

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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 MARBLE, TILE, AND TERRAZZO WORKERS PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1965
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) BOARD OF TRUSTEES OF THE MARBLE,TILE AND TERRAZZO WORKERS PENSION FUND 305 COMPTON AVENUE LAUREL, MD 20707-4329	2b Employer Identification Number (EIN) 52-6117426 2c Plan Sponsor's telephone number 240-799-2400 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.			
SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2025	SCOTT GARVIN
	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	5 793
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) 311 6a(2) 298 6b 196 6c 265 6d 759 6e 6f 759 6g(1) 6g(2) 6h 1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 16

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

1A

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MARBLE, TILE, AND TERRAZZO WORKERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE MARBLE,TILE AND TERRAZZO	D Employer Identification Number (EIN) 52-6117426	

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
UNION LABOR LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-00607		01/01/2024	12/31/2024

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	5678

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
THE UNION LABOR LIFE INSURANCE CO 8403 COLESVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5678		3

(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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1054069

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ 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. Specify nature of costs.	10b	

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- ▶ 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 MARBLE, TILE, AND TERRAZZO WORKERS PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF THE MARBLE,TILE AND TERRAZZO	D Employer Identification Number (EIN) 52-6117426

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 34583225
(2) Actuarial value of assets for funding standard account	1b(2) 36920427
c (1) Accrued liability for plan using immediate gain methods	1c(1) 38882788
(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) 35138773
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) 58583693
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1630888
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 2065123
(3) Expected plan disbursements for the plan year	1d(3) 2375873

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	09/24/2025
Signature of actuary ADAM E. CONDRICK, MAAA	Date 23-06512
Type or print name of actuary SEGAL	Most recent enrollment number 202-833-6466
Firm name 1800 M STREET, NW, SUITE 900S WASHINGTON, DC 20036	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	34583225
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	192	18900006
(2) For terminated vested participants	264	16305425
(3) For active participants:		
(a) Non-vested benefits		1302156
(b) Vested benefits		22076106
(c) Total active	291	23378262
(4) Total	747	58583693
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	59.03 %

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
07/15/2024	1630353				
Totals ►			3(b)	1630353	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	105.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, 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	3.29 %
	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)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	%
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	4.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.6 %
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)	300000
(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	581661	58884
4	-550739	-55754

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 the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(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	732612

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)	11046863	1674796
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 162500**e** Total charges. Add lines 9a through 9d.....**9e** 2569908**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 5550925**g** Employer contributions. Total from column (b) of line 3.....**9g** 1630353**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 459692**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	
9h	3533577	512085
9j(1)	11297459	
9j(2)	17132667	

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** 8153055**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 5583147**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

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

(3) Total as of valuation date

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

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
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan MARBLE, TILE, AND TERRAZZO WORKERS PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE MARBLE,TILE AND TERRAZZO	D Employer Identification Number (EIN) 52-6117426

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
ENTRUST PARTNERS OFFSHORE LLC
90-0644478

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

(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)

WELLINGTON TRUST COMPANY NA

04-2755549

(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 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	398011	Yes ☐ No ☒

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

BEACON ADMINISTRATORS & CONSULTANTS

83-1544721

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	148124	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY

13-4835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	66734	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)

HARDMAN JOHNSON GLOBAL ADVISORS LLC

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	43755	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	38575	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT PERFORMANCE SERVICES

36-3555078

(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 51	NONE	34000	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)

SIERRA INVESTMENT PARTNERS INC

68-0370668

(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	25344	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'DONOGHUE & O'DONOGHUE

53-0120528

(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	23010	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST EAGLE INVESTMENT MANAGEMENT

57-1156902

(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	22935	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)

NEWTOWER TRUST COMPANY

30-0872552

(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 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	19702	Yes ☐ No ☒

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

ASB CAPITAL

80-0618452

(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	15822	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEDGE CAPITAL MANAGEMENT LLP

56-1557450

(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	14397	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)

CHARTWELL INVESTMENT PARTNERS

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	6162	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 ☐

(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
NEWTOWER TRUST COMPANY	28 52	19702

(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.
MULT-EMPLOYER PROPERTY TRUST 52-6218800	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON TRUST COMPANY NA	52	398011

(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.
WTC-CIF II QUALITY VALUE POR 04-6913417	INVESTMENT MANAGEMENT FEES

(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:	STEVEN R. LOOMIS, ASA, FCA, MAAA	b EIN:	13-4835864
c Position:	ENROLLED ACTUARY		
d Address:	1111 SUPERIOR AVENUE, SUITE 2340 CLEVELAND, OH 44114-1593	e Telephone:	216-687-4435

Explanation: CHANGE DUE TO A REASSIGNMENT OF DUTIES WITHIN THE FIRM.

