	02/13/34	14,672	14,470
	Phinia Inc	10,000	6.750	04/15/29	10,050	10,036
	PNC Financial Services	5,000	VAR	01/21/28	5,000	4,957
	Precision Castparts Corp	5,000	3.250	06/15/25	5,099	4,878
	Prime Secsrvc BRW/Finance	40,000	5.750	04/15/26	39,348	39,497
	Rockwell Automation	10,000	3.500	03/01/29	10,882	9,312
	Safehold Operating Partners	15,000	2.800	06/15/31	13,971	12,275
	Safehold Operating Partners	15,000	2.850	01/15/32	13,990	12,031
	SBA Communications Corp	40,000	3.875	02/15/27	41,600	37,592
	Sensata Technologies BV	30,000	5.000	10/01/25	32,079	29,614
	Simon Property Group Lp	5,000	3.500	09/01/25	5,386	4,869
	Simon Property Group Lp	25,000	2.450	09/13/29	23,761	21,513

(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
		Shares/ Principal	Interest Rate	Maturity Date		
		Type				
		<u>Corporate obligations (continued):</u>				
	Sirius Xm Radio Inc	40,000	3.125 %	09/01/26	\$ 40,229	\$ 37,229
	Slm Corp	20,000	4.200	10/29/25	20,600	19,334
	Slm Corp	20,000	3.125	11/02/26	19,431	18,553
	Springleaf Finance Corp	20,000	6.875	03/15/25	19,732	20,131
	Springleaf Finance Corp	15,000	7.125	03/15/26	15,263	15,137
	Starwood Property Trust	15,000	4.750	03/15/25	15,548	14,816
	Starwood Property Trust	25,000	3.625	07/15/26	25,041	23,120
	Sunoco LP	25,000	5.875	03/15/28	24,750	24,397
	Sunoco LP/Finance Corp	15,000	6.000	04/15/27	14,937	14,819
	Tallgrass NRG PRNTR/FIN	10,000	6.000	03/01/27	9,830	9,741
	Tallgrass NRG PRNTR/FIN	15,000	5.500	01/15/28	14,386	14,241
	Tallgrass NRG PRNTR/FIN	15,000	7.375	02/15/29	15,000	15,017
	Tegna Inc	40,000	4.750	03/15/26	41,018	38,627
	Tenet Healthcare Corp	20,000	5.125	11/01/27	19,669	19,349
	Tenet Healthcare Corp	20,000	4.250	06/01/29	18,481	18,320
	Teva Pharmaceuticals	30,000	3.150	10/01/26	26,689	27,793
	Thermo Fisher Scientific	10,000	1.215	10/18/24	9,791	9,803
	Tractor Supply Co	10,000	5.250	05/15/33	9,974	9,774
	Transdigm Inc	20,000	6.750	08/15/28	20,331	20,085
	Transdigm Inc	20,000	6.375	03/01/29	20,006	19,847
	Truist Bank	25,000	2.250	03/11/30	23,261	20,258
	Verizon Communications	15,000	2.550	03/21/31	14,353	12,447
	Vici Properties / Note	40,000	4.250	12/01/26	41,942	38,167
	Virginia Elec & Power Co	10,000	3.500	03/15/27	10,762	9,494
	Vistra Operations Co LLC	35,000	5.500	09/01/26	34,084	34,158
	Walt Disney Company/The	10,000	3.375	11/15/26	10,563	9,558
	Warnermedia Holdings Inc	5,000	6.412	03/15/26	5,000	5,001
	Warnermedia Holdings Inc	10,000	3.755	03/15/27	10,003	9,423
	Wesco Distribution Inc	35,000	7.125	06/15/25	36,785	35,023
	Wesco Distribution Inc	15,000	6.375	03/15/29	15,000	14,900
	Western Digital Corp	40,000	4.750	02/15/26	43,453	38,923
	Western Midstream Operat	40,000	3.100	02/01/25	38,878	39,097
	Wyndham Worldwide	35,000	5.100	10/01/25	37,737	35,198
	XPO Inc	15,000	6.250	06/01/28	14,962	14,944
	Total corporate obligations				2,134,336	2,060,939
	<u>Mortgage-backed securities:</u>					
	Fed Home Loan Mtge Corp Pool	12,693			12,586	12,281
	Fed Home Loan Mtge Corp Pool	12,626			12,557	12,564
	Fed Home Loan Mtge Corp Pool	9,713			9,625	9,654
	Federal Natl Mtge Assn Pool	9,089			8,699	8,631
	Federal Home Loan Mortgage Corp	9,698			9,698	9,675
	JP Morgan Mortgage Trust	13,174			12,880	13,006
	Small Business Administration	2,459			2,365	2,180
	Total mortgage-backed securities				68,410	67,991
	<u>Short-term investments:</u>					
	* Principal Deposit Sweep Program	359,458			359,458	359,458
	* Allspring Treasury Plus Money Market	333,521			333,521	333,521
	Total short-term investments				692,979	692,979
	<u>Common collective trust - equity:</u>					
	ASB Labor Equity Index Fund	153,830			2,935,954	7,459,491

