

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>PLASTERERS' & CEMENT MASONS' LOCAL 148 HEALTH AND WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>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) <u>PLASTERERS' & CEMENT MASONS' LOCAL 148 HEALTH AND WELFARE FUND</u></p> <p><u>2001 CALDWELL DRIVE</u> <u>GOODLETTSVILLE, TN 37072</u></p>	<p>1c Effective date of plan <u>01/01/1968</u></p> <p>2b Employer Identification Number (EIN) <u>23-0397547</u></p> <p>2c Plan Sponsor's telephone number <u>615-859-0131</u></p> <p>2d Business code (see instructions) <u>238100</u></p>

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.		
SIGN HERE	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	85
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)	85
	6a(2)	93
	6b	
	6c	
	6d	93
	6e	
	6f	93
	6g(1)	0
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	48

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan PLASTERERS' & CEMENT MASONS' LOCAL 148 HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PLASTERERS' & CEMENT MASONS' LOCAL 148 HEALTH AND WELFARE FUND		D Employer Identification Number (EIN) 23-0397547	

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

1 Coverage Information:

(a) Name of insurance carrier

THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69774	SL10212	91	07/01/2023	06/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	121968
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan PLASTERERS' & CEMENT MASONS' LOCAL 148 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PLASTERERS' & CEMENT MASONS' LOCAL 148 HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-0397547	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

JENKINS AND ASSOCIATES

58-1596154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	NONE	22500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ARNALL GOLDEN GREGORY

58-0543673

(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	11424	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LAPADULA CARLSON & CO.

65-0292391

(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	9905	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

BHA GOLDEN GREGORY

26-1384808

(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 16 50	NONE	10681	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SOUTHERN BENEFIT ADMINISTRATORS, IN

62-1116095

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	NONE	33000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024			
A Name of plan PLASTERERS' & CEMENT MASONS' LOCAL 148 HEALTH AND WELFARE FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">501</td> </tr> </table>	B Three-digit plan number (PN) ▶	501
B Three-digit plan number (PN) ▶	501		
C Plan sponsor's name as shown on line 2a of Form 5500 PLASTERERS' & CEMENT MASONS' LOCAL 148 HEALTH AND WELFARE FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 23-0397547</td> </tr> </table>	D Employer Identification Number (EIN) 23-0397547	
D Employer Identification Number (EIN) 23-0397547			

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	70993	481621
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	164813	162767
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16328	18805
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	781552	640215
(2) U.S. Government securities	1c(2)	1891248	2314265
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	630257	904297
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1672976	2149410
(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	5228167	6671380
Liabilities			
g Benefit claims payable	1g	276900	297100
h Operating payables	1h	7381	16173
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	284281	313273
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4943886	6358107

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)	1377358	
(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)		1377358
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	44310	
(B) U.S. Government securities	2b(1)(B)	60230	
(C) Corporate debt instruments	2b(1)(C)	14983	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		119523
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	61472	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		61472
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	5148613	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5158323	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-9710
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	72472	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		200875
d Total income. Add all income amounts in column (b) and enter total	2d		1821990

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	110456	
(2) To insurance carriers for the provision of benefits.....	2e(2)	124975	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		235431
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	60826	
(3) Recordkeeping fees.....	2i(3)	3100	
(4) IQPA audit fees.....	2i(4)	9905	
(5) Investment advisory and investment management fees	2i(5)	26069	
(6) Bank or trust company trustee/custodial fees	2i(6)	883	
(7) Actuarial fees	2i(7)	6000	
(8) Legal fees	2i(8)	11424	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	54131	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		172338
j Total expenses. Add all expense amounts in column (b) and enter total	2j		407769

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1414221
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: LAPADULA CARLSON & CO.

(2) EIN: 65-0292391

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 _____.

