

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 10/01/2023 and ending 09/30/2024	
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 LOCAL 808 IBT PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1974
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) JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND 9 HUNTS LANE CHAPPAQUA, NY 10514
2b	Employer Identification Number (EIN) 11-6204268
2c	Plan Sponsor's telephone number 914-458-5371
2d	Business code (see instructions) 333900

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.	07/08/2025	FITZ-VERITY C. SILVERA
	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 c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1629
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) 506 6a(2) 618 6b 645 6c 359 6d 1622 6e 121 6f 1743 6g(1) 6g(2) 6h 31
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 12

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan LOCAL 808 IBT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND	D Employer Identification Number (EIN) 11-6204268

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	5-26021	0	10/01/2023	09/30/2024

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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	4196983

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

Specify nature of costs ▶

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

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

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

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

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- ▶ 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 LOCAL 808 IBT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND	D Employer Identification Number (EIN) 11-6204268

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

1a Enter the valuation date: Month 10 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 61772787
(2) Actuarial value of assets for funding standard account.....	1b(2) 67509036
c (1) Accrued liability for plan using immediate gain methods	1c(1) 66919386
(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) 62930070
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) 110122092
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2352883
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 5462163
(3) Expected plan disbursements for the plan year	1d(3) 6255463

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	05/22/2025
Signature of actuary SING LEE	Date 23-05385
Type or print name of actuary SAVASTA AND COMPANY, INC.	Most recent enrollment number 212-308-4200
Firm name 655 3RD AVE NEW YORK, NY 10017	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	61772787
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	753	48619994
(2) For terminated vested participants	370	18590638
(3) For active participants:		
(a) Non-vested benefits		2491747
(b) Vested benefits		40419713
(c) Total active	503	42911460
(4) Total	1626	110122092
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.09 %

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
04/01/2024	2060343				
Totals ►			3(b)	2060343	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	107.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	3.07 %
	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)	%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.5 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.7 %		
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)	793300		
(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	555523	58543

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	1365850

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)	26146160	5115999
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 488139**e** Total charges. Add lines 9a through 9d**9e** 6969988**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 17791459**g** Employer contributions. Total from column (b) of line 3**9g** 2060343**h** Amortization credits as of valuation date**9h** 8354701 1449007**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1520298**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9j(1)	26126701	
9j(2)	32428082	
9j(3)		

k (1) Waived funding deficiency**(2)** Other credits**9k(1)****9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 22821107**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 15851119**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan LOCAL 808 IBT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND	D Employer Identification Number (EIN) 11-6204268	

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
ASB CAPITAL MANAGEMENT
80-0618452

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL TRUST COMPANY
23-6994310

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL FINANCIAL GROUP
42-0127290

(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

(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)

EMPLOYEES

23-7218454

(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 50	EMPLOYEES	233876	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHEN, WEISS & SIMON, LLP

13-1592323

(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	142274	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAVASTA & COMPANY, INC.

13-3879959

(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 13 16 50	NONE	106240	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)

WITHUMSMITH+BROWN, PC

22-2027092

(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	96320	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD WATTERSON ASSET MANAGEMENT

34-1922005

(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	57641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITESTAR ADVISORS, LLC

03-0496641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 51	NONE	46258	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)

PREMIER TECHNOLOGY SOLUTIONS

13-3933805

(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?
16 50	NONE	41182	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

3000 SOUTH LENOLA ROAD
MAPLE SHADE, NJ 08052

(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?
16 50	NONE	33651	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUAN-VEST CONSULTANTS, INC.

11-2559669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	32500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PRUDENTIAL TRUST CO.

23-6994310

(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	26410	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

AMALGAMATED BANK

13-4920330

(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 51	NONE	23755	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VANDERBILT AVENUE ASSET MANAGEMENT

26-1889409

(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	22015	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)

INVESCO TRUST COMPANY

46-3793325

(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 68	NONE	14733	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAUL DEMASI

11-6204268

(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 50	TRUSTEE	5718	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning <u>10/01/2023</u> and ending <u>09/30/2024</u>		
A Name of plan <u>LOCAL 808 IBT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND</u>	D Employer Identification Number (EIN) <u>11-6204268</u>	

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: <u>AFL-CIO EQUITY INDEX FUND</u>			
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>			
c EIN-PN <u>27-3350609-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>38981499</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL CORE PLUS BOND</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>			
c EIN-PN <u>23-6994310-165</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9120928</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL US PROPERTY SEPARATE ACCT</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4196983</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO BALANCED-RISK ALLOCATION</u>			
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>			
c EIN-PN <u>26-6399613-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3487958</u>	
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 10/01/2023 and ending 09/30/2024		
A Name of plan LOCAL 808 IBT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND	D Employer Identification Number (EIN) 11-6204268	

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	492247	446569
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	168504	177228
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	37098	58651
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	296393	96560
(2) U.S. Government securities	1c(2)	3187797	6115198
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	170484	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	4762270	4369772
(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)	43708092	51590385
(10) Value of interest in pooled separate accounts.....	1c(10)	5427627	4196983
(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)	227230	234670
(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	3520467	3664407
f Total assets (add all amounts in lines 1a through 1e)	1f	61998209	70950423
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	30639	33027
i Acquisition indebtedness	1i		
j Other liabilities	1j	48134	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	78773	33027
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	61919436	70917396

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)	2177300	
(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)		2177300
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4668	
(B) U.S. Government securities	2b(1)(B)	135558	
(C) Corporate debt instruments	2b(1)(C)	1408	
(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)		141634
(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)	273644	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		273644
(3) Rents	2b(3)		116957
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11758466	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11706051	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	182632	
(B) Other	2b(5)(B)	-654492	
(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)		12627729
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-286901
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		14630918

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4449576	
(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)		4449576
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)	233876	
(2) Contract administrator fees.....	2i(2)	36660	
(3) Recordkeeping fees.....	2i(3)	17225	
(4) IQPA audit fees.....	2i(4)	66837	
(5) Investment advisory and investment management fees	2i(5)	154971	
(6) Bank or trust company trustee/custodial fees	2i(6)	23755	
(7) Actuarial fees	2i(7)	78945	
(8) Legal fees	2i(8)	132909	
(9) Valuation/appraisal fees	2i(9)	46258	
(10) Other trustee fees and expenses	2i(10)	7391	
(11) Other expenses	2i(11)	384555	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1183382
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5632958

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8997960
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: **WITHUMSMITH+BROWN, PC**

(2) EIN: **22-2027092**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 540460.

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 10/01/2023 and ending 09/30/2024					
A Name of plan LOCAL 808 IBT PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND				D Employer Identification Number (EIN) 11-6204268	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

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 **CRRE**

b EIN **27-2821312**

c Dollar amount contributed by employer **788041**

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 **12** Day **31** Year **2026**

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) **2.18**

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

a Name of contributing employer **PARKCHESTER SOUTH CONDO**

b EIN **13-3175324**

c Dollar amount contributed by employer **518020**

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 **11** Day **15** 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) **2.16**

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

a Name of contributing employer **ABM / DFS**

b EIN **94-1369354**

c Dollar amount contributed by employer **189200**

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 **12** Day **30** Year **2022**

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) **1.05**

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

a Name of contributing employer **PARKCHESTER NORTH CONDO**

b EIN **13-2756317**

c Dollar amount contributed by employer **187391**

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 **11** Day **15** 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) **2.16**

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

a Name of contributing employer **ABM / JCM**

b EIN **61-1600949**

c Dollar amount contributed by employer **128051**

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 **12** Day **31** Year **2026**

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) **1.10**

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

a Name of contributing employer **PARKCHESTER PRESERVATION MANAGEMENT**

b EIN **13-3995230**

c Dollar amount contributed by employer **78799**

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 **11** Day **15** 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) **2.16**

(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 **THE WOODLAWN CEMETERY**

b EIN **13-5670057**

c Dollar amount contributed by employer **47771**

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 **12** Day **31** Year **2026**

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) **2.15**

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

a Name of contributing employer **ASTOR INDUSTRIES CORP.**

b EIN **11-3596952**

c Dollar amount contributed by employer **23954**

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 **02** Day **28** 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) **2.70**

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

a Name of contributing employer **AAH CONSTRUCTION CORP.**

b EIN **11-2304499**

c Dollar amount contributed by employer **23954**

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 **02** Day **28** 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) **2.70**

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

a Name of contributing employer **SAFEGUARD CHEMICAL CORP.**

b EIN **13-2576181**

c Dollar amount contributed by employer **12400**

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 **02** Day **28** 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) **1.00**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

14a

489

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

14b

509

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

14c

535

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

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

15a

0.96

b The corresponding number for the second preceding plan year

15b

0.91

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

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

16a

0

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 58.50 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 21.30 %

High-Yield Debt: 2.10 % Real Assets: 12.90 % Cash or Cash Equivalents: _____ % Other: 5.20 %

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 _____.

LOCAL 808 I.B.T. PENSION FUND
Consolidated Financial Statements
September 30, 2024 and 2023
With Independent Auditor's Report

Local 808 I.B.T. Pension Fund
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September 30, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Local 808 I.B.T. Pension Fund:

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the consolidated financial statements of the Local 808 I.B.T. Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the consolidated statements of net assets available for benefits as of September 30, 2024 and 2023, and the related consolidated statements of changes in net assets available for benefits for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated net assets available for benefits of the Plan as of September 30, 2024 and 2023, and the changes in its consolidated 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 Consolidated 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 Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan ability to continue as a going concern for one year after the date that the consolidated 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 consolidated 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 Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 consolidated 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 consolidated 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 consolidated 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 consolidated 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.