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares/ Type Principal Interest Rate Maturity Date		
		<u>Common collective trust - GTAA:</u>		
	Blackrock Global Allocation Fund	33,030	\$ 403,940	\$ 635,227
		<u>Common collective trust - real estate:</u>		
	Amalgamated Bank Longview Ultra I Construction Loan Fund	6	12,914	1,878
		<u>103-12 investment entity - international equity:</u>		
	Hardman Johnson International Equity Group Trust	43,156	1,786,823	1,698,128
		<u>Limited partnerships - opportunistic markets</u>		
	Corbin ERISA Opportunity Fund L.P.	2,250,000	2,250,000	2,388,527
	GCM Grosvenor Secondary Opportunities Feeder Fund III, L.P.	774,925	774,925	976,281
		Total limited partnerships - opportunistic markets	3,024,925	3,364,808
		<u>Limited partnership - international equity:</u>		
	First Eagle International Value Fund L.P.	692	1,266,929	1,815,550
		<u>Limited partnerships - real estate:</u>		
	Boyd Watterson GSA Fund, L.P.	2,380	2,691,396	2,557,294
	Boyd Watterson State Government Fund, L.P.	3,053	3,601,678	3,272,052
		Total limited partnerships - real estate	6,293,074	5,829,346
		Total investments	\$ 22,179,457	\$ 27,770,941

* A party-in-interest as defined by ERISA

**OPERATIVE PLASTERERS' AND CEMENT MASONS' UNION
LOCAL NO. 8 DEFINED BENEFIT PENSION FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED APRIL 30, 2024

Form 5500 Schedule H, Item 4j

EIN: 23-2652951
Plan No: 002

(a)	(b)	(c)	(d)	(g)	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Description of asset	Purchase Price	Selling Price	Cost of Asset			
* Allspring Treasury Plus Money Market	\$ 1,226,168	N/A	\$ 1,226,168		\$ 1,226,168	N/A
* Allspring Treasury Plus Money Market	N/A	\$ 1,311,877	1,311,877		1,311,877	\$ -
* Principal Deposit Sweep Program	2,565,010	N/A	2,565,010		2,565,010	N/A
* Principal Deposit Sweep Program	N/A	2,892,017	2,892,017		2,892,017	-

Plasterers 8 Pension Fund

Valuation for Year Beginning May 1, 2023

Other Information Summary of Plan Provisions

The summary below primarily applies to benefits for active employees and future retirement dates. Plan benefits for terminated and retired participants may be different from those summarized below.

Benefit Eligibility	Description
Normal Retirement	Age 65 with 5 years of plan participation, or if earlier: - Age 60/(62) with 5 years of Vesting Service for the benefit accrued as of/(after) April 30, 2015, for retirement dates on or after May 1, 2015 - Age 60 with 5 years of Vesting Service, for retirement dates from May 1, 2005 to April 30, 2015 - Age 62 with 5 years of Vesting Service, for retirement dates from January 1, 1997 to April 30, 2005 - Age 65 with 5 years of Vesting Service, for retirement dates prior to January 1, 1997
Early Retirement	Age 55 with 5 years of Vesting Service
Vested Term. Ret.	Termination of employment for reasons other than death, disability, or retirement, with 5 years of Vesting Service. Benefit commencement allowable for participants on or after age 55.
Disability Retirement	Total and permanent disability after completion of 5 years of Vesting Service and award of Social Security Disability.
Pre-Ret Spousal Death Benefit	Participant must have been married for more than 1 year, with death occurring after completing 5 years of Vesting Service but before Normal Retirement Date.
Pre-Ret. Non-Spousal Death Benefit	Participant unmarried or married for less than 1 year, with death occurring after January 1, 2015 and after completing 5 years of Vesting Service but before Normal Retirement Date.