**PLASTERERS' AND CEMENT MASONS' LOCAL UNION
NO. 148 HEALTH AND WELFARE FUND
FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023
TOGETHER WITH INDEPENDENT AUDITORS' REPORT**

LAPADULA CARLSON+CO.
CERTIFIED PUBLIC ACCOUNTANTS

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Plasterers' and Cement Masons' Local Union
No. 148 Health and Welfare Fund
Atlanta, GA

Opinion

We have audited the financial statements of the **Plasterers' and Cement Masons' Local Union No. 148 Health and Welfare Fund** (the "Fund"), 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 and benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations 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 and benefit obligations of the Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America ("United States").

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 these financial statements in accordance with accounting principles generally accepted in the United States, 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 Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with auditing standards generally accepted in the United States, 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 Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States.

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

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

LaPadula, Carlson + Co.

Coral Gables, Florida
March 20, 2025

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AND BENEFIT OBLIGATIONS

AS OF JUNE 30, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS , at fair value		
Corporate and municipal bonds	\$ 904,297	\$ 630,257
U.S. Government securities	1,008,437	925,164
Government sponsored enterprises	1,305,828	966,084
Money market fund	640,215	781,552
Mutual funds	2,149,410	1,672,976
Total investments	<u>6,008,187</u>	<u>4,976,033</u>
RECEIVABLES:		
Contributions	162,767	164,813
Interest and dividends	18,805	16,328
Total receivables	<u>181,572</u>	<u>181,141</u>
CASH	<u>481,621</u>	<u>70,993</u>
Total assets	<u>6,671,380</u>	<u>5,228,167</u>
LIABILITIES		
ACCOUNTS AND RECIPROCALLS PAYABLE	<u>16,173</u>	<u>7,381</u>
Net assets available for benefits	<u>6,655,207</u>	<u>5,220,786</u>
BENEFIT OBLIGATIONS		
OBLIGATIONS FOR CURRENT BENEFIT		
COVERAGE , at present value of estimated amounts,		
Claims incurred but not reported	28,900	7,800
Estimated future group insurance premiums	183,900	178,100
Hour bank	84,300	91,000
Total obligations for current benefit coverage	<u>297,100</u>	<u>276,900</u>
NET ASSETS AVAILABLE FOR BENEFITS		
OVER BENEFIT OBLIGATIONS	<u><u>\$ 6,358,107</u></u>	<u><u>\$ 4,943,886</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

AND BENEFIT OBLIGATIONS

FOR THE YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Employer contributions	\$ 1,377,358	\$ 1,171,896
Investment income -		
Net appreciation in fair value of investments	263,637	96,627
Interest and dividends	180,995	125,226
Less: Investment expenses	<u>(26,069)</u>	<u>(10,193)</u>
Net investment income	<u>418,563</u>	<u>211,660</u>
Total additions	<u>1,795,921</u>	<u>1,383,556</u>
DEDUCTIONS:		
Benefits paid to or for participants	215,231	311,561
Administrative expenses	<u>146,269</u>	<u>150,218</u>
Total deductions	<u>361,500</u>	<u>461,779</u>
Increase in net assets available for benefits	1,434,421	921,777
NET (INCREASE) DECREASE IN BENEFIT OBLIGATIONS FOR CURRENT BENEFIT COVERAGE:		
Change during the year is attributable to -		
Claims payable and claims incurred but not reported	(21,100)	32,200
Estimated future eligibility	(5,800)	21,300
Hour bank	<u>6,700</u>	<u>46,900</u>
(Increase) decrease in estimated future group insurance premiums	<u>(20,200)</u>	<u>100,400</u>
NET INCREASE IN FUND	1,414,221	1,022,177
NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS:		
Beginning of year	<u>4,943,886</u>	<u>3,921,709</u>
End of year	<u>\$ 6,358,107</u>	<u>\$ 4,943,886</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

(1) DESCRIPTION OF THE FUND

The following description of the **Plasterers' and Cement Masons' Local Union No. 148 Health and Welfare Fund** (the "Fund") provides only general information. Participants should refer to the Summary Plan Description for a complete description of the Fund's provisions. Copies are available from Southern Benefits Administrators, Inc. (previously Jenkins & Associates, Inc.), the Fund's third-party administrator.