WithumSmith+Brown, PC

July 15, 2025

Local 808 I.B.T. Pension Fund
Consolidated Statements of Net Assets Available for Benefits
September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value	\$ 66,575,390	\$ 57,488,372
Receivables		
Employer contributions	177,228	168,504
Accrued interest and dividends	30,524	19,751
Other receivables	6,613	13,558
Due from Local 808 I.B.T. Health and Welfare Fund	19,654	-
Due from Building Maintenance and Service Workers Local Union 808 I.B.T.	1,860	3,789
Total receivables	<u>235,879</u>	<u>205,602</u>
Fixed assets		
Land	530,000	530,000
Building and improvements	3,402,760	3,362,800
Furniture and equipment	<u>110,426</u>	<u>103,034</u>
	4,043,186	3,995,834
Accumulated depreciation	<u>(727,484)</u>	<u>(642,430)</u>
Net fixed assets	<u>3,315,702</u>	<u>3,353,404</u>
Other assets		
Cash and cash equivalents	474,747	783,768
Prepaid expenses	<u>19,424</u>	<u>20,414</u>
Total other assets	<u>494,171</u>	<u>804,182</u>
Total assets	<u>70,621,142</u>	<u>61,851,560</u>
Liabilities		
Accounts payable and accrued expenses	33,027	30,638
Due to Local 808 I.B.T. Health and Welfare Fund	<u>-</u>	<u>48,135</u>
Total liabilities	<u>33,027</u>	<u>78,773</u>
Net assets available for benefits	<u>\$ 70,588,115</u>	<u>\$ 61,772,787</u>

The Notes to Consolidated Financial Statements are an integral part of these statements.

Local 808 I.B.T. Pension Fund
Consolidated Statements of Changes in Net Assets Available for Benefits
Years Ended September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 11,855,708	\$ 5,410,702
Interest		
Interest and dividends	<u>415,278</u>	<u>368,415</u>
Total investment income	12,270,986	5,779,117
Investment expense	<u>(178,726)</u>	<u>(168,819)</u>
Net investment income	<u>12,092,260</u>	<u>5,610,298</u>
Employer contributions	2,060,343	1,817,388
Rental and utility income	116,957	110,337
Other	<u>-</u>	<u>7,631</u>
Total additions	<u>14,269,560</u>	<u>7,545,654</u>
Deductions		
Benefits paid	4,449,576	4,441,326
Professional fees	344,834	305,230
Administrative expenses	438,296	368,327
Building expenses	<u>221,526</u>	<u>203,817</u>
Total deductions	<u>5,454,232</u>	<u>5,318,700</u>
Net change in net assets available for benefits	8,815,328	2,226,954
Net assets available for benefits		
Beginning of year	<u>61,772,787</u>	<u>59,545,833</u>
End of year	<u>\$ 70,588,115</u>	<u>\$ 61,772,787</u>

The Notes to Consolidated Financial Statements are an integral part of these statements.

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2024 and 2023

1. PLAN DESCRIPTION AND FUNDING

The following brief description of the Local 808 I.B.T. Pension Fund (the "Plan") is provided for information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General

The Plan is a multiemployer collectively bargained defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan operates as a trust to provide retirement benefits to retirees who, during active employment, were covered employees of participating employers under collectively bargained agreements with the Building Maintenance and Service Workers Local Union 808 I.B.T. (the "Local Union").

Employer Contributions

Employer contributions by participating employers are determined subject to the provisions of collectively bargained agreements or resolutions and agreements with the Local Union.

Benefits

The Plan provides for retirement and disability pensions and death benefits. Each participant's age and years of service and the related employer contribution rates determine the amount of pension benefit. A more complete description of these benefits, together with eligibility and vesting requirements, is contained in the Summary Plan Description.

Administration of the Plan

The Board of Trustees (the "Trustees") of the Plan, which is comprised of a union representative and a contributing employer representative with equal voting power, is the Plan Administrator.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's consolidated financial statements have been prepared using the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

Principles of Consolidation

The consolidated financial statements include the accounts and transactions of the Plan and Thomas Seay Realty, LLC ("TSR LLC"). All inter-entity accounts and transactions have been eliminated in consolidation.

Accounting Estimates

The preparation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions. These estimates and assumptions affect the reported amounts of assets, liabilities and the actuarial present value of accumulated benefits and the disclosure of contingencies, if any, at the date of the consolidated financial statements and additions to and deductions from net assets available for benefits and changes in the actuarial present value of accumulated benefits during the reporting period. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Investments are presented at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2024 and 2023

In accordance with the policy of stating investments at fair value, net appreciation (depreciation) presented on the consolidated statements of changes in net assets available for benefits includes gains and losses on investments bought and sold, as well as held, during the year.

Revenue Recognition and Contributions Receivable

Contributing employers are required to make contributions to the Plan according to their respective collective bargaining agreements with the Local Union.

Contributions from employers are accrued based upon analysis of employer remittance reports and subsequent cash receipts. No allowance for uncollectible accounts has been established, as management believes all receivables are collectible.

Management of the Plan, in the normal course of business, contracts for the performance of audits of contributing employer compensation records to verify compliance with the employers' obligations to make required contributions to the Plan. Any additional employer contributions that are due to the Plan based on findings of the aforementioned engagements are recorded as income in the period in which such amounts are received.

The Plan received contributions for the years ended September 30, 2024 and 2023, in excess of the minimum funding requirements of ERISA.

Payment of Benefits

Participant and beneficiary benefits are recognized when paid.

Fixed Assets and Depreciation

Fixed assets are carried at cost, net of an allowance for depreciation.

Depreciation of furniture and equipment is computed using the straight-line method and is based on estimated useful lives of three to ten years. Depreciation expense for furniture and equipment for the years ended September 30, 2024 and 2023, was \$984 and \$80, respectively, and is included in administrative expenses on the consolidated statements of changes in net assets available for benefits.

Buildings and improvements are depreciated over their estimated useful lives of 15-40 years using the straight-line method. Depreciation expense for buildings and improvements was \$84,070 and \$84,070, respectively, for the years ended September 30, 2024 and 2023, and is included in building expenses on the consolidated statements of changes in net assets available for benefits.

Cash Equivalents

Cash equivalents consist of money market funds with original maturities of three months or less maintained for use in operations and not included in investments and are carried at cost which approximates fair value.

Administrative Expenses

The Plan pays administrative expenses and professional fees that consist primarily of salaries, employee benefits and payroll taxes, computer consulting, insurance, and other professional fees. These expenses are reported on the consolidated statements of changes in net assets available for benefits as administrative expenses and professional fees.

Certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying consolidated statements of changes in net assets available for benefits.

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2024 and 2023

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 services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) active participants or their beneficiaries. Benefits payable under all circumstances are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

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

Recently Adopted Accounting Standards

In June 2016, the Financial Accounting Standards Board ("FASB") issued an Accounting Standards Update ("ASU") amending the accounting for credit losses on financial statements. This methodology replace the incurred loss methodology with the expected credit losses using a wide range of reasonable and supportable information. The amendment affects loans, debt securities, trade receivables, net investments in leases, off-balance-sheet credit exposure and other financial instruments recorded at amortized cost.

The Plan adopted the new standard effective October 1, 2023, using the modified retrospective approach. Upon adoption, there was no cumulative-effective adjustment to the opening balance of net assets available for benefits.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits as determined by the Plan's actuary as of September 30, 2024 and 2023, was as follows:

	<u>2024</u>	<u>2023</u>
Vested benefits		
Participants currently receiving payments	\$ 41,960,504	\$ 38,760,570
Other participants	<u>32,716,667</u>	<u>32,272,906</u>
	74,677,171	71,033,476
Nonvested benefits	<u>1,610,302</u>	<u>1,610,766</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 76,287,473</u>	<u>\$ 72,644,242</u>

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2024 and 2023

The change in the actuarial present value of accumulated plan benefits during the years ended September 30, 2024 and 2023, was calculated as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated		
benefits as of the beginning of the year	\$ 72,644,242	\$ 71,103,481
Increase attributable to benefits accumulated - net		
experience gain or loss and changes in participant data	3,766,471	1,638,925
Changes in actuarial assumptions	-	(793,300)
Interest	5,246,936	5,136,462
Benefits paid	<u>(5,370,176)</u>	<u>(4,441,326)</u>
Actuarial present value of accumulated		
benefits as of the end of the year	<u>\$ 76,287,473</u>	<u>\$ 72,644,242</u>

Significant assumptions underlying the actuarial computations for the years ended September 30, 2024 and 2023, are as follows. Unless otherwise indicated, assumptions were the same for both years.

- Actuarial method - Entry age normal.
- Net investment return - 7.5% compounded annually.
- Mortality - RP-2014 Blue Collar Mortality Table; no provision made for future mortality improvement.
- Disabled life mortality - Rev. Rule 96-7 (post 94); no provision made for future mortality improvement.
- Employee turnover - Rates varying from 0.1% (age 60) to 6.0% (age 25) depending on age.
- Retirement Age - Those employees eligible to retire immediately after attaining age 62 and completing 30 years of credited service are assumed to have a 25% probability of retiring each year until age 65. All other employees are assumed to retire at age 65.
- Marital Status - 80% of participants are assumed to be married and males are assumed to be 3 years older than their female spouses.
- Actuarial Value - Market value with a 10-year smoothing of losses under relief granted by the Pension Relief Act of 2010.
- Administrative expenses - \$920,600 and \$793,300 for 2024 and 2023, respectively.