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 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MARBLE, TILE, AND TERRAZZO WORKERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE MARBLE,TILE AND TERRAZZO	D Employer Identification Number (EIN) 52-6117426	

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: MULTI-EMPLOYER PROPERTY TRUST			
b Name of sponsor of entity listed in (a): NEW TOWER COMPANY			
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2186562	
a Name of MTIA, CCT, PSA, or 103-12 IE: UNION LABOR LIFE INSURANCE SEP J			
b Name of sponsor of entity listed in (a): ULLICO			
c EIN-PN 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1054069	
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND			
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY			
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1520959	
a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INT'L EQ GRP TRUST			
b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON			
c EIN-PN 26-6493485-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3153501	
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON CIF II QUALITY VALUE S1			
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA			
c EIN-PN 04-6913417-101	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1677512	
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000(R) GROWTH INDX NL FUND			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY			
c EIN-PN 90-0337987-124	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2788817	
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
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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
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan MARBLE, TILE, AND TERRAZZO WORKERS PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE MARBLE,TILE AND TERRAZZO	D Employer Identification Number (EIN) 52-6117426

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	321909	699730
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	147824	138192
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	553541	183742
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	350655	2799053
(2) U.S. Government securities	1c(2)	1060064	1268086
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1004776	972891
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7265771	4302124
(5) Partnership/joint venture interests	1c(5)	9468344	9996945
(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)	9620119	11327351
(10) Value of interest in pooled separate accounts	1c(10)	1009535	1054069
(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)	176489	177160
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	3780308	3916516

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	34759335	36835859
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	176110	164405
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	176110	164405
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	34583225	36671454

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)	1630353	
(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)		1630353
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	24724	
(B) U.S. Government securities	2b(1)(B)	27613	
(C) Corporate debt instruments	2b(1)(C)	39268	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	15	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		91620
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	86965	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	14060	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		101025
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	13962909	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11674970	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2287939
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	72884	
(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)		329677
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		54310
(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)		671
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4568479

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1949155	
(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)		1949155
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)		
(3) Recordkeeping fees	2i(3)	5346	
(4) IQPA audit fees	2i(4)	33229	
(5) Investment advisory and investment management fees	2i(5)	192606	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	66734	
(8) Legal fees	2i(8)	23010	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	525	
(11) Other expenses	2i(11)	209645	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		531095
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2480250

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2088229
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
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?	☒		9996945
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 564407.

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 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan MARBLE, TILE, AND TERRAZZO WORKERS PENSION FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE MARBLE,TILE AND TERRAZZO				D Employer Identification Number (EIN) 52-6117426	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 52-6117426					
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) 2024 v. 240311	

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 **BOATMAN & MAGNANI**

b EIN **53-0259370**

c Dollar amount contributed by employer **389349**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.50**

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

a Name of contributing employer **LORTON STONE LLC**

b EIN **54-1238683**

c Dollar amount contributed by employer **256694**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.50**

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

a Name of contributing employer **R BRATTI ASSOCIATES**

b EIN **54-1136032**

c Dollar amount contributed by employer **322242**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.50**

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

a Name of contributing employer **ROMAN MOSAIC & TILE**

b EIN **23-1029270**

c Dollar amount contributed by employer **225573**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.50**

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

a Name of contributing employer **RUGO STONE LLC**

b EIN **54-1864476**

c Dollar amount contributed by employer **169107**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.50**

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

a Name of contributing employer **J.P. PHILLIPS INC.**

b EIN **36-3878124**

c Dollar amount contributed by employer **62573**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.50**

(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 **FIRVIDA CONSTRUCTION CORP**

b EIN **54-1695818**

c Dollar amount contributed by employer **78163**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.50**

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

a Name of contributing employer **D. JARMER FLOORING, LLC**

b EIN **47-3680322**

c Dollar amount contributed by employer **38059**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.50**

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

a Name of contributing employer **BRICKLAYERS & ALLIED CRAFTS LOCAL 1**

b EIN **52-1862230**

c Dollar amount contributed by employer **20475**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.50**

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

a Name of contributing employer **ROUBIN & JANEIRO OF VIRGINIA, INC.**

b EIN **62-1440640**

c Dollar amount contributed by employer **24344**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.50**

(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

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

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

- 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

0.95

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

**MARBLE, TILE AND TERRAZZO WORKERS
PENSION FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**MARBLE, TILE AND TERRAZZO WORKERS
PENSION FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Marble, Tile and Terrazzo Workers
Pension Fund

Opinion

We have audited the financial statements of the Marble, Tile and Terrazzo Workers Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

Columbia, Maryland
September 26, 2025

**MARBLE, TILE AND TERRAZZO WORKERS
PENSION FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS - at fair value		
Common stock	\$ 4,302,124	\$ 7,265,771
United States Government and Government Agency obligations	1,268,086	1,060,064
Corporate obligations	972,891	1,004,776
Limited partnerships	9,996,945	9,468,344
Pooled separate account	1,054,069	1,009,535
Common collective trusts	11,327,351	9,620,119
Hedge fund of funds	3,916,516	3,780,308
Exchange-traded funds	177,160	176,489
Short-term investments	2,799,053	350,655
Total investments	<u>35,814,195</u>	<u>33,736,061</u>
CASH	<u>699,730</u>	<u>321,909</u>
RECEIVABLES		
Accrued interest and dividends	27,157	22,900
Employer contributions	138,192	147,824
Due from broker - investments sold	26,785	13,093
Due from related party	112,749	510,269
Other	-	2,753
Total receivables	<u>304,883</u>	<u>696,839</u>
PREPAID EXPENSES	<u>17,051</u>	<u>4,526</u>
Total assets	<u>36,835,859</u>	<u>34,759,335</u>
 LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	<u>164,405</u>	<u>176,110</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 36,671,454</u></u>	<u><u>\$ 34,583,225</u></u>