General

The Fund is a multi-employer benefit fund established on January 1, 1968. The Fund is subject to and conforms with the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The purpose of the Fund is to provide health and welfare benefits to covered participants and their dependents.

Operations of the Fund are under the joint control of labor and management trustees.

Plan amendment

The Plan was amended to comply with the applicable requirements of the Patient Protection and Affordable Care Act ("ACA").

Benefits

The Fund provides comprehensive medical, dental, disability, vision, prescription drug, and death benefits.

Eligibility

Initial eligibility

In general, a new employee becomes eligible on the first day of the benefit quarter following receipt of a minimum of 325 hours of contributions worked during the corresponding period.

Continuing eligibility

In general, participants remain eligible for the next benefit quarter provided the employer has made a minimum of 325 hours of contributions on his or her behalf or a participant draws from their hour bank or a combination of the two.

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF THE FUND (CONTINUED)

Continuing eligibility (continued)

The eligibility and benefit periods are as follows:

<u>325 hours worked during these Eligibility Quarters</u>	<u>Provides benefits during these Benefit Quarters</u>
September, October and November	January, February and March
December, January and February	April, May and June
March, April and May	July, August and September
June, July and August	October, November and December

Funding policy

Funding is provided through employer contributions made on behalf of employees working within the jurisdiction of the collective bargaining agreements and income earned by the Fund's investments. Hourly contribution rate is \$5.40.

COBRA

A participant and covered dependent or spouse whose coverage is terminated due to a "qualifying event" shall be eligible to elect continuation of coverage through self-contributions, as required by the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"), as amended.

Termination

Although there is no intent to do so, the Trust Agreement provides for termination of the Fund subject to the provisions of the agreement and ERISA. Should the Fund be terminated, the remaining assets would be used for the exclusive purpose of providing benefits to eligible participants.

No covered participant or dependent has a vested right in, or would receive any portion of the assets of the Fund, except in the form of benefits. A written plan exists for all medical and other benefits, and for the qualifications required to receive such benefits.

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Fund is presented to assist in understanding the Fund's financial statements. The financial statements and notes are representations of the Trustees, who are responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America ("United States") and have been consistently applied in the preparation of the accompanying financial statements.

The Fund's records are in the custody of Southern Benefits Administrators, Inc. (previously Jenkins & Associates, Inc.). The Fund's third-party administrator performs the various administrative functions necessary for the operation of the Fund, including the collection of contributions, processing of benefit claims, payment of administrative expenses and insurance premiums.

Use of estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States requires the Trustees to make estimates and assumptions that affect the reported amounts of assets, liabilities and benefit obligations and changes therein, as well as disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Risk and uncertainties

Financial instruments, which potentially expose the Fund to concentrations of risk, consist primarily of cash and investment securities. The Fund maintains its cash in bank deposit accounts and frequently maintains balances in excess of the federally insured limit of \$250,000.

The Fund invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of the investment securities will occur in the near term and such changes could materially affect the amounts reported in the accompanying financial statements. The Fund's exposure to concentration of risk is mitigated by the diversification of investments across a variety of financial instruments and investment strategies.

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

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risk and uncertainties (continued)

During the years ended June 30, 2024 and 2023, five and eight employers accounted for 49% and 71% of total employer contributions, respectively.

Valuation of investments and income recognition

Investments are stated at aggregate fair value. Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date. (See Note 6)

The difference between current value and the value as of the end of the prior year as well as the difference between the proceeds and the average cost of the investments sold are presented in the accompanying statement of changes in net assets available for benefits and benefit obligations as net appreciation in the fair value of investments. Investment transactions are recognized on a trade date basis. Interest income is recognized when earned and dividend income is recognized on the ex-dividend date.

Contributions receivable

Contributions receivable at June 30 represent contributions earned but not received at year-end as determined by subsequent collections. Since these contributions were received in a subsequent period, an allowance for doubtful accounts is unnecessary. Delinquent accounts, if any, are not recognized as income until received.

Pursuant to the CBA, the Trustees implemented a policy of auditing the payroll records of the contributing employers on a systematic rotation basis.

