

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: CEMENT MASONS AND PLASTERERS LOCAL 518 VACATION FUND
1b Three-digit plan number (PN): 502
1c Effective date of plan: 04/01/1986
2a Plan sponsor's name, mailing address, city, state, and ZIP: CEMENT MASONS LOCAL 518 VACATION FUND, PO BOX 909500, KANSAS CITY, MO 64190-9500
2b Employer Identification Number (EIN): 36-3439662
2c Plan Sponsor's telephone number: 877-518-0518
2d Business code (see instructions): 238900

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Kevin Gard (plan administrator) and Greg Davey (employer/plan sponsor).

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	820
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)	820
	6a(2)	854
	6b	
	6c	
	6d	854
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	83

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan CEMENT MASONS AND PLASTERERS LOCAL 518 VACATION FUND	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 CEMENT MASONS LOCAL 518 VACATION FUND	D Employer Identification Number (EIN) 36-3439662	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ANDERS MINKLER HUBER & HELM LLP

43-0831507

(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	16000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMPUSYS OF UTAH

84-0869853

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 49 50	NONE	11401	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ARNOLD NEWBOLD SOLLARS & HOLLINS PC

43-1174269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	10016	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 **08/01/2023** and ending **07/31/2024**

A Name of plan CEMENT MASONS AND PLASTERERS LOCAL 518 VACATION FUND	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 CEMENT MASONS LOCAL 518 VACATION FUND	D Employer Identification Number (EIN) 36-3439662

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	260782	284822
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	33606	13788
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1735539	1236685
(2) U.S. Government securities	1c(2)		740273
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2029927	2275568
Liabilities			
g Benefit claims payable	1g	1855744	2068872
h Operating payables	1h	26105	1531
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1881849	2070403
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	148078	205165

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)	2479248	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		2479248
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	112495	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(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)		112495
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	573	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		32894
d Total income. Add all income amounts in column (b) and enter total.....	2d		2625210

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2515293	
(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)		2515293
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	13083	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	18557	
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)	10016	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	11174	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		52830
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2568123

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		57087
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: **ANDERS MINKLER HUBER HELM LLP**

(2) EIN: **43-0831507**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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 _____.

CEMENT MASONS AND PLASTERERS LOCAL 518 VACATION FUND
FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION AND
ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED JULY 31, 2024 AND 2023

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Independent Auditors' Report

Board of Trustees
Cement Masons and Plasterers Local 518 Vacation Fund
Kansas City, MO

Opinion

We have audited the accompanying financial statements of Cement Masons and Plasterers Local 518 Vacation Fund (the "Fund"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of July 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Fund as of July 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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.

Report on Additional Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The additional Schedules of Administrative Expenses are presented for purposes of additional analysis and are not a required part of the financial statements. 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the additional information is fairly stated in all material respects in relation to the financial statements as a whole.



July 21, 2025
Chesterfield, Missouri

Cement Masons and Plasterers Local 518 Vacation Fund
Statements of Net Assets Available for Benefits
July 31, 2024 and 2023

Assets	2024	2023
Investments, at Fair Value	\$ 1,976,958	\$ 1,735,539
Receivables		
Employer contributions	284,822	260,782
Due from related fund	9,790	31,178
Investment receivable	2,498	928
Total Receivables	297,110	292,888
Other Assets		
Deposits	1,500	1,500
Total Assets	2,275,568	2,029,927
Liabilities		
Cash Overdraft	1,531	26,105
Total Liabilities	1,531	26,105
Net Assets Available for Benefits	\$ 2,274,037	\$ 2,003,822
Net Assets Available for Benefits Consist of:		
Allocated	\$ 2,068,872	\$ 1,855,744
Unallocated	205,165	148,078
Total	\$ 2,274,037	\$ 2,003,822

Cement Masons and Plasterers Local 518 Vacation Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended July 31, 2024 and 2023

	2024	2023
Additions To Net Assets:		
Investment Income		
Interest income	\$ 112,495	\$ 30,670
Net appreciation in fair value of investments	573	5,467
Total Investment Income	113,068	36,137
Employer Contributions	2,479,248	2,295,144
Participant Fees	32,894	27,668
Total Additions	2,625,210	2,358,949
Deductions From Net Assets:		
Vacation Benefits Paid to Participants	2,302,165	2,020,802
Administrative Expenses	52,830	46,325
Total Deductions	2,354,995	2,067,127
Net Increase	270,215	291,822
Net Assets Available for Benefits, Beginning of Year	2,003,822	1,712,000
Net Assets Available for Benefits, End of Year	\$ 2,274,037	\$ 2,003,822

Cement Masons and Plasterers Local 518 Vacation Fund
Notes to Financial Statements
July 31, 2024 and 2023

1. Description of the Fund

The following description of the Cement Masons and Plasterers Local 518 Vacation Fund (the "Fund") provides only general information. Participants of the Fund should refer to the Fund document and summary plan description for a more complete description of the Fund's provisions.