**MARBLE, TILE AND TERRAZZO WORKERS
PENSION FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 2,682,503	\$ 2,421,463
Interest and dividends	255,623	218,669
	<u>2,938,126</u>	<u>2,640,132</u>
Less: investment expenses	(192,606)	(177,475)
Investment income - net	<u>2,745,520</u>	<u>2,462,657</u>
 Employer contributions - net of reciprocity of \$82,893 and \$55,949 in 2024 and 2023, respectively	 <u>1,630,353</u>	 <u>1,682,626</u>
 Total additions	 <u>4,375,873</u>	 <u>4,145,283</u>
 DEDUCTIONS		
Benefits paid	1,949,155	1,638,163
Administrative expenses	338,489	322,137
	<u>2,287,644</u>	<u>1,960,300</u>
 Total deductions	 <u>2,287,644</u>	 <u>1,960,300</u>
 NET INCREASE	 2,088,229	 2,184,983
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>34,583,225</u>	<u>32,398,242</u>
 End of year	 <u><u>\$ 36,671,454</u></u>	 <u><u>\$ 34,583,225</u></u>

**MARBLE, TILE AND TERRAZZO WORKERS
PENSION FUND**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Marble, Tile and Terrazzo Workers Pension Fund (the Plan), provides only general information. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

General - The Plan is a defined benefit pension plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan became effective January 1, 1965.

Pension, Death and Disability Benefits - The Plan provides regular (age 62 and 5 pension credits), early reduced (age 55 and 10 pension credits), disability (age 40 and 10 pension credits), and surviving spouse benefits for eligible participants and their beneficiaries. Vesting is 5 years of vesting service with no age requirement.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements have been prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition - Investments in common stock are carried at fair value which generally represents quoted market prices and exchange-traded funds are carried at fair value which represent the net asset value of the fund, on the last business day of the year. Certain United States Government and Government Agency obligations are carried at fair value as of the last business day of the Plan's year provided by the custodial bank. The investments in corporate obligations, and certain United States Government and Government Agency obligations are carried at estimated fair value as reported by the investment manager or as provided by the custodial bank based on valuations maximizing the use of observable inputs for similar securities with similar credit ratings. The limited partnerships are valued at market value on the last business day for the year, as established by the partnerships. The pooled separate account is valued at the market value on the last business day for the year, as established by the entity. The short-term investments are carried at cost, which approximates fair value. The common collective trusts are valued at market value on the last business day of the year, as established by the trust. The hedge fund of funds are valued at market value on the last business day of the year, as established by the fund.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

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 employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on credited benefit services which consist of the sum of past credited service and future credited benefit service as defined in the plan document. The accumulated plan benefits for active employees are based on their credited benefit service. Benefits payable under all circumstances; retirement, death, disability and termination of participation are included; to the extent they are deemed attributable to participant credited benefit service, to the valuation date.

Funding Policy and Revenue Recognition - Contributions to the Plan are made by participating employers as specified in the collective bargaining agreements. Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. The funding policy is to contribute an amount sufficient to meet the minimum funding requirements of ERISA and the Internal Revenue Code. The actuary reported that the Plan met minimum funding standards as of December 31, 2024 and 2023. The actuary also determines whether additional contributions are necessary to avoid funding-based benefit restrictions under Section 436 of the Internal Revenue Code.

Employer contributions receivable are accrued based on an analysis of subsequent employer reports and remittances.

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

NOTE 3. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of January 1, 2024. Information in the reports included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits	
Participants currently receiving payments	\$ 14,060,496
Other vested benefits	20,491,394
Total vested benefits	<u>34,551,890</u>
Non-vested benefits	<u>586,883</u>
Total actuarial present value of accumulated plan benefits at end of year	<u>\$ 35,138,773</u>

NOTE 3. ACTUARIAL INFORMATION (continued)

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended January 1, 2024, were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 34,580,268</u>
Increase during the year attributable to:	
Benefits accumulated, net experience gain or loss, changes in data	677,363
Increase for interest	2,274,273
Benefits paid	(1,638,163)
Changes in actuarial assumptions	<u>(754,968)</u>
Net increase	<u>558,505</u>
 Actuarial present value of accumulated plan benefits at end of year	 <u><u>\$ 35,138,773</u></u>

The significant assumptions underlying the actuarial computations are as follows:

Current liability interest rate: 3.29% (2.55% prior year).

Actuarial cost method: Entry age normal actuarial cost method.

Mortality rates: Pri-2012 Blue Collar Employee Amount-Weighted Mortality Table with generational projection using SSA 2024 scale from 2012 for pre-retirement mortality, Pri-2012 Blue Collar Healthy Amount-Weighted Retiree Table with generational projection using SSA 2024 scale from 2012 for healthy pensioner mortality, Pri-2012 Disabled Retiree Amount-Weighted Table with generational projection using SSA 2024 scale from 2012 for disabled pensioner mortality (previously Pri-2012 Blue Collar Employee Amount-Weighted Mortality Table with generational projection using scale M P-2021 from 2012 for pre-retirement mortality, Pri-2012 Blue Collar Healthy Amount-Weighted Retiree Table with generational projection using scale MP-2021 from 2012 for nondisabled pensioner mortality, Pri-2012 Disabled Retiree Amount-Weighted Table with generational projection using scale MP-2021 from 2012 for disabled pensioner mortality).

Future benefit accruals: 1.05 pension credits per year.