Current benefit obligations

These obligations are determined by the Fund's consultant and are presented in the accompanying financial statements at present value.

Claims payable - represents the estimated amount of claims reported but unpaid at year end.

Claims incurred but not reported - represents the estimated obligation for claims incurred but unreported at year end. This estimate is based on statistical information concerning the average amount of unreported claims incurred and outstanding as of June 30 as well as the claims payment lag.

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Current benefit obligations (continued)

Estimated future eligibility - represents the obligation for estimated future benefits to participants who are eligible for subsequent coverage. Continuing eligibility is three months for participants.

Hour bank - Hours worked in excess of the minimum required to maintain eligibility are credited to a participant's individual hour bank. Banked hours can be used by an employee to maintain eligibility in the event the employee's hours worked fall below the required number during an eligibility period, provided he/she is still employed. The maximum number of hours allowed to accumulate in any participant's individual hour bank will be 250.

Income taxes

In accordance with a determination letter received from the Internal Revenue Service, the Fund meets the requirements of Internal Revenue Code ("IRC") Section 501(c)(9). The Fund has been amended since receiving the determination letter. The Trustees and legal counsel believe the Fund, as amended, continues to qualify and operate in accordance with the applicable requirements of the IRC. Therefore, no provision for income taxes is considered necessary.

The Trustees have evaluated the tax positions taken by the Fund and have concluded that as of June 30, 2024, there are no uncertain positions taken or expected to be taken, that would require the recognition of a liability or asset or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions until the applicable statute of limitations expires; however, there are currently no audits for any tax periods in progress.

Reclassification

Certain 2023 amounts have been reclassified to conform to the 2024 presentation.

(3) BENEFITS PAID TO OR FOR PARTICIPANTS

Benefits paid to or for participants for the years ended June 30, 2024 and 2023 consisted of the following:

Description	2024	2023
Claims paid	\$ 90,256	\$ 222,399
PPO fees	3,602	4,859
Utilization management and other fees	8,029	3,332
Stop-loss fees	113,344	80,971
Total benefits paid to or for participants	\$ 215,231	\$ 311,561

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

(4) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of benefits paid to or for participants per the financial statements to Form 5500 for the years ended June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Benefits paid to or for participants per financial statements	\$ 215,231	\$ 366,061
Add: Current benefit obligation - end of year	297,100	276,900
Less: Current benefit obligation - beginning of year	<u>(276,900)</u>	<u>(377,300)</u>
Benefits paid to or for participants per Form 5500	<u>\$ 235,431</u>	<u>\$ 265,661</u>

(5) INVESTMENTS

The assets of the Fund are primarily financial instruments which are monetary in nature. As a result, interest rates have a more significant impact on the Fund's performance than the effect of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the prices of goods and services as measured by the consumer price index.

In addition to the investment in Vanguard, the Fund's actively managed investments are in the custody of Principal Custody Trust. The Trustees have established a formal investment policy that includes selecting a professional investment advisor to manage investments, diversifying the investment portfolio and making short-term and long-term investments.

During the years ended June 30, 2024 and 2023, the Fund's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

<u>Description</u>	<u>2024</u>	<u>2023</u>
Mutual funds	\$ 200,875	\$ 136,275
Corporate and municipal bonds	18,480	(12,809)
U.S. Government securities	25,877	(14,597)
Government sponsored enterprises	<u>18,405</u>	<u>(12,242)</u>
Net appreciation in fair value	<u>\$ 263,637</u>	<u>\$ 96,627</u>

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT

The Fund adopted the Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 820, *Fair Value Measurements and Disclosures*, which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC Topic 820 are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund 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; and
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Corporate and municipal bonds – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

U.S. Government securities – The value is calculated using quoted market prices and documented trade history in the security.

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

Government, agency and state and local securities (“Government sponsored enterprises” or “GSE”) – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

Money market fund – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

Mutual funds – The value is calculated at the daily closing price as reported by the fund. Mutual funds held by the Fund are open-ended mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Fund are deemed to be actively traded.