General

The Fund is a multiemployer defined contribution plan that was established in 1986, pursuant to a collective bargaining agreement ("CBA") between the Operative Plasterers' and Cement Masons' Union Local No. 518 (the "Local") and participating employers ("Employers"). The Fund provides vacation benefits to eligible participants and their beneficiaries. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Fund is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the Employers and the Local.

Eligibility

Employees are eligible to participate in the Plan on the date they begin working for an Employer required to contribute to the Fund.

Employer Contributions

Employers pay contributions to the Fund with respect to each of their employees based on the number of hours worked by the employee in the hourly rate as required by the applicable CBA. Participants are not required or permitted to contribute to the Fund.

Vesting

Participants are at all times one hundred percent vested in their account balances.

Investment Income

Investment income of the Fund is used primarily to pay the Fund's fees and expenses. The excess of investment income over these expenses may be carried forward to future years or distributed to participants on a pro-rata basis at the discretion of the Trustees. The discretionary distributions are recorded when authorized by the Trustees.

Cement Masons and Plasterers Local 518 Vacation Fund
Notes to Financial Statements
July 31, 2024 and 2023

Payment of Benefits and Forfeitures

The Fund provides vacation benefits for eligible employees and their beneficiaries. Benefits accumulate annually for hours worked during the period from October 1st through September 30th of the following year. Accumulated benefits are paid annually during the period November 1st to November 30th. Accumulated benefits for which Employer contributions are delinquent are paid to participants during the month of March following the November payout.

Benefits unclaimed after three years are forfeited to the Fund. Forfeited amounts can be used to pay the Fund's expenses. No amounts were forfeited for years ended July 31, 2024 and 2023.

Fund Management

Compusys, Inc. ("Compusys"), an employee benefit fund management company, has been retained by the Trustees to administer the activities and operations of the Fund on a contractual basis. Under the management contract, all personnel costs and other normal administrative expenses related to bookkeeping and collection are borne by Compusys. For the years ended July 31, 2024 and 2023, the Fund paid Compusys \$10,830 and \$12,488, respectively.

Effective July 1, 2024, the Fund has retained Wilson McShane Corporation ("WMS"), an employee benefit fund management company, to administer the activities and operations of the Fund on a contractual basis. Under the management contract, all personnel costs and other normal administrative expenses related to bookkeeping and collection are borne by WMS. For the year ended July 31, 2024 the Fund paid WMS \$2,253.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Fund have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within FASB ASC.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Cement Masons and Plasterers Local 518 Vacation Fund
Notes to Financial Statements
July 31, 2024 and 2023

Investment Valuation and Income Recognition

Investments are reported 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. Net appreciation in fair value of investments includes the Fund's gains and losses on investments bought and sold, as well as held during the year.

Fair Value Measurements

The Fund follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

Employer Contributions Receivable

Employer contributions receivable represents Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not yet received by year-end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates the allowance for credit losses by regularly evaluating individual Employer receivables and considers an Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivable are written off when deemed uncollectible and collection enforcement efforts have failed to produce payments and additional efforts are not warranted. Management is of the opinion that no allowance for credit losses is necessary as of July 31, 2024 and 2023.

Net Assets Available for Benefits

The net assets available for benefits are as follows:

Allocated

The allocated net assets of \$2,068,872 and \$1,855,744 represent vacation benefits earned as of July 31, 2024 and 2023, respectively, and payable to participants in November 2024 and 2023, respectively.

Cement Masons and Plasterers Local 518 Vacation Fund
Notes to Financial Statements
July 31, 2024 and 2023

Unallocated

The unallocated assets are to be used in the future for paying benefits or administrative expenses, and if negative, represents the deficiency of net assets available to pay out future benefits. As of July 31, 2024 and 2023, \$205,165 and \$148,078 respectively, are to be used in the future for paying benefits or administrative expenses.