Administrative expenses: \$300,000, payable at the beginning of the year (\$240,000 prior year).

Actuarial value of assets: The market value of assets less unrecognized returns in each of the last four years.

Net investment return: 6.75%

NOTE 3. ACTUARIAL INFORMATION (continued)

Since information on the accumulated plan benefits at December 31, 2024 and changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2024 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2024. The complete financial status of the Plan is presented as of December 31, 2023.

As of January 1, 2025, the actuary reported that the Plan is not in endangered, seriously endangered, critical, or critical and declining status as identified under the Multiemployer Pension Reform Act of 2014.

NOTE 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 the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

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

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

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

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

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

NOTE 4. FAIR VALUE MEASUREMENTS(continued)

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2 or 3.

There have been no changes in valuation methodologies at December 31, 2024 and 2023.

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 2,799,053	\$ 2,799,053	\$ -	\$ -
United States Government and Government Agency obligations	1,268,086	849,621	418,465	-
Exchange-traded funds	177,160	177,160	-	-
Corporate obligations	972,891	-	972,891	-
Common stock	4,302,124	4,302,124	-	-
Total assets in fair value hierarchy	9,519,314	<u>\$ 8,127,958</u>	<u>\$ 1,391,356</u>	<u>\$ -</u>
Investments measured at NAV*	<u>26,294,881</u>			
Total investments	<u>\$ 35,814,195</u>			

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 350,655	\$ 350,655	\$ -	\$ -
United States Government and Government Agency obligations	1,060,064	706,769	353,295	-
Exchange-traded funds	176,489	176,489	-	-
Corporate obligations	1,004,776	-	1,004,776	-
Common stock	7,265,771	7,265,771	-	-
Total assets in fair value hierarchy	9,857,755	<u>\$ 8,499,684</u>	<u>\$ 1,358,071</u>	<u>\$ -</u>
Investments measured at NAV*	<u>23,878,306</u>			
Total investments	<u>\$ 33,736,061</u>			

*The investments measured at NAV account for 73.4% and 70.8% of net assets available for benefits at December 31, 2024 and 2023, respectively.

NOTE 4. FAIR VALUE MEASUREMENTS (continued)

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

The unfunded commitments and redemption information for the investments, as of December 31, 2024 and 2023, are as follows:

	2024 Fair Value	2023 Fair Value	2024 Unfunded Commitments	2023 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships:						
Boyd Watterson GSA Fund LP	\$ 2,067,716	\$ 2,198,451	\$ -	\$ -	Quarterly	60 days
Fort Washington High Yield LLC	4,812,169	4,487,337	-	-	Monthly	30 days
First Eagle Global Value Fund, LP	3,117,060	2,782,556	-	-	Monthly	5 days
Pooled separate account:						
Ullico Separate J Fixed Income Fund	1,054,069	1,009,535	-	-	Monthly	None
Common collective trusts:						
ASB Real Estate Fund	1,520,959	1,846,151	-	-	Quarterly	A
Hardman Johnston Intl Equity	3,153,501	2,790,819	-	-	Monthly	10 days
Multi Employer Property Trust	2,186,562	2,312,117	-	-	Quarterly	45 days
SSGA Russell 1000 Growth Index NL	2,788,817	-	-	-	Daily	Daily
Wellington CIF II Quality Value SI	1,677,512	2,671,032	-	-	Monthly	Daily
Hedge fund of funds:						
EnTrust Capital Diversified Fund, Ltd						
Class X, Series 3/31/2017	-	4,329	-	-	B	B
EnTrust Capital Diversified Fund, Ltd						
Class X, Series 6/30/2017	-	4,483	-	-	B	B
EnTrust Capital Diversified Fund, Ltd						
Class X, Series 12/31/2016	16,785	-	-	-	B	B
GCM Grosvenor Opportunities						
Credit Fund, Ltd	3,899,731	3,771,496	-	-	C	90 days
	<u>\$ 26,294,881</u>	<u>\$ 23,878,306</u>	<u>\$ -</u>	<u>\$ -</u>		

A - The redemption notice period for partial distribution is 30 days prior to the end of the quarter. The redemption notice period for full redemption is 60 days prior to the end of the quarter.

B - EnTrust Capital Diversified Fund, Ltd (the Fund) cannot be redeemed. The underlying assets of the Fund are illiquid. The objective of the Fund is to seek above-average rates of return and long-term capital growth by investing in a diversified portfolio of private investment entities.

C - The GCM Grosvenor Opportunistic Credit Fund, Ltd (the Fund) does not permit voluntary redemptions. However, a shareholder may cause part or all of such shareholder's participating shares to cease participating in new investments made by the Master Fund by converting some or all of its participating shares into liquidating shares as of December 31, of any fiscal year, upon not less than 90 days' prior written notice to the Fund (the "Conversion Date"). GCM Grosvenor Opportunistic Credit Fund, Ltd invests in primarily GCM Grosvenor Opportunistic Credit Master Fund, LP.

NOTE 4. FAIR VALUE MEASUREMENTS (continued)

The Boyd Watterson State Government Fund, LP is a real estate fund that operates as a perpetual life, open-ended, commingled collective investment fund. The objective of the Partnership is wealth preservation and generating consistent current income, using risk parameters and portfolio management strategies established by the General Partner. The Partnership invests predominantly in real estate leased to the U.S federal government through either the General Services Administration or other federal government agencies.