The preceding methods may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future values. While the managers believe their valuation methods are appropriate and consistent with other market participants, the use of different methodologies to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The inputs or methodology used for valuating securities are not necessarily an indication of the risk associated with these securities.

The following tables set forth by levels, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of June 30, 2024 and 2023:

Description	2024			Total
	Level 1	Level 2	Level 3	
Fixed income -				
Corporate and municipal bonds	\$ -	\$ 904,297	\$ -	\$ 904,297
U.S. Government securities	1,008,437	-	-	1,008,437
Government sponsored enterprises	-	1,305,828	-	1,305,828
Money market fund	-	640,215	-	640,215
Mutual funds	2,149,410	-	-	2,149,410
Total investments	\$ 3,157,847	\$ 2,850,340	\$ -	\$ 6,008,187

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

Description	2023			Total
	Level 1	Level 2	Level 3	
Fixed income -				
Corporate and municipal bonds	\$ -	\$ 630,257	\$ -	\$ 630,257
U.S. Government securities	925,164	-	-	925,164
Government sponsored enterprises	-	966,084	-	966,084
Money market fund	-	781,552	-	781,552
Mutual funds	1,672,976	-	-	1,672,976
Total investments	<u>\$ 2,598,140</u>	<u>\$ 2,377,893</u>	<u>\$ -</u>	<u>\$ 4,976,033</u>

Changes in fair value levels

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.

The Trustees have evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended June 30, 2024 and 2023, there were no significant transfers in or out of Levels 1, 2 or 3.

(7) OTHER MATTERS

Stop-loss coverage

In order to mitigate the individual unlimited annual claims requirements outlined in the ACA, the Trustees elected to obtain stop-loss coverage from an insurance carrier for individual claims exceeding \$125,000 per annum.

(8) PARTY IN INTEREST TRANSACTIONS

The Fund pays various administrative expenses including accounting fees, investment advisory fees, attorney fees, and other administrative fees. These are party in interest transactions.

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

(9) SUBSEQUENT EVENTS

In accordance with FASB ASC Topic 855, *Subsequent Events*, the Fund has evaluated events that occurred through March 20, 2025, which is the date these financial statements were available to be issued. There were no other material events noted during this period that would impact the results reflected in these financial statements.