The present value of the annual administrative expenses included in the present value of accumulated plan benefits is equal to the expected expenses for the upcoming year payable as a perpetuity, discounted at the Plan's actuarial interest rate.

4. 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 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:

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

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2024 and 2023

Level 2 - Inputs to the valuation methodology are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs that are derived principally from or corroborated to observable market data by correlation or other means.

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the valuation methodologies used on September 30, 2024 and 2023.

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

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Registered investment companies and certain U.S. government and agency obligations: Valued based upon quoted market prices.

Corporate bonds, other bonds and certain U.S. government and agency obligations: Valued using the market approach and are priced using models such as benchmark yields, yield curves and exchange pricing models, and similar traded securities.

Money market funds: Presented at cost plus accrued interest, which approximates fair value.

Common collective trusts, pooled separate accounts and limited partnerships: Valued at the net asset value ("NAV") of shares held by the Plan at year end. NAV is used as a practical expedient to measure fair value and is determined based on the fair values of the underlying assets held by the fund reduced by any liabilities.

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. For the years ended September 30, 2024 and 2023, there were no purchases, issuances or transfers in or out of Level 3.

As of September 30, 2024 and 2023, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2024			
	Level 1	Level 2	Level 3	Total Fair Value
U.S. government and agency obligations	\$ 6,041,632	\$ 73,566	\$ -	\$ 6,115,198
Money market funds	68,382	-	-	68,382
Registered investment companies	<u>234,670</u>	<u>-</u>	<u>-</u>	<u>234,670</u>
Total investments in the fair value hierarchy	<u>\$ 6,344,684</u>	<u>\$ 73,566</u>	<u>\$ -</u>	6,418,250
*Investments measured at net asset value				<u>60,157,140</u>
Total investments - fair value				<u>\$ 66,575,390</u>

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2024 and 2023

	2023			
	Level 1	Level 2	Level 3	Total Fair Value
U.S. government and agency obligations	\$ 3,148,872	\$ 38,925	\$ -	\$ 3,187,797
Money market funds	4,872	-	-	4,872
Corporate bonds	-	170,484	-	170,484
Registered investment companies	227,230	-	-	227,230
Total investments in the fair value hierarchy	<u>\$ 3,380,974</u>	<u>\$ 209,409</u>	<u>\$ -</u>	3,590,383
*Investments measured at net asset value				<u>53,897,989</u>
Total investments - fair value				<u>\$ 57,488,372</u>

*Funds are valued using net asset value and have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to line items presented in the consolidated statements of net assets available for benefits.

The following investments are measured at fair value without any adjustment by the Plan, based on NAV as of September 30, 2024 and 2023:

	2024		2023	
	Fair Value	Unfunded Commitments	Fair Value	Unfunded Commitments
Common collective trusts				
AFL-CIO Equity Index Fund (a)	\$ 38,981,499	\$ -	\$ 33,544,075	\$ -
Prudential Core Plus Bond Fund (b)	9,120,928	-	7,092,402	-
Invesco Balanced-Risk Allocation (c)	3,487,958	-	3,071,615	-
Pooled separate accounts				
Principal U.S. Property Separate Account (d)	4,196,983	-	5,427,627	-
Limited partnerships				
Boyd Watterson GSA Fund, L.P. (e)	4,369,772	-	4,762,270	-
	<u>\$ 60,157,140</u>	<u>\$ -</u>	<u>\$ 53,897,989</u>	<u>\$ -</u>

- (a) The objective is to track the returns of the broad U.S. large cap equity market as represented by the S&P 500 Index. Full redemption of units is allowed with 60 days' notice before the end of the quarter and partial redemptions are allowed with 30 days notice before the end of the quarter.
- (b) The objective is to invest primarily in fixed income securities. Redemption of units is allowed on a upon written request 5 business days prior to the valuation date. No notice may be countermanded or cancelled withing 3 business days before the effective date of the withdrawal. The Trustee shall have the discretion to limit the maximum withdrawal as of any valuation date to the greater of \$2,000,000 or 5% of the value of the assets in the fund as of the valuation date.
- (c) The objective is to seek total return with a low to moderate correlation to traditional financial market indexes. Redemption of units is allowed on a daily basis.
- (d) The objective is to invest the majority of assets in commercial real estate and focus on properties that return both lease income and appreciation of the buildings' marketable value. Redemption of units is allowed on a daily basis.
- (e) The objective is to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. Redemption of units is allowed with written notice at least 60 days prior to a calendar quarter end and redemption of units shall only be permitted in increments of \$250,000.

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2024 and 2023

5. PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, the Plan may be terminated in the manner prescribed by the governing documents, in accordance with applicable law. In the event of termination, the assets of the Plan will continue to be used for the payment of benefits and administrative expenses and will not revert to any employer to or to the Local Union under any condition or be used for purposes other than for the exclusive benefit of the Plan's participants.

The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. Moreover, the PBGC guarantees apply only when the Plan becomes insolvent, that is, when available resources are insufficient to pay benefits under the Plan. Additional information describing pension guarantees can be found in the Summary Plan Description, as well as the annual funding notice.

6. CONTRIBUTIONS FROM MAJOR EMPLOYERS

The Plan has three employers which accounted for approximately 71% and 79% of employer contributions for each of the years ended September 30, 2024 and 2023, respectively.

7. TRANSACTIONS WITH RELATED ORGANIZATIONS

The Plan's operations are located in a building owned by TSR LLC. Two related organizations, the Local Union and the Local 808 I.B.T. Health and Welfare Fund (the "Health and Welfare Fund") occupy portions of the TSR LLC building under leases with a termination date of May 31, 2027. Rental income from the Health and Welfare Fund was recognized in the amount of \$37,482 and \$36,391, respectively, for the years ended September 30, 2024 and 2023. Rental income from the Local Union was recognized in the amount of \$65,992 and \$64,070, respectively, for the years ended September 30, 2024 and 2023.

As of September 30, future minimum annual lease payments due to TSR LLC under non-cancelable leases with the Health and Welfare Fund and the Local Union for the years ending September 30 are as follows:

2025	\$ 106,578
2026	109,776
2027	<u>74,633</u>
	<u>\$ 290,987</u>

The Plan and the Health and Welfare Fund jointly incur and allocate certain personnel expenses, which are paid by the Health and Welfare Fund, in connection with the collection of contributions from participating employers and the administration of benefit programs for participating employees and retirees. These expenses consist primarily of employee salaries, payroll taxes, employee benefits and fiduciary insurance. The Plan's share of these expenses totaled \$273,580 and \$253,307, respectively, for the years ended September 30, 2024 and 2023, and these amounts are included in administrative expenses on the consolidated statements of changes in net assets available for benefits. The Health and Welfare Fund's share of these expenses totaled \$242,282 and \$204,251, respectively, for the years ended September 30, 2024 and 2023.

During the years ended September 30, 2024 and 2023, the Plan paid the Health and Welfare Fund \$39,682 and \$38,018, respectively, for health coverage for the Plan's employees. These amounts are included in the administrative expenses on the consolidated statements of changes in net assets available for benefits.

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2024 and 2023

The Plan, the Health and Welfare Fund and the Local Union jointly incur and allocate certain office expenses that are paid by the Health and Welfare Fund. These expenses include office supplies, storage, computer consultant fees and miscellaneous expenses. The Plan's portion of these expenses totaled \$76,712 and \$44,366 for the years ended September 30, 2024 and 2023, respectively. Amounts allocated to the Plan are included in administrative expenses on the consolidated statements of changes in net assets available for benefits. The Health and Welfare Fund's share of these expenses totaled \$166,898 and \$134,649 for the years ended September 30, 2024 and 2023, respectively. The Local Union's share of these expenses totaled \$5,248 and \$6,275 for the years ended September 30, 2024 and 2023, respectively.

The Local Union remitted \$17,060 and \$14,504, respectively, and the Health and Welfare Fund remitted \$16,753 and \$15,900, respectively, in contributions to the Plan for their covered employees for the years ended September 30, 2024 and 2023.

8. TAX STATUS

The Plan is designed to qualify as tax-exempt under Sections 401(a) and 501(a) of the Internal Revenue Code ("IRC"). The Plan obtained its latest determination letter dated July 23, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter, but the Plan administrator believes the Plan is designed and is currently being operated in accordance with the applicable requirements of the IRC. TSR LLC, as a single-member limited liability company, is a disregarded entity for income tax purposes and any taxable income generated by TSR LLC will be reported by the Plan.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and recognize an income tax liability if the Plan or TSR LLC have taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the income tax positions taken and concluded that as of September 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability in the consolidated financial statements. The Plan, including TSR LLC, are subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax related interest or penalties incurred for the periods presented in these consolidated financial statements.

9. RISKS AND UNCERTAINTIES

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

Contributions are made and the actuarial present value of benefit obligations 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 consolidated financial statements.

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2024 and 2023

Financial instruments that potentially subject the Plan concentrations of credit risk include cash, accounts receivable and investments. While management of the Plan attempt to limit any financial exposure by maintaining accounts at high quality financial institutions, cash and investment balances exceed the federally insured limit of \$250,000 and \$500,000, respectively. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's financial condition results of operations, and cash flows. Credit risk associated with accounts receivable is considered limited due to the large number of employers that make up the receivable balance and historical high collection rate of receivables.