First Eagle Global Value Fund, LP invests in common stock, American depository receipts, commodities, equity real estate investment trust, foreign government securities, preferred stock, U.S. Treasury obligations, and short-term investments. The objective of the Partnership is to seek capital appreciation by investing in equity securities issued by both U.S. and non-U.S. issuers.

Fort Washington High Yield LLC invests in corporate bonds, asset-backed securities, short-term investments and investment companies. The objective of the Partnership is to achieve superior fixed income returns, through exposure to higher quality, less volatile high yield debt securities.

Fort Washington High Yield LLC, Boyd Watterson GSA Fund LP, GCM Grosvenor Opportunistic Credit Fund V, First Eagle Global Value Fund, LP, and Wellington CIF II Quality Value SI are measured at fair value, without adjustment by the Plan, as reported by the sponsor of the investment as of December 31, 2024 and 2023. EnTrust Capital Diversified Fund, Ltd Class X, 12/31/2016 is measured at fair value, without adjustment by the Plan, as reported by the sponsor of the investment as of December 31, 2024. EnTrust Capital Diversified Fund, Ltd Class X, 3/31/2017 and EnTrust Capital Diversified Fund, Ltd Class X, 6/30/2017 are measured at fair value, without adjustment by the Plan, as reported by the sponsor of the investment as of December 31, 2023.

NOTE 5. PRIORITIES UPON TERMINATION

The Trustees shall have the right to discontinue or terminate this Plan. The rights of all affected participants to benefits accrued to the date of termination to the extent funded as of such date shall be non-forfeitable. In the event of termination, assets then remaining in the Plan after providing for any administrative expenses, shall be allocated among the pensioners, beneficiaries and participants, in accordance with the Plan document and as prescribed by ERISA and its related regulations.

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

NOTE 6. TAX STATUS

The Plan obtained its latest determination letter on July 8, 2015, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since the receiving the determination letter. However, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7. 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 in the statement of net assets available for benefits.

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

NOTE 8. CONCENTRATION OF RISK

The Plan maintains its cash in accounts which may exceed federally insured limits. The Plan has not experienced any losses on such accounts and management does not believe the Plan is exposed to any significant financial risk.

NOTE 9. RELATED PARTY TRANSACTIONS

The Bricklayers Local 1 of MD, VA and DC Health and Welfare Fund (the Fund), collected contributions on behalf of the Plan. Also, the Plan paid expenses on behalf of affiliated entities. The Fund and other affiliated entities owed the Plan \$112,749 and \$510,269, for the years ended December 31, 2024 and 2023, respectively.

NOTE 10. SUBSEQUENT EVENTS

Subsequent events were evaluated through September 26, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require adjustment to or disclosure in the accompanying financial statements.

SUPPLEMENTAL INFORMATION

**MARBLE, TILE AND TERRAZZO WORKERS
PENSION FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Actuarial and consulting	\$ 66,734	\$ 63,142
Administrative	148,124	133,154
Audit and accounting	38,575	34,525
Bank charges	168	51
Insurance	40,272	37,180
Legal	23,010	17,506
Office supplies and expense	19,415	29,886
Other	1,666	5,277
Trustees expense	<u>525</u>	<u>1,416</u>
Total administrative expenses	<u><u>\$ 338,489</u></u>	<u><u>\$ 322,137</u></u>