SUPPLEMENTAL SCHEDULES

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF JUNE 30, 2024

EIN: 23-0397547

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
CORPORATE AND MUNICIPAL BONDS:			
AMAZON.COM INC	40,000 3.150% DUE 08/22/2027	\$ 38,038	\$ 37,982
BANK OF AMERICA CORP	80,000 VAR DUE 04/02/2026	78,396	78,568
CATERPILLAR FINANCIAL	45,000 5.150% DUE 08/11/2025	45,044	44,920
CHEVRON CORP	40,000 2.954% DUE 05/16/2026	38,506	38,483
CONOCOPHILIPS CO	40,000 3.350% DUE 11/15/2024	38,758	39,649
DUKE ENERGY CAROLINA	40,000 2.950% DUE 12/01/2026	38,149	38,110
FAIRFAX COUNTY	5,000 2.106% DUE 04/01/2025	4,838	4,885
HOME DEPOT INC	55,000 4.875% DUE 06/25/2027	54,868	54,888
JOHN DEERE	55,000 4.750% DUE 06/08/2026	55,059	54,652
NEW YORK CITY NY	35,000 2.850% DUE 08/01/2024	36,274	34,911
NEW YORK CITY NY	5,000 2.850% DUE 08/01/2024	5,306	4,989
NEW YORK ST URBAN	30,000 1.538% DUE 03/15/2027	26,408	27,476
NEW YORK ST URBAN	35,000 1.000% DUE 03/15/2026	31,737	32,659
NEW YORK ST URBAN	20,000 1.310% DUE 03/15/2026	18,117	18,824
NEW YORK ST URBAN	25,000 3.250% DUE 03/15/2025	24,271	24,613
OREGON ST	30,000 0.874% DUE 06/30/2025	27,374	28,738
SAINT JOHNS	30,000 5.000% DUE 08/15/2047	30,591	30,120
STATE STREET CORP	55,000 4.993% DUE 03/18/2027	55,035	54,933
TOYOTA MOTOR CREDIT CORP	30,000 5.200% DUE 05/15/2026	29,980	30,049
TRUIST FINANCIAL	50,000 4.260% DUE 07/28/2026	49,668	49,180
VR CIRIGROUP INC	85,000 1.122% DUE 01/28/2027	78,168	79,276
VR JPMORGAN CHASE	65,000 3.960% DUE 01/29/2027	63,379	63,491
WASTE MANAGEMENT INC	35,000 0.750% DUE 11/15/2025	32,160	32,901
	Total corporate and municipal bonds	900,124	904,297
U.S. GOVERNMENT AND GSE SECURITIES:			
U.S. GOVERNMENT -			
U.S. TREASURY NOTE	175,000 0.750% DUE 05/31/2026	158,419	162,292
U.S. TREASURY NOTE	55,000 1.250% DUE 03/31/2028	48,603	48,983
U.S. TREASURY NOTE	195,000 1.375% DUE 08/31/2026	178,397	181,800
U.S. TREASURY NOTE	80,000 1.625% DUE 02/15/2026	74,587	75,990
U.S. TREASURY NOTE	195,000 1.625% DUE 11/30/2026	181,332	181,717
U.S. TREASURY NOTE	185,000 2.250% DUE 02/15/2027	172,681	174,412
U.S. TREASURY NOTE	160,000 2.250% DUE 08/15/2027	148,832	149,494
U.S. TREASURY NOTE	35,000 2.250% DUE 11/15/2025	33,305	33,749
	Total U.S. Government	996,156	1,008,437
GSE SECURITIES -			
FEDERAL HOME LOAN MTG CORP	26,624 4.000% DUE 11/01/2032	25,894	25,856
FEDERAL HOME LOAN MTG CORP	66,572 2.000% DUE 05/01/2031	61,393	61,592

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE SCHEDULES.

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF JUNE 30, 2024

EIN: 23-0397547

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
U.S. GOVERNMENT AND GSE SECURITIES (CONTINUED):			
GSE SECURITIES (CONTINUED) -			
FEDERAL HOME LOAN MTG CORP	20,182 5.000% DUE 12/01/2047	20,494	19,970
FEDERAL HOME LOAN MTG CORP	7,444 4.000% DUE 08/01/2030	7,564	7,283
FEDERAL HOME LOAN MTG CORP	175,000 2.770% DUE 05/25/2025	170,862	170,657
FEDERAL HOME LOAN MTG CORP	17,534 0.681% DUE 06/25/2026	16,565	16,992
FEDERAL HOME LOAN MTG CORP	70,000 1.470% DUE 09/25/2027	62,620	62,997
FEDERAL HOME LOAN MTG CORP	88,152 2.811% DUE 01/25/2025	85,544	86,817
FEDERAL HOME LOAN MTG CORP	11,216 2.896% DUE 04/25/2026	11,052	10,932
FEDERAL HOME LOAN MTG CORP	70,000 2.995% DUE 12/25/2025	68,745	67,882
FEDERAL HOME LOAN MTG CORP	164,832 3.023% DUE 01/25/2025	161,763	162,311
FEDERAL HOME LOAN MTG CORP	85,000 3.284% DUE 06/25/2025	86,674	83,381
FEDERAL NATL MTG ASSN	125,000 2.730% DUE 09/01/2024	121,527	123,877
FEDERAL NATL MTG ASSN	700 6.212% DUE 07/01/2044	698	713
FEDERAL NATL MTG ASSN	6,849 3.500% DUE 03/01/2033	7,143	6,584
FEDERAL NATL MTG ASSN	39,943 4.000% DUE 12/01/2035	38,782	38,739
FEDERAL NATL MTG ASSN	12,282 5.000% DUE 12/01/2047	13,332	12,116
FEDERAL NATL MTG ASSN	2,900 3.500% DUE 09/01/2035	2,779	2,792
FEDERAL NATL MTG ASSN	28,894 5.500% DUE 05/01/2044	30,218	29,001
FEDERAL NATL MTG ASSN	49,419 6.000% DUE 02/01/2049	50,940	50,535
FEDERAL NATL MTG ASSN	1,819 7.000% DUE 08/01/2036	2,099	1,889
FEDERAL NATL MTG ASSN	23,916 4.500% DUE 11/01/2038	25,591	23,532
FEDERAL NATL MTG ASSN	9,533 5.500% DUE 05/01/2044	11,249	9,568
FEDERAL NATL MTG ASSN	43,437 3.500% DUE 07/01/2034	44,732	41,977
FEDERAL NATL MTG ASSN	19,880 2.000% DUE 02/25/2033	18,645	18,112
FEDERAL NATL MTG ASSN	8,240 2.500% DUE 09/25/2045	8,406	7,308
FEDERAL NATL MTG ASSN	166,115 2.369% DUE 07/25/2026	156,811	157,513
GOVERNMENT NATL MTG ASSN	4,814 5.500% DUE 06/15/2041	4,956	4,902
	Total GSE Securities	1,317,078	1,305,828
	Total U.S. Government and GSE Securities	2,313,234	2,314,265
MUTUAL FUNDS:			
CARILLION TRUST CHARTWELL	125,323 SHARES MUTUAL FUND	1,200,468	1,186,812
VANGUARD 500 INDEX FUND ADMIRAL SHARES	1,911 SHARES MUTUAL FUND	212,667	962,598
	Total mutual funds	1,413,135	2,149,410