Participating Fees

Participants were charged a \$40 and \$50 fee per benefit check issued in November 2023 and 2022, respectively. These fees are retained by the Fund to pay administrative expenses.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Fund permits the payment of Fund expenses from Fund assets.

Subsequent Events

The Fund has evaluated subsequent events through July 21, 2025, the date on which the financial statements were available to be issued.

3. Change in Accounting Principle

Effective August 1, 2023, the Plan adopted ASU 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, as amended. FASB ASC 326 replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss ("CECL") methodology. CECL requires an estimate of future credit losses for the remaining estimated lives of financial assets based on relevant information about historical experience, current conditions, and reasonable and supportable financial forecasts that affect the collectibility of the reported amounts. The measurement of expected credit losses under CECL is applicable to the financial assets measured at amortized cost. Such assets are presented at the net amount expected to be collected over their remaining contractual lives using an allowance for credit losses. The adoption of FASB ASC 326 resulted in no changes in the allowance for credit losses.

Cement Masons and Plasterers Local 518 Vacation Fund
Notes to Financial Statements
July 31, 2024 and 2023

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets. |
| Level 2 | Inputs to the valuation method to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The instruments' fair value measurement levels within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value.

Level 1 investments consist of money market funds and certificates of deposits. The money market funds are derived from quoted prices in active markets for identical assets and certificates of deposit are valued at cost plus accrued interest, which approximates fair value.

Level 2 investments consist of a U.S. government and agency security. The U.S. government and agency security is valued using pricing models maximizing the use of observable inputs for similar securities.

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

Cement Masons and Plasterers Local 518 Vacation Fund
Notes to Financial Statements
July 31, 2024 and 2023

The fair value of investments is measured as of July 31, as follows:

	2024			
	Total	Fair Value Measurements		
	Level 1	Level 2	Level 3	
Money market funds	\$ 264,685	\$ 264,685	\$ -	\$ -
Certificates of deposit	972,000	972,000	-	-
U.S. government and agency security	<u>740,273</u>	<u>-</u>	<u>740,273</u>	<u>-</u>
Total Investments in the Fair Value Hierarchy	<u>\$ 1,976,958</u>	<u>\$ 1,236,685</u>	<u>\$ 740,273</u>	<u>\$ -</u>
	2023			
	Total	Fair Value Measurements		
	Level 1	Level 2	Level 3	
Money market funds	\$ 595,539	\$ 595,539	\$ -	\$ -
Certificates of deposit	<u>1,140,000</u>	<u>1,140,000</u>	<u>-</u>	<u>-</u>
Total Investments in the Fair Value Hierarchy	<u>\$ 1,735,539</u>	<u>\$ 1,735,539</u>	<u>\$ -</u>	<u>\$ -</u>

5. Related Party Transactions

Employer contributions are collected through a lockbox account held by the Cement Masons and Plasterers Local 518 Health Care Fund (the "Health Care Fund") and remitted to the Fund and related benefit plans on a weekly basis. Amounts due from the Health Care Fund for contributions collected in the lockbox prior to the end of the year but not remitted until after year-end amounted to \$9,790 and \$20,656 for the years ended July 31, 2024 and 2023, respectively.

As of July 31, 2023, \$10,522 was due from the Pension Fund for contributions received from payroll audit findings.

6. Fund Termination

Although the Trustees have not expressed any intention to do so, they have the right under the Fund document to terminate the Fund, subject to the provisions of ERISA. In the event of termination, any and all assets remaining after the payment of all obligations and expenses will be used, in accordance with a plan for dissolution adopted by the Trustees, to continue the benefits provided by the existing Fund until such assets have been exhausted or in such manner as will best serve the purposes of the Fund. No assets of the Fund may be used for purposes other than for the exclusive benefit of the Fund's participants.

Cement Masons and Plasterers Local 518 Vacation Fund
Notes to Financial Statements
July 31, 2024 and 2023

7. Tax Status

The Internal Revenue Service has determined and informed the Trustees by a letter dated January 9, 1987, that the Fund and related trust, are designed, in accordance with the applicable section of the Internal Revenue Code ("IRC"). The Fund has been amended since receiving the determination letter. Management believes that the Fund is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore believe that the Fund is qualified and the related trust is tax-exempt.