10. FORM 5500 RECONCILIATION

In accordance with accounting principles generally accepted in the United States of America, land is reported at cost and buildings are reported at cost less accumulated depreciation in these consolidated financial statements. On Form 5500, land and buildings are reported at fair value as determined by the Trustees. The difference between the book value reported on the consolidated financial statements and the fair value reported on Form 5500 totaled \$329,281 and \$(146,649) as of September 30, 2024 and 2023, respectively.

	<u>2024</u>	<u>2023</u>
Land cost	\$ 530,000	\$ 530,000
Building and improvements		
Cost	3,362,800	3,362,800
Accumulated depreciation	<u>(623,519)</u>	<u>(539,449)</u>
	<u>2,739,281</u>	<u>2,823,351</u>
Book value of land, building and improvements	3,269,281	3,353,351
Fair value as reported on Form 5500	<u>2,940,000</u>	<u>3,500,000</u>
Total difference	<u>\$ 329,281</u>	<u>\$ (146,649)</u>

11. SUBSEQUENT EVENTS FOOTNOTE

In preparing these consolidated financial statements, management of the Plan has evaluated events and transactions that occurred after September 30, 2024, for potential recognition or disclosure in the consolidated financial statements. These events and transactions were evaluated through July 15, 2025, the date that the consolidated financial statements were available to be issued. During December 2024, the Plan purchased a new building for Plan operations for \$1,700,000 at 9 Hunts Lane, Chappaqua, New York 10514.

SUPPLEMENTARY INFORMATION

**REPORT ON SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF
LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE
EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974**

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of
Local 808 I.B.T. Pension Fund:

We have audited the financial statements of Local 808 I.B.T. Pension Fund as of and for the years ended September 30, 2024 and 2023, and have issued our report thereon, dated July 15, 2025, which contained an unmodified opinion on those financial statements.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedules, Schedule H, Item 4i - Schedule of Assets (Held at End of Year) as of September 30, 2024 and Schedule H, Item 4j - Schedule of Reportable Transactions for the year ended September 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 Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

July 15, 2025

Local 808 I.B.T. Pension Fund
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 11-6204268, Plan Number: 501
September 30, 2024

(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
Interest bearing cash							
	JP Morgan Prime Money Market Fund	Money Market	N/A	N/A	68,382	\$ 68,382	\$ 68,382
U.S. Government Securities							
	FNMA	Bonds	10/8/2027	0.750%	80,000	72,561	73,566
	U.S. Treasury Notes	Notes	11/30/2026	1.250%	150,000	140,045	142,641
	U.S. Treasury Notes	Notes	2/15/2027	2.250%	250,000	236,699	242,285
	U.S. Treasury Notes	Notes	5/15/2025	2.750%	200,000	194,836	198,142
	U.S. Treasury Notes	Notes	7/31/2027	2.750%	700,000	665,273	684,390
	U.S. Treasury Notes	Notes	9/15/2025	3.500%	345,000	338,352	343,430
	U.S. Treasury Notes	Notes	2/28/2025	4.625%	350,000	346,855	350,245
	U.S. Treasury Notes	Notes	1/31/2025	1.375%	105,000	102,630	103,908
	U.S. Treasury Notes	Notes	8/15/2026	1.500%	140,000	129,843	134,543
	U.S. Treasury Notes	Notes	9/30/2026	1.625%	315,000	293,264	302,904
	U.S. Treasury Notes	Notes	10/31/2026	1.625%	280,000	261,242	268,755
	U.S. Treasury Notes	Notes	7/31/2026	1.875%	235,000	221,598	227,527
	U.S. Treasury Notes	Notes	3/31/2026	2.250%	250,000	239,305	244,523
	U.S. Treasury Notes	Notes	8/15/2027	2.250%	870,000	827,279	838,637
	U.S. Treasury Notes	Notes	10/31/2025	3.000%	270,000	263,109	267,343
	U.S. Treasury Notes	Notes	6/15/2026	4.125%	555,000	549,070	558,752
	U.S. Treasury Notes	Notes	1/15/2026	3.875%	130,000	128,218	130,066
	U.S. Treasury Notes	Notes	12/15/2025	4.000%	70,000	69,111	70,112
	U.S. Treasury Notes	Notes	9/15/2026	4.625%	360,000	356,955	366,455
	U.S. Treasury Notes	Notes	8/15/2026	4.375%	435,000	431,316	440,438
	U.S. Treasury Bonds TIPS	Bonds	1/15/2026	2.000%	126,776	122,078	126,536
						5,989,639	6,115,198
Common Collective Trusts							
	AFL-CIO Equity Index Fund	CCT	N/A	N/A	698,407	14,795,338	38,981,499
	Invesco Balance-Risk Allocation CL C	CCT	N/A	N/A	115,918	2,422,676	3,487,958
	Prudential Core Plus Bond Fund	CCT	N/A	N/A	46,633	8,437,535	9,120,928
						25,655,549	51,590,385
Pooled Separate Accounts							
	Principal U.S. Property Separate Account	PSA	N/A	N/A	67,252	2,776,950	4,196,983
Partnerships							
	Boyd Watterson GSA FD LP	Partnership	N/A	N/A	4,374	5,037,286	4,369,772
Registered Investment Companies							
	SPDR Port Short Term Corp BD ETF	Mutual Fund	N/A	N/A	7,750	243,051	234,670
						\$ 39,770,857	\$ 66,575,390

See Independent Auditor's Report.

Local 808 I.B.T. Pension Fund
Form 5500 Schedule H, Line 4j – Reportable Transactions
EIN: 11-6204268, Plan Number: 501
September 30, 2024

(a) (b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Value of Asset on Transaction Date	Net Gain or (Loss)
Series of transactions:							
JP Morgan Prime Money Market Fund	\$ 3,489,706	N/A	N/A	\$ -	\$ 3,489,706	\$ 3,489,706	N/A
JP Morgan Prime Money Market Fund	N/A	3,426,410	N/A	-	3,426,366	3,426,410	44
Amalgamated Bank Interest Bearing Account	5,517,707	N/A	N/A	-	5,517,707	5,517,707	N/A
Amalgamated Bank Interest Bearing Account	N/A	5,517,707	N/A	-	5,517,707	5,517,707	-

COPY OF THE ACTUARIAL CERTIFICATION OF STATUS
ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 4b

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

SAVASTA AND COMPANY, INC.
CONSULTANTS ACTUARIES ADMINISTRATORS
655 THIRD AVENUE
12TH FLOOR
NEW YORK, NEW YORK 10017



TELEPHONE
(212) 308-4200

TELECOPIER
(212) 308-4545

December 27, 2023

Via Email: EPCU@irs.gov

Re: Local 808 IBT Pension Plan
EIN: 11-6204268, Plan Number: 001

Dear Commissioner:

I, Sing Lee, certify, as required by the Pension Protection Act of 2006 in Internal Revenue Code Section 432(b)(3)(A) that, for the plan year beginning October 1, 2023 and ending September 30, 2024, Local 808 IBT Pension Plan, EIN 11-6204268, Plan number 001, will be in neither "endangered status" nor "critical status" as defined in IRC Sections 432(b)(1) and 432(b)(2), as added by the Pension Protection Act of 2006 and amended by the Multiemployer Pension Reform Act of 2014. The Plan is projected not to be in critical status within the succeeding 5 plan years, and not in critical and declining status.

The plan sponsor's name, address and telephone number are as follows:

Board of Trustees
Local 808 IBT Pension Plan
5-28 51 Avenue
Long Island City, NY 11101
(718) 389-1900

The actuarial projections required to make this determination were conducted in accordance with IRC Section 432(b)(3)(B). Liabilities were projected forward from the October 1, 2022 actuarial valuation results. Asset values were based on preliminary September 30, 2023 financial information received from the Plan's independent certified public accountants. Future employment levels, contributions and expenses were assumed to remain constant. The actuarial assumptions and methods reflect my best estimate of anticipated experience under the Plan and are disclosed in our October 1, 2022 actuarial valuation report.

I am a Member of the American Academy of Actuaries, an Enrolled Actuary (Enrollment Number 23-05385 and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

The Board of Trustees for the Local 808 IBT Pension Plan has been notified of the Pension Fund's status by a separate letter. If you have any questions, please let me know.

Sincerely,

Sing Lee
Consulting Actuary

**ILLUSTRATION SUPPORTING
ACTUARIAL CERTIFICATION OF STATUS**

ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 4a

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

The assumptions used are the same as those for Line 6 of the Schedule MB.