Plasterers 8 Pension Fund

Valuation for Year Beginning May 1, 2023

Other Information
Summary of Plan Provisions

Monthly Benefit	Description
Normal Retirement (Accrued Benefit)	\$70.00 per year of Credited Service, if an Active Participant after April 30, 2008 \$70.00 rate, if 0.10 years of Credited Service from May 2005 to April 2008 and retirement after April 2008 \$65.00 rate, if 0.10 years of Credited Service from May 2003 to April 2006 and retirement after April 2006 \$60.00 rate, if 0.10 years of Credited Service from May 2002 to April 2005 and retirement after April 2005 Different benefit rates apply for retirement dates prior to May 1, 2005 Accrued benefit for terminated participants who return to Covered Employment after 3 years of no service and become Active Participants, is equal to the pre-break benefit rate applied to pre-break service and the current benefit rate applied to post-break service. \$50.00 per year of Credited Service is the minimum rate for Active Participants on or after January 1, 2015.
Early Retirement	Accrued benefit reduced by 0.5% per month that retirement precedes age 60, if retirement after April 2015. Otherwise, accrued benefit reduced by 0.5% per month that retirement precedes Normal Retirement Age.
Vested Termination Ret.	Same as Early Retirement Benefit
Disability Retirement	Same as Normal Retirement Benefit, payable as of SS Disability Award date and effective January 1, 2012, no earlier than 12 months prior to application for a disability pension. For applications after December 31, 2014, if eligible, an Early Retirement Benefit is payable prior to receipt of SS Disability Award, commencing on the month following application. The Early Retirement Benefit is converted to a Disability Retirement Benefit upon receipt of SS Disability Award, payable retroactive to SS Disability Award date but no earlier than 12 months prior to application for a disability pension.
Pre-Ret Spousal Death Benefit	Lifetime pension equal to 50% of the benefit that would be payable if Participant would have terminated employment on day of death and retired with a Joint and 50% Survivor Option. Payments commence on month following the later of Participant's death or Participant's attainment of eligibility for Early Retirement.
Pre-Ret. Non-Spousal Death Benefit	Lifetime pension actuarially equivalent to 50% of the benefit that would be payable if Participant would have terminated employment on day of death and retired with a Single Life Annuity, with reductions for early retirement but by no more than 30%. Payments commence on month following the later of Participant's death or Participant's attainment of eligibility for Early Retirement.

Plasterers 8 Pension Fund

Valuation for Year Beginning May 1, 2023

Other Information
Summary of Plan Provisions

Other Items	Description
13th Check	Additional monthly pension paid each December if participant is in pay status as of November 30th.
Payment Forms	
Applicable For	Retirement & Disability Benefits
Normal - Married	Qualified joint & 50% survivor annuity
Normal - Unmarried	Single life annuity with 120 months guaranteed
Optional Forms	Single life annuity with 0, 60 or 120 months guaranteed or Joint & 50%, 75%, or 100% survivor annuity. Optional forms are available for married and unmarried participants.
Actuarial Equivalence	
Optional Forms	7.00% interest, the GAM83 (loaded) mortality tables and conversion from Normal (unmarried) form
Lump Sums	IRC 417(e)(3) applicable interest rates for March (published in April) and IRC 417(e)(3) mortality tables
All Other	7.00% interest and the GAM83 (loaded) mortality tables
Effective Date	Effective October 1, 1954, restated effective May 1, 2014, and amended through May 1, 2015.
EIN / Plan Number	Plan EIN: 23-2652951 / Plan Number: 002
Union	Local No. 8 Operative Plasterers' and Cement Masons' International Association
Changes in Provisions since Prior Year	There were no changes in plan provisions reflected for valuation purposes since the prior year.

Plasterers 8 Pension Fund

Valuation for Year Beginning May 1, 2023

Other Information
Summary of Plan Provisions

Definitions	Description
Covered Employment	Employment in any capacity for which employer contributions are payable to Plan in accordance with a collective bargaining or other agreement.
Vesting Service	0.10 of year is credited for every 100 hours of Covered Employment in a plan year, limited to 1 credit per year.
Credited Service	Effective January 1, 1997, 0.10 of a year credited for every 100 hours of Covered Employment in a plan year, with no annual limit other than a one-year limit during the 1997 calendar year. Effective May 1, 2001, hours of Covered Employment are prorated if employer's contribution rate is less than the full journeyman rate. For service prior to January 1, 1997, 0.10 of a year credited for every 120 hours of Covered Employment in a plan year, with a limit of one credit per year.
Covered Employer	Business entity having a collective bargaining agreement, participation agreement, or other agreement with the Union, which requires contributions to the Plan. Such entities include the Union and the Plan.
Initial Participation	Upon first hour of service by an individual in a collective bargaining unit represented by the Union and who is actively employed by (or on approved leave with) a Covered Employer.
Active Participant	Participant with more than 300 hours of Covered Employment in a Plan Year. Hours include approved absences and are not prorated if contributions are made at less than the full journeyman rate.
Break in Service	Consecutive plan years with 300 or less hours of Covered Employment, including approved absences, and not prorated if contributions are made at less than the full journeyman rate.
Re-employment	Pre-break service reflected for vesting and benefit accrual purposes after completing 0.50 years of service from re-employment date, unless break in service completely forfeits vesting rights and break is too long to repair them.
Required Beg. Date	April 1st of year following calendar year in which Participant attains age 70.5 or terminates employment.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Plasterers 8 Pension Fund