In accordance with GAAP, management is required to evaluate tax positions taken by the Fund and recognize a tax liability if the Fund has taken an uncertain position that more likely than not would be sustained upon examination by the applicable taxing authorities. Management has analyzed the tax positions taken by the Fund and has concluded that as of July 31, 2024 and 2023, there were no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. Management believes the Fund is no longer subject to income tax examinations prior to 2021. The Fund is also subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

8. Risks and Uncertainties

Investments

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

Contributions

The majority of receivables are from Employers primarily located in Kansas City, Missouri, and concentrated in the cement mason industries. The Fund generally does not require collateral, but in some cases can require a performance bond.

Cement Masons and Plasterers Local 518 Vacation Fund
Notes to Financial Statements
July 31, 2024 and 2023

9. Reconciliation to Form 5500

The following is a reconciliation of certain amounts per the financial statements to Form 5500 at July 31:

	2024	2023
Net assets available for benefits per the financial statements	\$ 2,274,037	\$ 2,003,822
Less benefits payable per Form 5500	(2,068,872)	(1,855,744)
Net assets available for benefits per Form 5500	205,165	\$ 148,078

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500 as of July 31:

	2024
Benefits paid per the financial statements	\$ 2,302,165
Add: Benefits payable - current year	2,068,872
Less: Benefits payable - prior year	(1,855,744)
Total benefits paid per Form 5500	\$ 2,515,293

Cement Masons and Plasterers Local 518 Vacation Fund
EIN: 36-3439662 Plan Number: 502
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MONEY MARKET FUNDS:			
	GS FINANCIAL SQUARE GOVERNMENT FUND #465	\$ 140,635	\$ 140,635
	GS FINANCIAL SQUARE TREASURY OBLIGATIONS FUND	124,050	124,050
	TOTAL MONEY MARKET FUNDS	<u>264,685</u>	<u>264,685</u>
CERTIFICATES OF DEPOSIT:			
	COMMENCEMENT BANK 5.45% 8/04/24	52,000	52,000
	STATE BANK OF TEXAS 5.72% 8/11/24	26,000	26,000
	ATLANTIC UNION BANK 5.49% 8/19/24	250,000	250,000
	CORNERSTONE BANK 5.901% 9/07/24	198,000	198,000
	KEYSTONE BANK 5.505% 9/24/24	75,000	75,000
	NORTHPOINTE BANK 5.51% 9/24/24	241,000	241,000
	HABIB AMERICAN BANK 5.605% 10/9/24	130,000	130,000
	TOTAL CERTIFICATES OF DEPOSIT	<u>972,000</u>	<u>972,000</u>
TREASURY BILLS			
	U.S. TREASURY BILL 10/31/2024	<u>739,700</u>	<u>740,273</u>
	TOTAL ASSETS AT END OF YEAR	<u>\$ 1,976,385</u>	<u>\$ 1,976,958</u>

Cement Masons and Plasterers Local 518 Vacation Fund
EIN: 36-3439662 Plan Number: 502
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended July 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Category 1 - Individual transactions in excess of five percent of plan assets at beginning of year:</u>						
BANK OF LABOR	ATLANTIC UNION BANK 5.49% 8/19/24	\$ 250,000	\$ -	\$ 250,000	\$ 250,000	\$ -
BANK OF LABOR	BYLINE BANK 5.8% 9/27/24	250,000	-	250,000	250,000	-
BANK OF LABOR	BYLINE BANK 5.8% 9/27/24	-	250,000	250,000	250,000	-
BANK OF LABOR	CORNERSTONE BANK 5.901% 9/07/24	198,000	-	198,000	198,000	-
BANK OF LABOR	GBANK 5.65% 6/02/24	180,000	-	180,000	180,000	-
BANK OF LABOR	GBANK 5.65% 6/02/24	-	180,000	180,000	180,000	-
BANK OF LABOR	GBANK 5.45% 10/14/24	250,000	-	250,000	250,000	-
BANK OF LABOR	GBANK 5.45% 10/14/24	-	250,337	250,000	250,000	337
BANK OF LABOR	HABIB AMERICAN BANK 5.605% 10/09/24	130,000	-	130,000	130,000	-
BANK OF LABOR	KEYBANK NA 5.05% 10/02/23	-	250,000	250,000	250,000	-
BANK OF LABOR	MODERN BANK NA 5.6% 9/27/23	-	250,000	250,000	250,000	-
BANK OF LABOR	NBKC BANK 5.79% 7/13/24	249,000	-	249,000	249,000	-
BANK OF LABOR	NBKC BANK 5.79% 7/13/24	-	249,000	249,000	249,000	-
BANK OF LABOR	NORTHPOINTE BANK 5.51% 9/24/24	241,000	-	241,000	241,000	-
BANK OF LABOR	SECURITY STATE BK KS 5.501% 8/29/23	-	250,000	250,000	250,000	-
BANK OF LABOR	US TREASURY BILL 10/31/23	545,184	-	545,184	545,184	-
BANK OF LABOR	US TREASURY BILL 10/31/23	-	545,184	545,184	545,184	-
BANK OF LABOR	US TREASURY BILL 10/31/24	739,700	-	739,700	739,700	-
BANK OF LABOR	UNITED FIDELITY BANK 5.78% 8/10/24	250,000	-	250,000	250,000	-
BANK OF LABOR	UNITED FIDELITY BANK 5.78% 8/10/24	-	250,000	250,000	250,000	-
BANK OF LABOR	WATERFORD BANK NA 5.4% 8/29/23	-	250,000	250,000	250,000	-