**MARBLE, TILE AND TERRAZZO WORKERS
PENSION FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6117426

Plan No: 001

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d) Cost	(e) Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>Short-term investments:</u>					
	First Amer Gov't Oblig Fd CL Z		104			\$ 104	\$ 104
	First Am Inst Prime Ob Fd CL Z		113,482			113,517	113,517
	First Am Treas Ob Fd Cl Z		2,652,410			2,652,410	2,652,410
	First Am Treas Mm CI Z		33,022			33,022	33,022
	Total short-term investments					<u>2,799,053</u>	<u>2,799,053</u>
		<u>United States Government and Government Agency obligations:</u>					
	Federal Home Loan Mtg C Gd	Note	277	6.000 %	08/01/38	286	287
	Federal Home Loan Mtg C Gd	Note	215	5.500	08/01/33	216	218
	Federal Home Loan Bank Deb	Note	19,500	1.000	03/23/26	19,500	18,726
	Federal Home Loan Bank Deb	Note	20,000	1.500	11/23/26	20,000	18,974
	Federal Home Loan Bank Deb	Note	15,000	1.150	10/26/26	15,000	14,162
	Federal Home Loan Bank Deb	Note	10,000	1.900	02/17/27	10,000	9,509
	Federal Home Loan Bank Deb	Note	20,000	3.500	04/26/27	20,000	19,600
	Federal Home Loan Mortgage Corporation	Note	11,294	4.500	04/01/38	11,198	11,048
	Federal Home Loan Mortgage Corporation	Note	17,828	5.500	09/01/38	17,730	17,948
	Federal Home Loan Mortgage Corporation	Note	13,805	6.000	09/01/53	13,680	13,875
	FFCB Deb	Note	15,000	4.980	07/20/32	15,000	14,921
	FFCB Deb	Note	15,000	3.300	03/23/32	15,000	13,633
	FFCB Deb	Note	15,000	3.800	04/05/32	14,133	13,942
	FFCB Deb	Note	10,000	4.300	05/17/32	10,000	9,649
	FHLMC Rb	Note	34,705	4.500	11/01/44	33,431	33,118
	FHLMC Mltcl Mtg	Note	15,326	6.000	07/25/48	15,326	15,473
	Federal Natl Mtg Assn	Note	15,000	4.125	08/28/25	15,000	14,966
	Federal Natl Mtg Assn	Note	45	6.500	08/01/29	47	46
	Federal Natl Mtg Assn	Note	1,149	4.500	07/01/41	1,223	1,114
	Federal Natl Mtg Assn	Note	25,072	4.000	07/01/38	23,995	24,073
	FNMA Cb	Note	31,874	4.500	12/01/52	30,417	30,045
	US Treasury IPS	Note	37,668	1.750	01/15/28	47,037	37,391
	US Treasury IPS	Note	58,282	1.125	01/15/33	54,511	53,603
	US Treasury Nt	Note	85,000	1.125	02/15/31	81,402	70,146
	US Treasury Nt	Note	115,000	1.125	08/31/28	102,740	102,571
	US Treasury Nt	Note	125,000	1.375	11/15/31	107,679	102,145
	US Treasury Nt	Note	33,539	0.125	04/15/27	31,285	32,145
	US Treasury Nt	Note	65,000	3.250	06/30/29	62,820	62,025
	US Treasury Nt	Note	85,000	2.750	08/15/32	77,572	75,381
	US Treasury Nt	Note	85,000	4.500	11/15/33	87,955	84,615
	US Treasury Nt	Note	5,000	4.375	05/15/34	4,968	4,923
	US Treasury Nt	Note	75,000	2.375	05/15/27	70,205	71,825
	US Treasury Nt	Note	125,000	1.625	09/30/26	125,584	119,539
	US Treasury Nt	Note	45,000	0.625	05/15/30	35,803	36,924
	US Treasury Nt	Note	120,000	2.625	03/31/25	125,597	119,526
	Total United States Government and Government Agency obligations					<u>1,316,340</u>	<u>1,268,086</u>

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date			
	Corporate obligations:						
Accenture	Note	10,000	3.900 %	10/04/27	\$ 9,987	\$ 9,853	
Amgen Inc	Note	25,000	5.250	03/02/33	24,956	24,815	
Anheuser Busch Inbev	Note	10,000	3.500	06/01/30	10,125	9,376	
Anthem Inc	Note	25,000	3.650	12/01/27	24,783	24,321	
Ares Capital	Note	25,000	3.250	07/15/25	25,558	24,757	
Ares Capital	Note	20,000	3.875	01/15/26	20,094	19,771	
Bank of America	Note	15,000	6.204	11/10/28	15,844	15,530	
Bank of America Mt	Note	20,000	6.221	02/05/26	20,052	20,016	
Blackrock	Note	15,000	4.700	03/14/29	15,001	15,011	
Blackrock	Note	5,000	4.600	07/26/27	5,000	5,011	
Comcast Corp	Note	40,000	4.150	10/15/28	40,802	39,009	
Comcast Corp	Note	25,000	4.250	10/15/30	27,860	24,108	
CVS Health Corp	Note	20,000	3.250	08/15/29	20,927	18,208	
Duke Energy	Note	30,000	4.850	01/15/34	29,455	29,077	
Extra Space	Note	15,000	2.200	10/15/30	14,972	12,763	
FMC Corp	Note	10,000	3.450	10/01/29	10,000	9,159	
FMC Corp	Note	10,000	5.150	05/18/26	9,998	10,011	
FYBR	Note	25,000	6.600	08/20/53	24,037	25,445	
General Motors Finl	Note	10,000	5.650	01/17/29	10,190	10,149	
Georgia Power	Note	15,000	5.004	02/23/27	14,965	15,115	
Goldman Sachs Group	Note	40,000	3.691	06/05/28	40,540	38,850	
Healthpeak	Note	15,000	2.875	01/15/31	14,611	13,209	
Hewlett	Note	15,000	5.000	10/15/34	14,862	14,418	
Intercontinental	Note	10,000	4.600	03/15/33	9,836	9,596	
JBS USA Lux S A	Note	20,000	5.125	02/01/28	20,000	19,860	
Jefferies	Note	10,000	5.875	07/21/28	9,953	10,226	
Jefferies	Note	15,000	6.200	04/14/34	14,982	15,459	
JP Morgan Chase Co	Note	20,000	4.452	12/05/29	21,917	19,600	
JP Morgan Chase Co	Note	30,000	2.595	02/24/26	29,497	29,897	
JP Morgan Mortgage	Note	27,066	6.000	04/25/54	26,462	27,141	
Lincoln National	Note	10,000	3.400	01/15/31	10,253	8,991	
Merrill Lynch Co	Note	15,000	5.969	09/15/26	14,084	15,021	
Morgan Stanley Mtn	Note	25,000	2.188	04/28/26	24,890	24,777	
Morgan Stanley Mtn	Note	20,000	4.210	04/20/28	19,461	19,714	
Morgan Stanley Sr	Note	20,000	5.656	04/18/30	20,879	20,359	
Oracle Corp	Note	15,000	6.250	11/09/32	15,289	15,897	
Owl Rock Capital	Note	25,000	3.400	07/15/26	24,132	24,222	
Phillips Morris	Note	15,000	5.625	09/07/33	14,684	15,239	
Phillips Morris	Note	25,000	5.250	02/13/34	24,453	24,708	
PNC Finl Svcs	Note	15,000	5.300	01/21/28	15,007	15,129	
Precision Castparts	Note	5,000	3.250	06/15/25	5,414	4,971	
Rockwell Automation	Note	15,000	3.500	03/01/29	16,743	14,247	
Safehold Oper LP	Note	30,000	2.800	06/15/31	27,646	25,614	
Safehold Oper LP	Note	20,000	2.850	01/15/32	19,194	16,804	
Simon Property Group	Note	10,000	3.500	09/01/25	10,182	9,929	
Simon Property LP	Note	30,000	2.450	09/13/29	29,689	26,976	
Small Business	Note	11,572	2.920	01/01/38	11,129	10,618	
Tractor Supply Co	Note	10,000	5.250	05/15/33	9,958	9,994	
Truist Bank Mtn	Note	35,000	2.250	03/11/30	31,831	30,056	
Verizon	Note	25,000	2.550	03/21/31	24,368	21,529	
Virginia Elec Power	Note	15,000	3.500	03/15/27	15,411	14,618	
Virginia Elec Power	Note	5,000	5.050	08/15/34	4,989	4,875	
Walt Disney Company	Note	20,000	3.375	11/15/26	21,133	19,573	
Warnermedia Hldgs	Note	20,000	3.755	03/15/27	20,019	19,269	
Total corporate obligations					1,008,104	972,891	