Local 808 IBT Pension Plan

Actuarial Certification for Plan Year 2023/2024

Bases Without Section 431(d) Amortization Extension Periods

<u>Oct 1,</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>	<u>2031</u>	<u>2032</u>
Interest rate	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%
Normal Cost	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600
Expense	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298
Amortization Charges	5,131,428	4,053,645	3,648,465	3,174,734	2,331,043	1,818,371	1,550,658	1,185,795	860,741	755,108	465,104
Amort Base to Bal Eq	0	-8,236	42,390	40,767	39,206	37,705	36,261	34,873	33,538	32,254	31,019
Anticipated New Charges	0	0	124,921	361,730	582,757	582,757	582,757	582,757	582,757	582,757	582,757
Interest	<u>483,099</u>	<u>401,648</u>	<u>384,426</u>	<u>366,535</u>	<u>319,718</u>	<u>281,155</u>	<u>260,968</u>	<u>233,499</u>	<u>209,020</u>	<u>201,001</u>	<u>179,158</u>
Preliminary Total Charges	6,924,425	5,756,955	5,510,100	5,253,664	4,582,622	4,029,886	3,740,542	3,346,822	2,995,954	2,881,018	2,567,936
FSA Credit Bal @ BOY	13,536,147	11,070,156	9,586,685	8,238,809	7,046,278	6,435,349	6,063,664	5,291,154	4,857,835	4,746,294	4,744,732
Amortization Credits	1,449,007	1,449,007	1,449,007	1,449,007	1,449,007	1,168,028	548,771	548,771	548,771	548,771	548,771
Anticipated New Credits	0	0	0	0	0	31,981	35,152	38,323	41,494	44,665	47,836
Interest on Above	1,123,887	938,937	827,677	726,586	637,146	572,652	498,569	440,869	408,608	400,480	400,600
Contributions	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388
Interest on Contributions	<u>68,152</u>	<u>68,152</u>	<u>68,152</u>	<u>68,152</u>	<u>68,152</u>	<u>68,152</u>	<u>68,152</u>	<u>68,152</u>	<u>68,152</u>	<u>68,152</u>	<u>68,152</u>
Preliminary Total Credits	17,994,581	15,343,640	13,748,909	12,299,942	11,017,971	10,093,550	9,031,696	8,204,657	7,742,248	7,625,750	7,627,479
FFL Credit	0										
FSA Credit Bal @ EOY	11,070,156	9,586,685	8,238,809	7,046,278	6,435,349	6,063,664	5,291,154	4,857,835	4,746,294	4,744,732	5,059,543

Local 808 IBT Pension Plan
Actuarial Certification for Plan Year 2023/2024
Bases WITH Section 431(d) Amortization Extension Periods

<u>Oct 1,</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>	<u>2031</u>	<u>2032</u>
	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%
Normal Cost	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600
Expense	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298
Amortization Charges	5,195,187	5,116,001	5,103,773	4,735,312	4,110,474	3,987,120	2,832,795	2,139,099	1,698,025	1,305,778	555,322
Amort Base to Bal Eq	0	-8,236	42,390	40,767	39,206	37,705	36,261	34,873	33,538	32,254	31,019
Anticipated New Charges	0	0	124,921	361,730	582,757	582,757	582,757	582,757	582,757	582,757	582,757
Interest	487,881	481,325	493,574	483,578	453,175	443,811	357,128	304,997	271,816	242,302	185,925
Preliminary Total Charges	6,992,966	6,898,988	7,074,556	6,931,285	6,495,510	6,361,291	5,118,839	4,371,624	3,896,034	3,472,989	2,664,921
FSA Credit Bal @ BOY	19,779,584	17,713,309	15,586,042	13,123,662	10,619,874	8,364,077	5,805,641	3,635,482	2,053,185	831,215	-55,949
Amortization Credits	1,449,007	1,449,007	1,449,007	1,449,007	1,449,007	1,168,028	548,771	548,771	548,771	548,771	548,771
Anticipated New Credits	0	0	0	0	0	31,981	35,152	38,323	41,494	44,665	47,836
Interest on Above	1,592,144	1,437,174	1,277,629	1,092,950	905,166	717,306	479,217	316,693	198,259	106,849	40,549
Contributions	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388
Interest on Contributions	68,152	68,152	68,152	68,152	68,152	68,152	68,152	68,152	68,152	68,152	68,152
Preliminary Total Credits	24,706,275	22,485,030	20,198,218	17,551,159	14,859,587	12,166,932	8,754,321	6,424,809	4,727,249	3,417,040	2,466,747
FFL Credit	0	0	0	0	0	0	0	0	0	0	0
FSA Credit Bal @ EOY	17,713,309	15,586,042	13,123,662	10,619,874	8,364,077	5,805,641	3,635,482	2,053,185	831,215	-55,949	-198,174

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 6

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

EXHIBIT II

LOCAL 808 I.B.T. PENSION PLAN

Actuarial Assumptions and Actuarial Cost Method

- (a) Interest Rate : 7.5% per annum compounded annually.
- (b) Mortality : RP-2014 Blue Collar Table; no provision was made for future mortality improvement.
- (c) Disabled Life Mortality : Rev. Rule 96-7 (post 94); no provision was made for future mortality improvement.
- (d) Termination : Sample Rates are as follows:
- | <u>Age</u> | <u>Probability</u> |
|------------|--------------------|
| 25 | 6.0% |
| 40 | 1.5% |
| 60 | 0.1% |
- (e) Disability : Sample Rates are as follows:
- | <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 20 | 0.09% |
| 40 | 0.15% |
| 60 | 1.18% |
- (f) Retirement Age : Those employees eligible to retire immediately after attaining age 62 and completing 30 years of Credited Service are assumed to have a 25% probability of retiring each year until age 65. All other employees are assumed to retire at age 65.
- (g) Marriage : 80% of participants are assumed to be married and males are assumed to be 3 years older than their female spouses.
- (h) Expenses : Assumed to be \$793,300.

(i)	Value of Assets	:	5-year smoothed market value with phase-in, effective October 1, 2021.
(j)	Funding Method	:	Entry Age Normal Actuarial Cost Method.
(k)	Withdrawal Liability	:	PBGC Mass Withdrawal assumptions for interest rates, mortality and expense loading.

Unless indicated otherwise, the assumptions shown above reflect our best estimate of future experience.

STATEMENT OF PLAN PROVISIONS

ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 6

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

EXHIBIT I

LOCAL 808 I.B.T. PENSION PLAN

SUMMARY OF PLAN PROVISIONS

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

Regular pension

Eligibility:	Earlier of age 62 with 30 years of credited service, or age 65 and 5 years of participation
Amount:	Benefits are determined from a schedule based on hourly contribution rates, which have been increased by 10% effective January 1, 2019. The minimum retirement benefit shall be \$100 per month regardless of the form of benefit.

Early retirement

Age requirement:	55
Service requirement:	5 years of Credited Service
Amount:	Normal pension accrued reduced by $\frac{1}{2}$ of 1% for each month that retirement age is less than 65.

Disability

Age requirement:	50
Service requirement:	10 years
Amount:	100% of Regular pension accrued to date of disability.

Vesting

Age requirement:	None
Service requirement:	5 years
Amount:	Regular pension accrued, payable at Normal Retirement Age.

Pre-retirement death benefits

Spouse's benefit:

Age requirement:	None
Service requirement:	5 years
Amount:	50% of the benefit employee would have received had he retired the day before he died and elected the 50% joint and survivor option. Payment is deferred until the date the participant would have reached age 55, if the participant dies before age 55, otherwise, payable immediately.

Post-retirement death benefits

Husband and wife:	If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected by employee and spouse. If rejected or not married, benefits are payable for the life of the employee with 60 months of payments guaranteed.
-------------------	---

Participation:

Immediate.

Benefit credit:

One twelfth of a unit of Future Service credit is granted for each 140 hours of employment to a maximum of 1 unit for 1,680 or more hours per plan year.

Vesting credit:

1 vesting credit is granted for each plan year a participant works at least 750 hours.

STATEMENT OF AVERAGE WEIGHTED RETIREMENT AGE

ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 6

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

Those employees eligible to retire immediately after attaining age 62 and completing 30 years of Credited Service are assumed to have a 25% probability of retiring each year until age 65. All other employees are assumed to retire at age 65.

The weighted average retirement age of the group is 65.7.

SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS

ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 8b(1)

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

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

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2023	\$616,542	\$303,183	\$4,532,361	\$5,452,086
2024	778,214	384,820	4,315,674	5,478,708
2025	933,254	452,666	4,112,275	5,498,195
2026	1,073,842	500,130	3,896,259	5,470,231
2027	1,338,668	577,265	3,678,997	5,594,930
2028	1,545,071	640,099	3,463,650	5,648,820
2029	1,764,721	698,944	3,255,485	5,719,150
2030	1,948,108	769,083	3,049,837	5,767,028
2031	2,048,258	813,830	2,847,593	5,709,681
2032	2,220,823	861,672	2,649,484	5,731,979
2033	2,382,823	913,588	2,456,093	5,752,504
2034	2,537,765	954,869	2,267,881	5,760,515
2035	2,794,440	965,967	2,085,225	5,845,632
2036	2,957,645	1,003,428	1,908,465	5,869,538
2037	3,123,443	1,014,703	1,737,933	5,876,079
2038	3,234,163	1,020,141	1,573,972	5,828,276
2039	3,303,507	1,004,166	1,416,955	5,724,628
2040	3,373,366	988,444	1,267,300	5,629,110
2041	3,361,453	989,148	1,125,449	5,476,050
2042	3,438,479	964,367	991,863	5,394,709
2043	3,496,667	942,331	867,001	5,305,999
2044	3,493,011	928,348	751,298	5,172,657
2045	3,458,115	909,488	645,115	5,012,718
2046	3,437,975	875,893	548,709	4,862,577
2047	3,379,049	847,837	462,187	4,689,073
2048	3,331,436	805,227	385,488	4,522,151
2049	3,285,323	759,324	318,367	4,363,014
2050	3,246,053	722,901	260,396	4,229,350
2051	3,157,834	675,530	210,993	4,044,357
2052	3,074,208	630,827	169,443	3,874,478
2053	2,983,051	590,694	134,941	3,708,686
2054	2,874,362	546,290	106,647	3,527,299
2055	2,797,198	500,754	83,712	3,381,664
2056	2,669,251	456,832	65,313	3,191,396
2057	2,535,240	413,895	50,697	2,999,832
2058	2,419,852	372,893	39,182	2,831,927
2059	2,294,092	337,466	30,172	2,661,730
2060	2,154,569	303,850	23,162	2,481,581
2061	2,041,941	271,041	17,734	2,330,716
2062	1,921,952	240,465	13,546	2,175,963
2063	1,795,813	212,428	10,320	2,018,561
2064	1,680,028	186,707	7,842	1,874,577
2065	1,567,961	163,336	5,939	1,737,236
2066	1,443,157	142,316	4,479	1,589,952
2067	1,323,108	123,458	3,363	1,449,929
2068	1,210,307	106,587	2,511	1,319,405
2069	1,102,427	91,561	1,866	1,195,854
2070	1,000,926	78,241	1,385	1,080,552
2071	906,823	66,495	1,028	974,346
2072	819,014	56,194	766	875,974