Cement Masons and Plasterers Local 518 Vacation Fund
EIN: 36-3439662 Plan Number: 502
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended July 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Category 2 - Series of transactions with one party in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 3 - Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
BANK OF LABOR	GS FINANCIAL SQUARE GOVERNMENT (63)	\$ 5,261,116	\$ -	\$ 5,261,116	\$ 5,261,116	\$ -
BANK OF LABOR	GS FINANCIAL SQUARE GOVERNMENT (18)	-	5,454,412	5,454,412	5,454,412	-
BANK OF LABOR	WEST POINTE BANK 5.81% 9/27/24 (2)	382,000	-	382,000	382,000	-
BANK OF LABOR	WEST POINTE BANK 5.81% 9/27/24 (3)	-	382,000	382,000	382,000	-

Category 4 - Other transactions with a party that was involved in a Category 1 transaction: None

Cement Masons and Plasterers Local 518 Vacation Fund
Schedules of Administrative Expenses
Years Ended July 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Administration fees	\$ 13,083	\$ 12,488
Bank charges	6,396	3,758
Insurance	3,832	4,043
Meetings	108	232
Miscellaneous expense	101	207
Postage expense	737	539
Professional fees - Audit	16,000	14,865
Professional fees - Legal	10,016	6,990
Professional fees - Payroll audit	<u>2,557</u>	<u>3,203</u>
	<u>\$ 52,830</u>	<u>\$ 46,325</u>

Cement Masons and Plasterers Local 518 Vacation Fund
EIN: 36-3439662 Plan Number: 502
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MONEY MARKET FUNDS:			
	GS FINANCIAL SQUARE GOVERNMENT FUND #465	\$ 140,635	\$ 140,635
	GS FINANCIAL SQUARE TREASURY OBLIGATIONS FUND	124,050	124,050
	TOTAL MONEY MARKET FUNDS	<u>264,685</u>	<u>264,685</u>
CERTIFICATES OF DEPOSIT:			
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	NORTHPOINTE BANK 5.51% 9/24/24	241,000	241,000
	HABIB AMERICAN BANK 5.605% 10/9/24	130,000	130,000
	TOTAL CERTIFICATES OF DEPOSIT	<u>972,000</u>	<u>972,000</u>
TREASURY BILLS			
	U.S. TREASURY BILL 10/31/2024	<u>739,700</u>	<u>740,273</u>
	TOTAL ASSETS AT END OF YEAR	<u>\$ 1,976,385</u>	<u>\$ 1,976,958</u>

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 <u>08/01/2023</u> and ending <u>07/31/2024</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input checked="" type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> special extension (enter description) _____ <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

Part II Basic Plan Information - enter all requested information											
1a Name of plan CEMENT MASONS & PLASTERERS LOCAL 518 HEALTH CARE FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">1b Three-digit plan number (PN)</td> <td style="width:30%; text-align: center;">501</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">04/01/1962</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">43-6039075</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">877-518-0518</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">238900</td> </tr> </table>	1b Three-digit plan number (PN)	501	1c Effective date of plan	04/01/1962	2b Employer Identification Number (EIN)	43-6039075	2c Plan Sponsor's telephone number	877-518-0518	2d Business code (see instructions)	238900
1b Three-digit plan number (PN)	501										
1c Effective date of plan	04/01/1962										
2b Employer Identification Number (EIN)	43-6039075										
2c Plan Sponsor's telephone number	877-518-0518										
2d Business code (see instructions)	238900										
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) CEMENT MASONS LOCAL 518 HEALTH CARE FUND PO BOX 909500 KANSAS CITY MO 64190-9500											