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Common stock:</u>				
	3M Co	CS	34			\$ 3,059 \$ 4,389
	Abbvie Inc	CS	62			7,985 11,017
	Abercrombie & Fitch	CS	141			16,188 21,075
	Acuity Brands	CS	14			1,797 4,090
	Adobe Inc	CS	173			24,693 76,930
	Advanced Energy Industries	CS	270			20,112 31,220
	Aercap Holdings Nv	CS	153			14,729 14,642
	Agco Corp	CS	45			4,867 4,207
	Albemarle Corp	CS	235			18,954 20,229
	Allison Tranmision Holdings	CS	38			1,668 4,106
	Ally Financial Inc	CS	383			16,028 13,792
	Alphabet Inc Cl A	CS	812			46,505 153,712
	Amazon Com Inc	CS	345			51,199 75,690
	Amcor Plc Ord	CS	253			2,795 2,381
	Amdocs Ltd	CS	306			25,603 26,053
	Ameriprise Finl Inc	CS	27			6,716 14,376
	Amphenol Corp	CS	363			23,017 25,210
	Apple Inc Com	CS	622			31,564 155,761
	Arista Nertworks Inc	CS	249			7,630 27,522
	ASML Holding	CS	28			7,450 19,406
	Astrazeneca PLC Spds ADR	CS	285			14,676 18,673
	Atkore Inc	CS	49			5,694 4,089
	Atlassian Corp Plc Class A	CS	91			19,012 22,148
	Autoliv Inc	CS	44			4,053 4,127
	Automatic Data Processing	CS	228			15,079 66,742
	Baker Hughes	CS	179			4,872 7,343
	Becton Dickinson and Co	CS	225			27,756 51,046
	Berry Global Group Inc	CS	37			1,895 2,393
	Bio Rad Labs Inc	CS	31			10,125 10,184
	Biogen Inc	CS	68			15,834 10,399
	Block H R Inc	CS	344			22,134 18,177
	Boise Cascade Co	CS	31			3,431 3,685
	Booz Allen Hamilton Holding	CS	198			22,962 25,483
	Borg Warner Inc	CS	125			4,393 3,974
	Bp Plc Spon	CS	250			7,843 7,390
	Brinker Intl	CS	149			18,393 19,711
	Bristol Myers Squibb Co	CS	190			9,096 10,746
	Builders Firesource Inc	CS	15			1,645 2,144
	Cadence Design Sys Inc	CS	86			13,819 25,840
	Cardinal Health Group	CS	92			10,313 10,881
	Carlisle Cos Inc	CS	10			1,819 3,688
	Carnival Corp	CS	728			18,107 18,142
	Caseys Gen Stores Inc	CS	45			10,945 17,830
	Cencora Inc	CS	46			6,599 10,335
	Centene Corp	CS	189			14,091 11,450
	Cf Inds Hldgs	CS	28			2,274 2,389
	Cigna Corp	CS	37			9,592 10,217
	Cisco Systems Inc	CS	455			25,834 26,936
	Citigroup Inc	CS	204			11,044 14,360
	Comcast Corp A	CS	1,620			40,490 60,799
	Commercial Metals Co	CS	41			1,796 2,034
	Core Main Inc	CS	82			3,186 4,175
	Corteva Inc	CS	1,445			83,253 82,307
	Csx Corp	CS	131			4,471 4,227
	Cummins Inc	CS	12			2,861 4,183
	Curtiss Wright Corporation	CS	305			59,231 108,235
	Davita Inc	CS	69			6,634 10,319