SCHEDULE OF ACTIVE PARTICIPANT DATA
ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 8b(2)

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

EXHIBIT IV

LOCAL 808 I.B.T. PENSIONS PLAN

Active Participants as of October 1, 2023
By Monthly Amount And By Age

Age	Total	Years of Service Credit										
		Less than 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 and Over	
Under 25	13	9	4	0	0	0	0	0	0	0	0	
25 - 29	24	11	11	2	0	0	0	0	0	0	0	
30 - 34	28	11	8	8	1	0	0	0	0	0	0	
35 - 39	39	8	16	6	6	3	0	0	0	0	0	
40 - 44	44	6	10	7	12	8	1	0	0	0	0	
45 - 49	65	10	16	7	8	15	4	5	0	0	0	
50 - 54	89	8	17	15	6	17	11	9	6	0	0	
55 - 59	77	7	11	4	5	17	13	10	7	3	0	
60 - 64	67	4	18	8	5	7	6	5	4	8	2	
65 - 69	46	0	14	3	4	7	6	4	4	3	1	
70 and Over	11	0	7	1	0	1	1	0	0	1	0	
Total	503	74	132	61	47	75	42	33	21	15	3	

Average Age: 50.6
Average Service: 13.7

**SCHEDULE OF PROJECTION OF EMPLOYER CONTRIBUTIONS AND
WITHDRAWAL LIABILITY PAYMENTS**

ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 8b(3)

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

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

<u>Plan Year</u>	<u>Employer Contributions</u>	<u>Withdrawal Liability</u> <u>Payments</u>	<u>Total</u>
2023	1,817,388	0	1,817,388
2024	1,817,388	0	1,817,388
2025	1,817,388	0	1,817,388
2026	1,817,388	0	1,817,388
2027	1,817,388	0	1,817,388
2028	1,817,388	0	1,817,388
2029	1,817,388	0	1,817,388
2030	1,817,388	0	1,817,388
2031	1,817,388	0	1,817,388
2032	1,817,388	0	1,817,388

SCHEDULE OF FUNDING STANDARD ACCOUNT BASES
ATTACHMENT TO FORM 5500, SCHEDULE MB, LINES 9c & 9h

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

EXHIBIT XI
LOCAL 808 I.B.T. PENSION PLAN

Schedule of Funding Standard Account Bases as of October 1, 2023

<u>Charge Base</u>	<u>Date Established</u>	<u>Current Balance</u>	<u>Payments Remaining</u>	<u>Amortization Charges</u>
Plan Amendment	10/1/1980	\$ 3,063	2	\$ 1,589
Plan Amendment	10/1/1989	166	1	166
Plan Amendment	10/1/1990	48,845	2	25,303
Plan Amendment	10/1/1991	275,443	3	98,530
Assumption Change	10/1/1992	58,414	4	16,225
Plan Amendment	10/1/1992	385,729	4	107,129
Plan Amendment	10/1/1993	193,150	5	44,409
Plan Amendment	10/1/1994	327,371	6	64,881
Plan Amendment	10/1/1995	660,580	7	116,018
Plan Amendment	10/1/1996	1,804,712	8	286,615
Plan Amendment	10/1/1997	3,157,472	9	460,452
Plan Amendment	10/1/1998	548,657	10	74,354
Plan Amendment	10/1/1999	158,223	11	20,121
Plan Amendment	10/1/2003	622,339	15	65,584
Actuarial Loss	10/1/2004	12,062	1	12,062
Actuarial Loss	10/1/2006	14,482	3	5,178
Actuarial Loss	10/1/2008	4,019,655	5	924,201
Actuarial Loss	10/1/2009	1,442,887	6	285,953
Actuarial Loss	10/1/2010	659,315	2	341,569
Actuarial Loss	10/1/2011	1,456,850	3	521,130
Plan Amendment	10/1/2013	807,740	5	185,715
Actuarial Loss	10/1/2014	1,730,040	6	342,862
Actuarial Loss	10/1/2015	1,850,818	7	325,056
Actuarial Loss	10/1/2016	655,127	8	105,632
Plan Amendment	10/1/2017	1,471,644	9	214,610
Actuarial Loss	10/1/2017	516,995	9	75,394
Actuarial Loss	10/1/2019	2,330,856	11	296,393
Actuarial Loss	10/1/2022	367,997	14	40,325
Actuarial Loss	10/1/2023	555,528	15	58,543
TOTAL CHARGES		<u>\$26,146,160</u>		<u>\$5,115,999</u>

EXHIBIT XI (cont'd.)

LOCAL 808 I.B.T. PENSION PLAN

Schedule of Funding Standard Account Bases as of October 1, 2023

<u>Credit Base</u>	<u>Date Established</u>	<u>Current Balance</u>	<u>Payments Remaining</u>	<u>Amortization Credits</u>
Actuarial Gain	10/1/2012	\$1,011,675	4	\$ 280,979
Actuarial Gain	10/1/2013	2,693,347	5	619,257
Actuarial Gain	10/1/2018	259,661	10	35,190
Actuarial Gain	10/1/2020	1,906,437	12	229,265
Actuarial Gain	10/1/2021	<u>2,483,581</u>	13	<u>284,316</u>
TOTAL CREDITS		<u>\$8,354,701</u>		<u>\$1,449,007</u>

JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTIONS

ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 11

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

The RPA '94 Current Liability interest rate was increased from 2.38% Pre-Retirement and Post-Retirement to 3.07% Pre-Retirement and Post-Retirement to conform to IRS regulations.

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
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
▶ 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 Local 808 IBT Pension Plan	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees, Local 808 IBT Pension Plan	D Employer Identification Number (EIN) 11-6204268	
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
b Assets		
(1) Current value of assets	1b(1)	61772787
(2) Actuarial value of assets for funding standard account.....	1b(2)	67509036
c (1) Accrued liability for plan using immediate gain methods		
(2) Information for plans using spread gain methods:	1c(1)	66919386
(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)	62930070
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)	110122092
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2352883
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	5462163
(3) Expected plan disbursements for the plan year	1d(3)	6255463
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE	 Signature of actuary	5/22/25 Date
SING LEE Type or print name of actuary		23-05385 Most recent enrollment number
SAVASTA AND COMPANY, INC. Firm name		212-308-4200 Telephone number (including area code)
655 THIRD AVENUE, NEW YORK, NY 10017 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 ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	61772787
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	753	48619994
(2) For terminated vested participants	370	18590638
(3) For active participants:		
(a) Non-vested benefits		2491747
(b) Vested benefits		40419713
(c) Total active	503	42911460
(4) Total	1626	110122092
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.09%

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
			04/01/2024	2060343	
			Totals ▶	3(b) 2060343	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	107.3%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a		3.07 %
	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)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g		3.5%
h Estimated investment return on current value of assets for year ending on the valuation date	6h		9.7%
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)		793300
(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	555523	58543

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date	9b	1365850

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)	26146160	5115999
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 486139**e** Total charges. Add lines 9a through 9d**9e** 6967988**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 17791459**g** Employer contributions. Total from column (b) of line 3**9g** 2060343**h** Amortization credits as of valuation date

Outstanding balance

9h 8354701 1449007**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1520298**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)	26126701
9j(2)	32428082
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** 22821107**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 15853119**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
- (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
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(1)**9o(2)(a)****9o(2)(b)**

(3) Total as of valuation date

9o(3)**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

COPY OF THE ACTUARIAL CERTIFICATION OF STATUS
ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 4b

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

SAVASTA AND COMPANY, INC.
CONSULTANTS ACTUARIES ADMINISTRATORS
655 THIRD AVENUE
12TH FLOOR
NEW YORK, NEW YORK 10017



TELEPHONE
(212) 308-4200

TELECOPIER
(212) 308-4545

December 27, 2023

Via Email: EPCU@irs.gov

Re: Local 808 IBT Pension Plan
EIN: 11-6204268, Plan Number: 001

Dear Commissioner:

I, Sing Lee, certify, as required by the Pension Protection Act of 2006 in Internal Revenue Code Section 432(b)(3)(A) that, for the plan year beginning October 1, 2023 and ending September 30, 2024, Local 808 IBT Pension Plan, EIN 11-6204268, Plan number 001, will be in neither "endangered status" nor "critical status" as defined in IRC Sections 432(b)(1) and 432(b)(2), as added by the Pension Protection Act of 2006 and amended by the Multiemployer Pension Reform Act of 2014. The Plan is projected not to be in critical status within the succeeding 5 plan years, and not in critical and declining status.