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

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

SIGN HERE		<u>7/21/25</u>	KEVIN GARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>7/24/25</u>	GREG DAVEY
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5	902
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	863
a (2) Total number of active participants at the end of the plan year	6a(2)	898
b Retired or separated participants receiving benefits	6b	44
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	942
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	167

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

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

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

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information - Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>2</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Cement Masons and Plasterers Local 518 Vacation Fund
EIN: 36-3439662 Plan Number: 502
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended July 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Category 1 - Individual transactions in excess of five percent of plan assets at beginning of year:</u>						
BANK OF LABOR	ATLANTIC UNION BANK 5.49% 8/19/24	\$ 250,000	\$ -	\$ 250,000	\$ 250,000	\$ -
BANK OF LABOR	BYLINE BANK 5.8% 9/27/24	250,000	-	250,000	250,000	-
BANK OF LABOR	BYLINE BANK 5.8% 9/27/24	-	250,000	250,000	250,000	-
BANK OF LABOR	CORNERSTONE BANK 5.901% 9/07/24	198,000	-	198,000	198,000	-
BANK OF LABOR	GBANK 5.65% 6/02/24	180,000	-	180,000	180,000	-
BANK OF LABOR	GBANK 5.65% 6/02/24	-	180,000	180,000	180,000	-
BANK OF LABOR	GBANK 5.45% 10/14/24	250,000	-	250,000	250,000	-
BANK OF LABOR	GBANK 5.45% 10/14/24	-	250,337	250,000	250,000	337
BANK OF LABOR	HABIB AMERICAN BANK 5.605% 10/09/24	130,000	-	130,000	130,000	-
BANK OF LABOR	KEYBANK NA 5.05% 10/02/23	-	250,000	250,000	250,000	-
BANK OF LABOR	MODERN BANK NA 5.6% 9/27/23	-	250,000	250,000	250,000	-
BANK OF LABOR	NBKC BANK 5.79% 7/13/24	249,000	-	249,000	249,000	-
BANK OF LABOR	NBKC BANK 5.79% 7/13/24	-	249,000	249,000	249,000	-
BANK OF LABOR	NORTHPOINTE BANK 5.51% 9/24/24	241,000	-	241,000	241,000	-
BANK OF LABOR	SECURITY STATE BK KS 5.501% 8/29/23	-	250,000	250,000	250,000	-
BANK OF LABOR	US TREASURY BILL 10/31/23	545,184	-	545,184	545,184	-
BANK OF LABOR	US TREASURY BILL 10/31/23	-	545,184	545,184	545,184	-
BANK OF LABOR	US TREASURY BILL 10/31/24	739,700	-	739,700	739,700	-
BANK OF LABOR	UNITED FIDELITY BANK 5.78% 8/10/24	250,000	-	250,000	250,000	-
BANK OF LABOR	UNITED FIDELITY BANK 5.78% 8/10/24	-	250,000	250,000	250,000	-
BANK OF LABOR	WATERFORD BANK NA 5.4% 8/29/23	-	250,000	250,000	250,000	-

Cement Masons and Plasterers Local 518 Vacation Fund
EIN: 36-3439662 Plan Number: 502
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended July 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Category 2 - Series of transactions with one party in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 3 - Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
BANK OF LABOR	GS FINANCIAL SQUARE GOVERNMENT (63)	\$ 5,261,116	\$ -	\$ 5,261,116	\$ 5,261,116	\$ -
BANK OF LABOR	GS FINANCIAL SQUARE GOVERNMENT (18)	-	5,454,412	5,454,412	5,454,412	-
BANK OF LABOR	WEST POINTE BANK 5.81% 9/27/24 (2)	382,000	-	382,000	382,000	-
BANK OF LABOR	WEST POINTE BANK 5.81% 9/27/24 (3)	-	382,000	382,000	382,000	-

Category 4 - Other transactions with a party that was involved in a Category 1 transaction: None