Valuation for Year Beginning May 1, 2023

Appendix - Participant Data
Active Participant Age Distribution - Expanded

Attained Age	Credited Service										Total
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	> 39	
Under 25	2	6	-	-	-	-	-	-	-	-	8
25-29	2	2	3	-	-	-	-	-	-	-	7
30-34	-	3	7	4	-	-	-	-	-	-	14
35-39	3	1	4	5	1	1	-	-	-	-	15
40-44	1	-	-	-	-	-	-	-	-	1	2
45-49	1	-	2	3	-	2	-	1	2	1	12
50-54	4	2	4	2	-	1	1	2	2	1	19
55-59	-	3	3	2	1	-	1	1	-	10	21
60-64	1	2	-	-	-	-	-	1	-	2	6
65-69	-	-	-	-	1	-	-	-	-	-	1
70 & Over	-	-	-	-	-	-	-	-	-	-	-
Total	14	19	23	16	3	4	2	5	4	15	105

Average Age 44.5

Average Service 13.7

Credited Service is earned under the Plan as follows:

Effective January 1, 1997, 1/10th of a year credited for every 100 hours of Covered Employment in a Plan Year, with no annual limit other than a one-year credit limit during the 1997 calendar year. Effective May 1, 2001, hours of Covered Employment are prorated if the employer's contribution rate is less than the full journeyman rate.

For service prior to January 1, 1997, 1/10th of a year credited for every 120 hours of Covered Employment in a Plan Year, with a limit of one credit per year.

Plasterers Union Local 8 Pension Plan
EIN: 23-2652951 / PN: 002
Schedule MB, Line 4b Certification



July 28, 2023

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (TEGE:EP:EPCU)
230 S. Dearborn St, Room 1700, 17th Fl.
Chicago, IL 60604

To whom it may concern:

This is an actuarial certification for a multiemployer pension plan, as required by ERISA Section 305 and IRC Section 432, and in conformance with the Pension Protection Act of 2006, as amended.

Plan: Plasterers' Local 8 Pension Plan ("Plan")
EIN/PN: 23-2652951 / 002
Plan Sponsor Info: 7821 Bartram Ave, Suite 102
Philadelphia, PA 19153
215-468-0237

I hereby certify to the following results for the plan year beginning May 1, 2023:

- ❖ The Plan is in Critical Status for the certification year.
- ❖ The Plan is projected to be in Critical Status for any of the succeeding 5 plan years.
- ❖ The Plan is not in Critical and Declining Status for the certification year.
- ❖ The Plan is not making scheduled progress with the rehabilitation plan. The Plan is projected to emerge from Critical Status in the plan year beginning May 1, 2042, which is following the end of the rehabilitation period of May 1, 2028.

The enclosed exhibits document the assumptions, methods, plan provisions, and results used to support the actuarial certification.

In my opinion, the calculations are based on reasonable actuarial assumptions and methods and offer the best estimate of anticipated experience under the Plan, except for projected industry experience which is based on input by the Plan Sponsor. The measurements and assumptions used to prepare this certification may not be appropriate for other purposes.

I am a member of the American Academy of Actuaries and meet the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States and I am qualified to render the actuarial opinion herein.

A handwritten signature in blue ink that reads 'Boris Vaynblat'. The signature is fluid and cursive, written over a horizontal line.

Boris Vaynblat, FSA, EA, MAAA, Consulting Actuary

Enrolled Actuary No. 23-7445
RAE Consulting
601 Dresher Road, Suite 201
Horsham, PA 19044
215-773-0900

Plasterers Union Local 8 Pension Plan
EIN: 23-2652951 / PN: 002
Schedule MB, Line 4b Certification



July 28, 2023

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (TEGE:EP:EPCU)
230 S. Dearborn St, Room 1700, 17th Fl.
Chicago, IL 60604

To whom it may concern:

This is an actuarial certification for a multiemployer pension plan, as required by ERISA Section 305 and IRC Section 432, and in conformance with the Pension Protection Act of 2006, as amended.

Plan: Plasterers' Local 8 Pension Plan ("Plan")
EIN/PN: 23-2652951 / 002
Plan Sponsor Info: 7821 Bartram Ave, Suite 102
Philadelphia, PA 19153
215-468-0237

I hereby certify to the following results for the plan year beginning May 1, 2023:

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- ❖ The Plan is projected to be in Critical Status for any of the succeeding 5 plan years.
- ❖ The Plan is not in Critical and Declining Status for the certification year.
- ❖ The Plan is not making scheduled progress with the rehabilitation plan. The Plan is projected to emerge from Critical Status in the plan year beginning May 1, 2042, which is following the end of the rehabilitation period of May 1, 2028.

The enclosed exhibits document the assumptions, methods, plan provisions, and results used to support the actuarial certification.

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I am a member of the American Academy of Actuaries and meet the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States and I am qualified to render the actuarial opinion herein.

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Boris Vaynblat, FSA, EA, MAAA, Consulting Actuary

Enrolled Actuary No. 23-7445
RAE Consulting
601 Dresher Road, Suite 201
Horsham, PA 19044
215-773-0900

**Plasterers' Local 8 Pension Plan
PPA Zone Status Certification
Plan Year Beginning May 1, 2023**

Actuarial Assumptions, Methods and Plan Provisions

The actuarial assumptions, methods and plan provisions used in this certification are the same as those used in the most recent annual report as required under ERISA section 103(d), except as noted below. The items listed below apply to the regular zone status tests, as well as the critical and declining zone status test, the projection of critical status within the next five years, and in testing scheduled progress under a funding improvement or rehabilitation plan, unless noted below.