The plan sponsor's name, address and telephone number are as follows:

Board of Trustees
Local 808 IBT Pension Plan
5-28 51 Avenue
Long Island City, NY 11101
(718) 389-1900

The actuarial projections required to make this determination were conducted in accordance with IRC Section 432(b)(3)(B). Liabilities were projected forward from the October 1, 2022 actuarial valuation results. Asset values were based on preliminary September 30, 2023 financial information received from the Plan's independent certified public accountants. Future employment levels, contributions and expenses were assumed to remain constant. The actuarial assumptions and methods reflect my best estimate of anticipated experience under the Plan and are disclosed in our October 1, 2022 actuarial valuation report.

I am a Member of the American Academy of Actuaries, an Enrolled Actuary (Enrollment Number 23-05385 and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

The Board of Trustees for the Local 808 IBT Pension Plan has been notified of the Pension Fund's status by a separate letter. If you have any questions, please let me know.

Sincerely,

Sing Lee
Consulting Actuary

**ILLUSTRATION SUPPORTING
ACTUARIAL CERTIFICATION OF STATUS**

ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 4b

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

The assumptions used are the same as those for Line 6 of the Schedule MB.

Local 808 IBT Pension Plan

Actuarial Certification for Plan Year 2023/2024

Bases Without Section 431(d) Amortization Extension Periods

Oct 1,	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
Interest rate	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%
Normal Cost	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600
Expense	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298
Amortization Charges	5,131,428	4,053,645	3,648,465	3,174,734	2,331,043	1,818,371	1,550,658	1,185,795	860,741	755,108	465,104
Amort Base to Bal Eq	0	-8,236	42,390	40,767	39,206	37,705	36,261	34,873	33,538	32,254	31,019
Anticipated New Charges	0	0	124,921	361,730	582,757	582,757	582,757	582,757	582,757	582,757	582,757
Interest	483,099	401,648	384,426	366,535	319,718	281,155	260,968	233,499	209,020	201,001	179,158
Preliminary Total Charges	6,924,425	5,756,955	5,510,100	5,253,664	4,582,622	4,029,886	3,740,542	3,346,822	2,995,954	2,881,018	2,567,936
FSA Credit Bal @ BOY	13,536,147	11,070,156	9,586,685	8,238,809	7,046,278	6,435,349	6,063,664	5,291,154	4,857,835	4,746,294	4,744,732
Amortization Credits	1,449,007	1,449,007	1,449,007	1,449,007	1,449,007	1,168,028	548,771	548,771	548,771	548,771	548,771
Anticipated New Credits	0	0	0	0	0	31,981	35,152	38,323	41,494	44,665	47,836
Interest on Above	1,123,887	938,937	827,677	726,586	637,146	572,652	498,569	440,869	408,608	400,480	400,600
Contributions	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388
Interest on Contributions	68,152	68,152	68,152	68,152	68,152	68,152	68,152	68,152	68,152	68,152	68,152
Preliminary Total Credits	17,994,581	15,343,640	13,748,909	12,299,942	11,017,971	10,093,550	9,031,696	8,204,657	7,742,248	7,625,750	7,627,479
FFL Credit	0	0	0	0	0	0	0	0	0	0	0
FSA Credit Bal @ EOY	11,070,156	9,586,685	8,238,809	7,046,278	6,435,349	6,063,664	5,291,154	4,857,835	4,746,294	4,744,732	5,059,543

Local 808 IBT Pension Plan
Actuarial Certification for Plan Year 2023/2024
Bases WITH Section 431(d) Amortization Extension Periods

<u>Oct 1,</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>	<u>2031</u>	<u>2032</u>
	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%
Normal Cost	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600	507,600
Expense	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298	802,298
Amortization Charges	5,195,187	5,116,001	5,103,773	4,735,312	4,110,474	3,987,120	2,832,795	2,139,099	1,698,025	1,305,778	555,322
Amort Base to Bal Eq	0	-8,236	42,390	40,767	39,206	37,705	36,261	34,873	33,538	32,254	31,019
Anticipated New Charges	0	0	124,921	361,730	582,757	582,757	582,757	582,757	582,757	582,757	582,757
Interest	487,881	481,325	493,574	483,578	453,175	443,811	357,128	304,997	271,816	242,302	185,925
Preliminary Total Charges	6,992,966	6,898,988	7,074,556	6,931,285	6,495,510	6,361,291	5,118,839	4,371,624	3,896,034	3,472,989	2,664,921
FSA Credit Bal @ BOY	19,779,584	17,713,309	15,586,042	13,123,662	10,619,874	8,364,077	5,805,641	3,635,482	2,053,185	831,215	-55,949
Amortization Credits	1,449,007	1,449,007	1,449,007	1,449,007	1,449,007	1,168,028	548,771	548,771	548,771	548,771	548,771
Anticipated New Credits	0	0	0	0	0	31,981	35,152	38,323	41,494	44,665	47,836
Interest on Above	1,592,144	1,437,174	1,277,629	1,092,950	905,166	717,306	479,217	316,693	198,259	106,849	40,549
Contributions	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388	1,817,388
Interest on Contributions	68,152	68,152	68,152	68,152	68,152	68,152	68,152	68,152	68,152	68,152	68,152
Preliminary Total Credits	24,706,275	22,485,030	20,198,218	17,551,159	14,859,587	12,166,932	8,754,321	6,424,809	4,727,249	3,417,040	2,466,747
FFL Credit	0	0	0	0	0	0	0	0	0	0	0
FSA Credit Bal @ EOY	17,713,309	15,586,042	13,123,662	10,619,874	8,364,077	5,805,641	3,635,482	2,053,185	831,215	-55,949	-198,174

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 6

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

EXHIBIT II

LOCAL 808 I.B.T. PENSION PLAN

Actuarial Assumptions and Actuarial Cost Method

- (a) Interest Rate : 7.5% per annum compounded annually.
- (b) Mortality : RP-2014 Blue Collar Table; no provision was made for future mortality improvement.
- (c) Disabled Life Mortality : Rev. Rule 96-7 (post 94); no provision was made for future mortality improvement.
- (d) Termination : Sample Rates are as follows:
- | <u>Age</u> | <u>Probability</u> |
|------------|--------------------|
| 25 | 6.0% |
| 40 | 1.5% |
| 60 | 0.1% |
- (e) Disability : Sample Rates are as follows:
- | <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 20 | 0.09% |
| 40 | 0.15% |
| 60 | 1.18% |
- (f) Retirement Age : Those employees eligible to retire immediately after attaining age 62 and completing 30 years of Credited Service are assumed to have a 25% probability of retiring each year until age 65. All other employees are assumed to retire at age 65.
- (g) Marriage : 80% of participants are assumed to be married and males are assumed to be 3 years older than their female spouses.
- (h) Expenses : Assumed to be \$793,300.

(i)	Value of Assets	:	5-year smoothed market value with phase-in, effective October 1, 2021.
(j)	Funding Method	:	Entry Age Normal Actuarial Cost Method.
(k)	Withdrawal Liability	:	PBGC Mass Withdrawal assumptions for interest rates, mortality and expense loading.

Unless indicated otherwise, the assumptions shown above reflect our best estimate of future experience.

STATEMENT OF PLAN PROVISIONS

ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 6

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

EXHIBIT I

LOCAL 808 I.B.T. PENSION PLAN

SUMMARY OF PLAN PROVISIONS

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

Regular pension

Eligibility:	Earlier of age 62 with 30 years of credited service, or age 65 and 5 years of participation
Amount:	Benefits are determined from a schedule based on hourly contribution rates, which have been increased by 10% effective January 1, 2019. The minimum retirement benefit shall be \$100 per month regardless of the form of benefit.

Early retirement

Age requirement:	55
Service requirement:	5 years of Credited Service
Amount:	Normal pension accrued reduced by $\frac{1}{2}$ of 1% for each month that retirement age is less than 65.

Disability

Age requirement:	50
Service requirement:	10 years
Amount:	100% of Regular pension accrued to date of disability.

Vesting

Age requirement:	None
Service requirement:	5 years
Amount:	Regular pension accrued, payable at Normal Retirement Age.

Pre-retirement death benefits

Spouse's benefit:

Age requirement:	None
Service requirement:	5 years
Amount:	50% of the benefit employee would have received had he retired the day before he died and elected the 50% joint and survivor option. Payment is deferred until the date the participant would have reached age 55, if the participant dies before age 55, otherwise, payable immediately.

Post-retirement death benefits

Husband and wife:	If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected by employee and spouse. If rejected or not married, benefits are payable for the life of the employee with 60 months of payments guaranteed.
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Participation:

Immediate.

Benefit credit:

One twelfth of a unit of Future Service credit is granted for each 140 hours of employment to a maximum of 1 unit for 1,680 or more hours per plan year.

Vesting credit:

1 vesting credit is granted for each plan year a participant works at least 750 hours.

STATEMENT OF AVERAGE WEIGHTED RETIREMENT AGE

ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 6

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

Those employees eligible to retire immediately after attaining age 62 and completing 30 years of Credited Service are assumed to have a 25% probability of retiring each year until age 65. All other employees are assumed to retire at age 65.

The weighted average retirement age of the group is 65.7.

SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS

ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 8b(1)

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

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

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2023	\$616,542	\$303,183	\$4,532,361	\$5,452,086
2024	778,214	384,820	4,315,674	5,478,708
2025	933,254	452,666	4,112,275	5,498,195
2026	1,073,842	500,130	3,896,259	5,470,231
2027	1,338,668	577,265	3,678,997	5,594,930
2028	1,545,071	640,099	3,463,650	5,648,820
2029	1,764,721	698,944	3,255,485	5,719,150
2030	1,948,108	769,083	3,049,837	5,767,028
2031	2,048,258	813,830	2,847,593	5,709,681
2032	2,220,823	861,672	2,649,484	5,731,979
2033	2,382,823	913,588	2,456,093	5,752,504
2034	2,537,765	954,869	2,267,881	5,760,515
2035	2,794,440	965,967	2,085,225	5,845,632
2036	2,957,645	1,003,428	1,908,465	5,869,538
2037	3,123,443	1,014,703	1,737,933	5,876,079
2038	3,234,163	1,020,141	1,573,972	5,828,276
2039	3,303,507	1,004,166	1,416,955	5,724,628
2040	3,373,366	988,444	1,267,300	5,629,110
2041	3,361,453	989,148	1,125,449	5,476,050
2042	3,438,479	964,367	991,863	5,394,709
2043	3,496,667	942,331	867,001	5,305,999
2044	3,493,011	928,348	751,298	5,172,657
2045	3,458,115	909,488	645,115	5,012,718
2046	3,437,975	875,893	548,709	4,862,577
2047	3,379,049	847,837	462,187	4,689,073
2048	3,331,436	805,227	385,488	4,522,151
2049	3,285,323	759,324	318,367	4,363,014
2050	3,246,053	722,901	260,396	4,229,350
2051	3,157,834	675,530	210,993	4,044,357
2052	3,074,208	630,827	169,443	3,874,478
2053	2,983,051	590,694	134,941	3,708,686
2054	2,874,362	546,290	106,647	3,527,299
2055	2,797,198	500,754	83,712	3,381,664
2056	2,669,251	456,832	65,313	3,191,396
2057	2,535,240	413,895	50,697	2,999,832
2058	2,419,852	372,893	39,182	2,831,927
2059	2,294,092	337,466	30,172	2,661,730
2060	2,154,569	303,850	23,162	2,481,581
2061	2,041,941	271,041	17,734	2,330,716
2062	1,921,952	240,465	13,546	2,175,963
2063	1,795,813	212,428	10,320	2,018,561
2064	1,680,028	186,707	7,842	1,874,577
2065	1,567,961	163,336	5,939	1,737,236
2066	1,443,157	142,316	4,479	1,589,952
2067	1,323,108	123,458	3,363	1,449,929
2068	1,210,307	106,587	2,511	1,319,405
2069	1,102,427	91,561	1,866	1,195,854
2070	1,000,926	78,241	1,385	1,080,552
2071	906,823	66,495	1,028	974,346
2072	819,014	56,194	766	875,974

SCHEDULE OF ACTIVE PARTICIPANT DATA
ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 8b(2)

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

EXHIBIT IV

LOCAL 808 I.B.T. PENSIONS PLAN

Active Participants as of October 1, 2023
By Monthly Amount And By Age

Age	Total	Years of Service Credit										
		Less than 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 and Over	
Under 25	13	9	4	0	0	0	0	0	0	0	0	
25 - 29	24	11	11	2	0	0	0	0	0	0	0	
30 - 34	28	11	8	8	1	0	0	0	0	0	0	
35 - 39	39	8	16	6	6	3	0	0	0	0	0	
40 - 44	44	6	10	7	12	8	1	0	0	0	0	
45 - 49	65	10	16	7	8	15	4	5	0	0	0	
50 - 54	89	8	17	15	6	17	11	9	6	0	0	
55 - 59	77	7	11	4	5	17	13	10	7	3	0	
60 - 64	67	4	18	8	5	7	6	5	4	8	2	
65 - 69	46	0	14	3	4	7	6	4	4	3	1	
70 and Over	11	0	7	1	0	1	1	0	0	1	0	
Total	503	74	132	61	47	75	42	33	21	15	3	

Average Age: 50.6
Average Service: 13.7

**SCHEDULE OF PROJECTION OF EMPLOYER CONTRIBUTIONS AND
WITHDRAWAL LIABILITY PAYMENTS**

ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 8b(3)

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

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

<u>Plan Year</u>	<u>Employer Contributions</u>	<u>Withdrawal Liability</u> <u>Payments</u>	<u>Total</u>
2023	1,817,388	0	1,817,388
2024	1,817,388	0	1,817,388
2025	1,817,388	0	1,817,388
2026	1,817,388	0	1,817,388
2027	1,817,388	0	1,817,388
2028	1,817,388	0	1,817,388
2029	1,817,388	0	1,817,388
2030	1,817,388	0	1,817,388
2031	1,817,388	0	1,817,388
2032	1,817,388	0	1,817,388

SCHEDULE OF FUNDING STANDARD ACCOUNT BASES
ATTACHMENT TO FORM 5500, SCHEDULE MB, LINES 9c & 9h

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

EXHIBIT XI
LOCAL 808 I.B.T. PENSION PLAN

Schedule of Funding Standard Account Bases as of October 1, 2023

<u>Charge Base</u>	<u>Date Established</u>	<u>Current Balance</u>	<u>Payments Remaining</u>	<u>Amortization Charges</u>
Plan Amendment	10/1/1980	\$ 3,063	2	\$ 1,589
Plan Amendment	10/1/1989	166	1	166
Plan Amendment	10/1/1990	48,845	2	25,303
Plan Amendment	10/1/1991	275,443	3	98,530
Assumption Change	10/1/1992	58,414	4	16,225
Plan Amendment	10/1/1992	385,729	4	107,129
Plan Amendment	10/1/1993	193,150	5	44,409
Plan Amendment	10/1/1994	327,371	6	64,881
Plan Amendment	10/1/1995	660,580	7	116,018
Plan Amendment	10/1/1996	1,804,712	8	286,615
Plan Amendment	10/1/1997	3,157,472	9	460,452
Plan Amendment	10/1/1998	548,657	10	74,354
Plan Amendment	10/1/1999	158,223	11	20,121
Plan Amendment	10/1/2003	622,339	15	65,584
Actuarial Loss	10/1/2004	12,062	1	12,062
Actuarial Loss	10/1/2006	14,482	3	5,178
Actuarial Loss	10/1/2008	4,019,655	5	924,201
Actuarial Loss	10/1/2009	1,442,887	6	285,953
Actuarial Loss	10/1/2010	659,315	2	341,569
Actuarial Loss	10/1/2011	1,456,850	3	521,130
Plan Amendment	10/1/2013	807,740	5	185,715
Actuarial Loss	10/1/2014	1,730,040	6	342,862
Actuarial Loss	10/1/2015	1,850,818	7	325,056
Actuarial Loss	10/1/2016	655,127	8	105,632
Plan Amendment	10/1/2017	1,471,644	9	214,610
Actuarial Loss	10/1/2017	516,995	9	75,394
Actuarial Loss	10/1/2019	2,330,856	11	296,393
Actuarial Loss	10/1/2022	367,997	14	40,325
Actuarial Loss	10/1/2023	555,528	15	58,543
TOTAL CHARGES		<u>\$26,146,160</u>		<u>\$5,115,999</u>

EXHIBIT XI (cont'd.)

LOCAL 808 I.B.T. PENSION PLAN

Schedule of Funding Standard Account Bases as of October 1, 2023

<u>Credit Base</u>	<u>Date Established</u>	<u>Current Balance</u>	<u>Payments Remaining</u>	<u>Amortization Credits</u>
Actuarial Gain	10/1/2012	\$1,011,675	4	\$ 280,979
Actuarial Gain	10/1/2013	2,693,347	5	619,257
Actuarial Gain	10/1/2018	259,661	10	35,190
Actuarial Gain	10/1/2020	1,906,437	12	229,265
Actuarial Gain	10/1/2021	<u>2,483,581</u>	13	<u>284,316</u>
TOTAL CREDITS		<u>\$8,354,701</u>		<u>\$1,449,007</u>

JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTIONS

ATTACHMENT TO FORM 5500, SCHEDULE MB, LINE 11

Plan Name: Local 808 IBT Pension Plan

Employer Identification Number: 11-6204268

Plan Number: 001

The RPA '94 Current Liability interest rate was increased from 2.38% Pre-Retirement and Post-Retirement to 3.07% Pre-Retirement and Post-Retirement to conform to IRS regulations.

Local 808 IBT Pension Plan

EIN 11-6204268

Plan No. 001

Plan Year Ended September 30, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Local 808 IBT Pension Plan

EIN 11-6204268

Plan No. 001

Plan Year Ended September 30, 2024

Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Local 808 IBT Pension Plan

EIN 11-6204268

Plan No. 001

Plan Year Ended September 30, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

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 10/01/2023 and ending 09/30/2024	
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 Local 808 IBT Pension Plan
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1974
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) Joint Board of Trustees of Local 808 IBT Pension Fund 5-28 51 Avenue Long Island City NY 11101
2b	Employer Identification Number (EIN) 11-6204268
2c	Plan Sponsor's telephone number (718) 389-1900
2d	Business code (see instructions) 333900

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	<i>Fitz-Verity Christophe Silvera</i>	Jul 9, 2025	Fitz-Verity C. Silvera
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023)
v. 230728

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 c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1,629
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) 506 6a(2) 618 6b 645 6c 359 6d 1,622 6e 121 6f 1,743 6g(1) 6g(2) 6h 31
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 12

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
--	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____