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE SCHEDULES.

PLASTERERS' AND CEMENT MASONS' LOCAL UNION

NO. 148 HEALTH AND WELFARE FUND

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF JUNE 30, 2024

EIN: 23-0397547

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
MONEY MARKET FUND, ALLSPRING TREASURY PLUS	640,215 SHARES MONEY MARKET FUND	<u>640,215</u>	<u>640,215</u>
	Total investments	<u>\$ 5,266,708</u>	<u>\$ 6,008,187</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE SCHEDULES.

PLASTERERS' AND CEMENT MASONS' LOCAL UNION
NO. 148 HEALTH AND WELFARE FUND
REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500
FOR THE YEAR ENDED JUNE 30, 2024

EIN: 23-0397547

(a) Identity of Party	(b) Description of Asset (including interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Allspring Treasury Plus	Money Market Fund	\$ 2,380,418	\$ -	\$ -	\$ 2,380,418	\$ 2,380,418	\$ -
Allspring Treasury Plus	Money Market Fund	-	2,155,195	-	2,155,195	2,155,195	-
U.S. Treasury Note 0.250% due 08/31/25	U.S. Government	-	445,546	-	442,641	445,546	2,905

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE SCHEDULES.

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 7/1/2023 and ending 6/30/2024

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) _____

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

C If the plan is a collectively-bargained plan, check here

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan Plasterers' & Cement Masons' Local 148 Health and Welfare Fund	1b Three-digit plan number (PN) ▶ 501 1c Effective date of plan 1/1/1968
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) Plasterers' & Cement Masons' Local 148 Health and Welfare Fund P.O. Box 1449 Goodlettsville TN 37072	2b Employer Identification Number (EIN) 23-0397547 2c Plan Sponsor's telephone number (615) 859-0131 2d Business code (see instructions) 238100

Electronic Filing Only

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	<u>James M. Willkerson</u> <small>James M. Willkerson (Apr 2, 2025 10:37 EDT)</small>	4/2/25	James Willkerson
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Oscar C. Coleman III, B/M, F/S</u> 04/02/2025 <small>Oscar C. Coleman III, B/M, F/S - 04/02/2025 (Apr 2, 2025 11:07 EDT)</small>		Oscar Coleman III
	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

SEE ATTACHED AUDITED FINANCIAL
STATEMENTS REPORT

SEE ATTACHED AUDITED FINANCIAL
STATEMENTS REPORT