- All liabilities as of the beginning of the certification year were projected from the most recent annual report as required under ERISA section 103(d) assuming all plan demographic assumptions were met, except that (i) actual benefit payments were reflected.
- No changes in the plan of benefits occurred since the most recent ERISA section 103(d) annual report and no changes were reflected for certification purposes.
- Market value of assets as of the beginning of the certification year is based on unaudited preliminary value provided by the Plan's investment consultant, plus cash in checking accounts provided by the Plan's administrator, plus net receivables and payables based on average of the last two audited plan years. Investment returns are assumed to be 7.5% in each future year starting with the certification year.
- Contributions, benefits, and administrative expenses for the year preceding the certification year were based on unaudited preliminary values as provided by the Plan auditor. Contributions, benefits, and administrative expenses for the following ten years are documented in the attached exhibits.
- Contribution rates reflect the rates that have been allocated in conformance with the existing collectively bargained agreements as of May 1, 2023. These are also the rates used for testing scheduled progress with the rehabilitation plan.
- Future industry activity is based on input from Board of Trustees and is equal to 135,000 covered employment hours in the certification year and each future year, with 85% of such hours attributable for journeyman work and 15% for apprentice work.
- Normal cost, excluding administrative expenses, is assumed to be \$525,000 in the certification year and in each future year.

**Plasterers' Local 8 Pension Plan
PPA Zone Status Certification
Plan Year Beginning May 1, 2023**

Critical Status Tests (Red Zone)	Result
1. Funding deficiency projected within four years (without 431(d) extension)	Yes
2. Funding deficiency projected within five years (without 431(d) extension), and Present value of vested benefits for inactives more than for actives, and Contributions less than normal cost plus interest on unfunded actuarial accrued liability	No
3. Market value plus 5-year present value of contributions less than 5-year present value of benefit payments and administrative expenses	No
4. Funded percentage is less than 65%, and Funding deficiency projected within five years (without 431(d) extension), or Market value plus 7-year present value of contributions less than 7-year present value of benefit payments and administrative expenses	No
Plan in Critical Status, prior to Emergence Tests (Yes to either 1,2,3, or 4)	Yes

Critical Status Emergence Tests

Plan in Critical Status the Prior Year	Yes
1. In Critical Status the prior year, and Not in Critical Status based on tests above, and No funding deficiency projected within ten years (with 431(d)(2) extension, if any), and No plan insolvency projected within 31 years Plan Emerged from Critical Status?	No
2. In Critical Status the prior year, and Received 431(d)(1) extension, and No funding deficiency projected within ten years (with 431(d)(1) extension), and No plan insolvency projected within 31 years Plan Emerged from Critical Status?	n/a
Plan in Critical Status, after Emergence Tests	Yes

Critical and Declining Status Tests

1. Plan in Critical Status (prior to Emergence Tests), and	Yes
2. Projected insolvency within 15 years, or	No
3. Projected insolvency within 20 years, and Ratio of inactives to actives is at least 2 to 1, or Funded percentage is less than 80%	No
Plan is in Critical and Declining Status (Yes to 1 and 2 or Yes to 1 and 3)	No

Projection of Critical Status

Plan Projected to be in Critical Status in Any of 5 Succeeding Years	Yes
--	-----

**Plasterers' Local 8 Pension Plan
PPA Zone Status Certification
Plan Year Beginning May 1, 2023**

Endangered Status Tests (Yellow / Orange Zone)

1. Not in Critical Status, and Funded percentage is less than 80%	No
2. Not in Critical Status, and Funding deficiency projected within 7 years (with 431(d) extension, if any)	No
Plan in Endangered Status (Yes to either 1 or 2)	No
Plan in Seriously Endangered Status (Yes to both 1 and 2)	No

Neither Critical Status nor Endangered Status Test (Green Zone)

Plan not in Critical Status nor in Endangered Status	No
--	----

**Plasterers' Local 8 Pension Plan
 PPA Zone Status Certification
 Plan Year Beginning May 1, 2023**

Projected Values as of Beginning of Certification Year

Market Value of Assets	26,360,000
Actuarial Value of Assets (AVA)	29,133,462
Actuarial Accrued Liability (AAL)	34,370,393
Funded Percentage (AVA ÷ AAL)	84.8%
Interest on Unfunded AAL	392,770
Normal Cost (including assumed admin. expenses as of beg. of year)	765,124
Present Value of Vested Benefits for Active Participants	11,739,046
Present Value of Vested Benefits for Inactive Participants	21,981,713
Number of Active Participants	101
Number of Inactive Participants	230

Other Information

Zone Status for Prior Year	Red
IRC 431(d)(1) Extension Effective Year	n/a

Numerical Values

Plan Year Beginning	Credit Balance without 431(d) Ext's	Credit Balance with 431(d)(1) Ext	Market Value	As of Middle of Year		
				Contributions	Benefits	Expenses
2022	945,993	945,993	26,640,498	1,362,977	1,512,606	255,000
2023	665,489	665,489	26,360,000	1,560,600	1,512,606	248,837
2024	571,462	571,462	28,128,762	1,560,600	1,512,606	248,837
2025	356,126	356,126	30,030,181	1,560,600	1,512,606	248,837
2026	17,189	17,189	32,074,206	1,560,600	1,512,606	248,837
2027	(437,301)	(437,301)	34,271,533	1,560,600	1,512,606	248,837
2028	(690,522)	(690,522)	36,633,660	1,560,600	1,512,606	248,837
2029	(849,702)	(849,702)	39,172,946	1,560,600	1,512,606	248,837
2030	(1,020,818)	(1,020,818)	41,902,679	1,560,600	1,512,606	248,837
2031	(1,198,926)	(1,198,926)	44,837,141	1,560,600	1,512,606	248,837
2032	(1,683,106)	(1,683,106)	47,991,688	1,560,600	1,512,606	248,837
2033	(2,049,026)	(2,049,026)	51,382,827	1,560,600	1,512,606	248,837

Plasterers 8 Pension Fund

Valuation for Year Beginning May 1, 2023

Appendix - Other Information
Funding Standard Account Amortization Charges

Type	Date Established	Original Amort Yrs	Original Balance	Remaining Amort Yrs	Remaining Balance	Amort Payment
Plan Amend	1/1/1997	29.667	\$ 1,856,603	3.667	\$ 489,699	\$ 146,551
Plan Amend	1/1/1998	29.667	\$ 1,992,501	4.667	\$ 645,578	\$ 157,144
Plan Amend	5/1/2001	30	\$ 216,186	8	\$ 107,201	\$ 17,028
Plan Amend	5/1/2002	30	\$ 236,653	9	\$ 127,801	\$ 18,640
Plan Amend	5/1/2005	30	\$ 1,541,246	12	\$ 1,009,435	\$ 121,395
Plan Amend	5/1/2006	30	\$ 785,232	13	\$ 540,258	\$ 61,848
Asmp Change	5/1/2011	15	\$ 334,006	3	\$ 98,392	\$ 35,199
Asmp Change	5/1/2012	15	\$ 1,059,726	4	\$ 402,093	\$ 111,678
Plan Amend	5/1/2015	15	\$ 51,318	7	\$ 30,792	\$ 5,408
Actuarial Loss	5/1/2017	15	\$ 931,279	9	\$ 672,988	\$ 98,141
Asmp Change	5/1/2017	15	\$ 256,753	9	\$ 185,537	\$ 27,058
Actuarial Loss	5/1/2018	15	\$ 956,253	10	\$ 743,595	\$ 100,773
Actuarial Loss	5/1/2019	15	\$ 1,284,574	11	\$ 1,064,582	\$ 135,373
Actuarial Loss	5/1/2020	15	\$ 820,673	12	\$ 719,165	\$ 86,485
Actuarial Loss	5/1/2023	15	\$ 460,857	15	\$ 460,857	\$ 48,567

Total \$ 7,297,973 \$ 1,171,288

Plasterers 8 Pension Fund

Valuation for Year Beginning May 1, 2023

Appendix - Other Information
Funding Standard Account Amortization Credits

Type	Date Established	Original Amort Yrs	Original Balance	Remaining Amort Yrs	Remaining Balance	Amort Payment
Asmp Change	1/1/1998	29.667	\$ 25,390	4.667	\$ 8,251	\$ 2,002
Mthd Change	5/1/2016	10	\$ 535,527	3	\$ 202,885	\$ 72,576
Asmp Change	5/1/2016	15	\$ 158,147	8	\$ 104,940	\$ 16,666
Actuarial Gain	5/1/2021	15	\$ 273,794	13	\$ 252,043	\$ 28,853
Mthd Change	5/1/2021	10	\$ 2,012,042	8	\$ 1,716,928	\$ 272,676
Actuarial Gain	5/1/2022	15	\$ 555,619	14	\$ 534,346	\$ 58,553

Total \$ 2,819,393 \$ 451,326

Plasterers 8 Pension Fund

Valuation for Year Beginning May 1, 2023

Executive Summary

Changes in Assumptions, Methods and Provisions

Description of Change

Assumptions

1. Future Credited Service assumption was changed from assuming actual hours worked by each participant during the prior year (which averaged 1.6 in the prior year) to an assumed 1.3 years of Credited Service for all active participants.
2. Current liability interest rate was changed from 2.21% to 2.75% since the prior year, to reflect the changes in the prescribed IRS rates.
3. Current liability mortality rates were updated to the current year IRS prescribed rates.

Methods

There were no changes in methods since the prior year.

Plan Provisions

There were no changes in plan provisions reflected for valuation purposes since the prior year.

Plasterers 8 Pension Fund

Valuation for Year Beginning May 1, 2023

Other Information
Summary of Assumptions

Assumption	Description
Interest Rates	
Funding	7.50%, net of investment expenses
Current Liability	2.75%, net of investment expenses, per IRC 431(c)(6)(E)
Withdrawal Liab.	7.50%, net of investment expenses
Mortality Rates	
Funding	
Base Rates, Healthy	RP-2014 gender-distinct Blue Collar mortality tables
Fut. Mortality Adj.	None
Base Rates, Disabled	RP-2014 gender-distinct Disabled Retiree mortality tables
Fut. Mortality Adj.	None
Current Liability	
Healthy	Applicable IRS static mortality tables, with separate rates for annuitants/non-annuitants
Disabled	Revenue Ruling 1996-7 gender-distinct mortality tables, for post-1994 disabilities
Admin. Expenses	Expenses are assumed to be \$240,000, assumed payable as of beginning of the year. This amount excludes investment-related expenses.
Contribution Timing	Employer contributions are typically made throughout the year at regular intervals, and are therefore assumed to be made in the middle of the year.
Contributions	Employer contributions for the year beginning on the valuation date were based on preliminary information provided by the Plan auditor.

Plasterers 8 Pension Fund

Valuation for Year Beginning May 1, 2023

Other Information
Summary of Assumptions

Assumption	Description
-------------------	--------------------

Retirement Rates

Active Participants Retirement assumed to be at the earlier of:
 Age 60 with 5 year of vesting service, or
 Age 65 with 5 years of participation service

Terminated Ppts Retirement assumed to be at age 60

Withdrawal Rates Withdrawal rates are based on age and service. Sample rates are shown below:

Select Period		Ultimate Period (Years 6 and later)	
Year of Service	Rate	Age	Rate
1	0.20	25	0.0529
2	0.20	30	0.0507
3	0.15	40	0.0350
4	0.10	50	0.0040
5	0.10	55	0.0000

Disability Rates Disability rates are based on age. Sample rates are shown below.

Age	Rate
25	0.0002
30	0.0002
40	0.0006
55	0.0036
70	0.0000

Plasterers 8 Pension Fund

Valuation for Year Beginning May 1, 2023

Other Information
Summary of Assumptions

Assumption	Description
Active Participation	New employees valued as active participants upon first hour of employment. Continuing employees valued as active participants if worked more than 150 hours in prior year.
Form of Payment	Non-retired participants assumed to elect the single life annuity with 120 months guaranteed option.
Marital and Spouse Information	80% of non-retired participants assumed to be married. Spouses of non-retired male/female participants assumed to be 3 years younger/older than the participant.
Benefit Accruals	Active participants assumed to earn 1.3 years of Credited Service per year
Late Retirement	Benefits for terminated participants who do not begin their pension by normal retirement age are increased based on actuarial equivalence.
Changes in Assumptions since Prior Year	1. Future Credited Service assumption was changed from assuming actual hours worked by each participant during the prior year (which averaged 1.6 in the prior year) to an assumed 1.3 years of Credited Service for all active participants. 2. Current liability interest rate was changed from 2.21% to 2.75% since the prior year, to reflect the changes in the prescribed IRS rates. 3. Current liability mortality rates were updated to the current year IRS prescribed rates.

Plasterers 8 Pension Fund

Valuation for Year Beginning May 1, 2023

Other Information
Summary of Methods

Method	Description
Funding Method	Unit Credit actuarial funding method used in calculating Normal Cost and Actuarial Accrued Liability. The funding method was changed from the Frozen Initial Liability method to the Unit Credit method effective May 1, 2016.
Actuarial Value of Assets	Actuarial value is equal to the market value, reduced/increased by unrecognized gains/losses over the prior 5 years, and adjusted to be within 20% of market value. Gains/losses are recognized at 20% per year over the 5-year period and are calculated as the difference between the actual investment return and an expected investment return (based on the assumed investment rate). Effective May 1, 2014, the actuarial value of asset method was changed to prospectively reflect the smoothing of gains and losses. Prior to that, the actuarial value of assets was set equal to the market value of assets. As of May 1, 2021, as permitted under IRS Revenue Procedure 2000-40, the Plan elected to reset the Actuarial Value of Assets to equal the Market Value, with future phase-in of gains/losses.
Withdrawal Liability	Determined in accordance with the presumptive method per ERISA Section 4211(b).
Changes in Methods since Prior Year	There were no changes in methods since the prior year.

Plasterers' Local 8 Pension Plan

EIN: 23-2652951

Plan Number: 002

Schedule R, Part V

Summary of Rehabilitation Plan as of April 30, 2024

Rehabilitation Plan

The Rehabilitation Plan was adopted in November 2016, with a Preferred Schedule and Default Schedule. The Preferred Schedule consists of increases in contribution rates and no changes to the plan of benefits. The Default Schedule consists of decreases to future benefit accruals and no changes to the contribution rates. All participating employers adopted the Preferred Schedule.

The rehabilitation period is May 1, 2018 – May 1, 2028.

Schedule of Expected Annual Progress

The Plan measures expected annual progress based on anticipated emergence from critical status by the end of the rehabilitation period. Based on the actuarial certification filed in the plan year in which this Form 5500 is filed, the Plan was neither in endangered or critical status and therefore the plan made scheduled progress with the rehabilitation plan.

Changes to Plan of Benefits

There have been no changes to the plan of benefits under the Preferred Schedule since its inception.

Changes to Hourly Contribution Rates

The hourly Journeymen contribution rates under the Preferred Schedule are summarized below:

Eff. Date	Journeyman Contribution Rate
5/1/2017	\$10.00
5/1/2018	\$10.50
5/1/2019	\$11.00
5/1/2020	\$11.20
5/1/2021	\$11.35
5/1/2022	\$11.60
5/1/2023	\$12.10
5/1/2024	\$12.60

Other Changes

Other components reflected in the rehabilitation plan are as follows:

- Plan's actuarial funding method was changed to Unit Credit effective May 1, 2016

Plasterers' Local 8 Pension Plan

EIN: 23-2652951

Plan Number: 002

Schedule R, Part V

Updates to Rehabilitation Plan during Plan Year ending April 30, 2024

During the Plan Year ending April 30, 2024, the Board of Trustees updated the Rehabilitation Plan to reflect an increased contribution rate.

Plasterers Union Local 8 Pension Plan
EIN: 23-2652951 / PN: 002

List of Schedule MB Attachments

Line 3, 9i	Plan Contributions for Plan Year & Interest on Plan Contributions	✓
Line 3(d)	Withdrawal Liability Contributions for Plan Year	n/a
Line 4b	Actuarial Certification (if yellow/red)	✓
Line 4c	Funding Improvement / Rehabilitation Plan Progress	n/a
Lines 5k, 5l, 11	Change in Actuarial Assumptions and Methods	✓
Line 6	Actuarial Assumptions/Methods	✓
Line 6	Plan Provisions	✓
Line 8b(1)	Expected Benefit Payments (> 1,000 ppts)	n/a
Line 8b(2)	Schedule of Active Participant Data	✓
Line 8b(3)	Projection of Employer Contributions and Withdrawal Liability Payments (> 1,000 ppts)	n/a
Line 8(e)	IRC 431(d)(1) Extension of Amortization Bases	n/a
Lines 9c and 9h	Funding Standard Account Bases	✓
	Total Attachments	7

Plasterers Union Local 8 Pension Plan

EIN: 23-2652951

Plan Number: 002

Schedule MB, Line 3 Contributions

Employer contributions are received by the Plan on a regular and continuous basis throughout the year. As a reasonable approximation for Schedule MB purposes, such contributions were assumed to all be made as of the middle of the plan year.

There were no contributions received during the plan year as a result of any assessed withdrawal liability.

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

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 PLASTERERS LOCAL 8 PENSION PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF PLASTERERS LOCAL 8 PENSION PLAN	D Employer Identification Number (EIN) 23-2652951

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

1a Enter the valuation date: Month 05 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 26,645,926
(2) Actuarial value of assets for funding standard account	1b(2) 29,114,903
c (1) Accrued liability for plan using immediate gain methods	1c(1) 32,808,602
(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) 32,808,602
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) 61,688,563
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1,249,593
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 1,890,925
(3) Expected plan disbursements for the plan year	1d(3) 2,130,925

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 BORIS VAYNBLAT BV Signature of actuary BORIS VAYNBLAT, FSA, MAAA Type or print name of actuary RAE GROUP LLC Firm name 601 DRESHER ROAD, SUITE 201 HORSHAM PA 19044-2203 Address of the firm	02/07/2025 Date 2307445 Most recent enrollment number 215-773-0900 Telephone number (including area code)
---	---

i 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	2.75 %
	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)	6
(2) Females	6c(2)	6F
d Valuation liability interest rate	6d	7.50 %
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)	7.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	1.9 %
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	460,857	48,567

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

720,327

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)

7,297,973

1,171,288

(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

141,871

e Total charges. Add lines 9a through 9d

9e

2,033,486

Credits to funding standard account:

f Prior year credit balance, if any

9f

784,881

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

9g

1,535,439

Outstanding balance

h Amortization credits as of valuation date

9h

2,819,393

451,326

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

9i

149,254

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

8,233,813

(2) "RPA '94" override (90% current liability FFL)

9j(2)

27,387,855

(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

2,920,900

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

9m

887,414

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

9n**o** Current year's accumulated reconciliation account:

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

9o(1)

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

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

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

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

10

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



Yes



No