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		Common stock (continued):				
	Deckers Outdoor Corporation	CS	95			\$ 8,581 \$ 19,294
	Dicks Sporting Goods	CS	88			14,405 20,138
	Dominion	CS	86			4,527 4,632
	Dover Corp	CS	22			2,842 4,127
	Eastman Chem Co	CS	26			2,450 2,374
	Edwards Lifesciences Corp	CS	640			14,083 47,379
	Elanco Animal Health Inc	CS	1,455			26,268 17,620
	Emcor Group	CS	9			893 4,085
	Emerson Electric Co	CS	34			2,835 4,214
	Equitable Hldgs Inc	CS	204			14,316 14,717
	Every Inc	CS	75			4,333 4,616
	Expand Energy	CS	76			6,296 7,566
	F5 Inc	CS	103			22,251 25,901
	Fabrinet	CS	111			26,794 24,407
	Fidelity National Financial Inc	CS	245			10,470 13,754
	First Energy Corporation	CS	117			4,850 4,654
	FMC Corporation	CS	575			42,849 27,951
	Fortinet Inc	CS	272			15,291 25,699
	Fox Corp	CS	443			19,394 20,263
	Garmin Ltd Shs	CS	88			15,494 18,151
	Gartner Inc	CS	51			14,193 24,708
	Gentex Corp	CS	142			4,841 4,080
	Genuine Parts Company	CS	36			4,685 4,203
	Gilead	CS	116			8,648 10,715
	Godaddy Inc	CS	128			19,716 25,263
	Goldman Sachs Group Inc	CS	25			9,314 14,316
	Haliburton Co	CS	260			9,831 7,069
	Hartford Financial Services Grp Inc	CS	130			9,194 14,222
	Hca Healthcare Inc	CS	34			9,765 10,205
	Hologic Inc	CS	142			10,537 10,237
	Howmet Aerospace Inc Com	CS	1,175			39,895 128,510
	Icici Bank Ltd ADR	CS	305			3,243 9,107
	Illumina Inc	CS	380			67,226 50,779
	Ingredion Inc	CS	18			1,621 2,476
	Intuit Inc	CS	40			18,629 25,140
	Iqvia Holdings Inc	CS	340			31,525 66,813
	Jackson Financial Inc	CS	162			13,459 14,107
	Jacobs Solutions Inc	CS	32			3,128 4,276
	Jazz Pharmaceuticals Plc	CS	89			10,002 10,960
	KB Home	CS	261			16,764 17,153
	Kla Corporation	CS	41			18,977 25,835
	Knight Swift	CS	77			4,310 4,084
	Labcorp Holdings Inc Com	CS	47			9,580 10,778
	Lear Corp	CS	43			6,251 4,072
	Leidos Holdings Inc	CS	684			80,757 98,537
	Lennar Corporation	CS	430			73,789 58,639
	Lithia Motors	CS	51			18,595 18,229
	Lockheed Martin Corp Com	CS	53			27,847 25,755
	Louisiana Pac Corp	CS	22			1,884 2,278
	Lyondellbasell Industries	CS	33			3,071 2,451
	Marsh McLennan Cos Inc	CS	455			22,528 96,647
	Marvell Technology Inc	CS	710			50,850 78,420
	Masco Corp	CS	55			2,979 3,991
	Mastercard Inc	CS	214			28,747 112,686
	Matson Inc	CS	31			5,034 4,180
	McKesson Corporation	CS	19			5,457 10,828
	Medtronic Plc	CS	425			34,305 33,949

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		Common stock (continued):				
	Mercadolibre	CS	1			\$ 1,693 \$ 1,700
	Meritage Homes Corporation	CS	108			20,442 16,613
	Meta	CS	42			21,294 24,591
	Metlife Inc	CS	183			10,868 14,984
	Microsoft Corp Com	CS	337			40,150 142,046
	Molina Healthcare Inc	CS	36			11,732 10,478
	Molson Coors	CS	175			10,601 10,031
	Mueller Inds	CS	52			2,030 4,127
	Murphy Oil Corp	CS	247			9,106 7,474
	Murphy USA Inc	CS	35			11,056 17,561
	Netapp Inc	CS	217			19,349 25,189
	Northrop Grumman Corp	CS	56			29,061 26,280
	Norwegian	CS	704			19,437 18,114
	Nrg Energy Inc	CS	49			2,225 4,421
	Nucor Corp	CS	18			2,090 2,101
	Nvidia Corp	CS	885			3,535 118,848
	OGE Energy	CS	111			3,974 4,579
	Oshkosh Corporation	CS	43			4,311 4,088
	Ovintiv Inc	CS	180			8,481 7,290
	Owens Corning	CS	13			1,290 2,214
	P G E Corp Com	CS	237			4,992 4,783
	Packaging Corp America	CS	11			1,597 2,476
	Parker Hannifin Corp	CS	6			1,705 3,806
	Parsons Corp	CS	280			25,835 25,830
	Paychex Inc	CS	189			21,805 26,502
	Paypal Holdings Inc	CS	955			81,855 81,509
	Pfizer Inc	CS	426			11,954 11,303
	Philip Morris	CS	85			7,756 10,230
	Pinnacle West Cap	CS	53			4,005 4,493
	Post Holdings Inc	CS	91			8,147 10,416
	PPL Corporation	CS	143			4,132 4,642
	Prudential Financial Inc	CS	122			13,235 14,461
	Prysmian Spa ADR	CS	890			19,637 28,427
	Quest Diagnostics Inc	CS	69			9,809 10,409
	Regions Financial Corporation	CS	579			10,277 13,618
	Reliance Steel Aluminum	CS	8			1,407 2,154
	Royal Caribbean Group Com	CS	79			7,026 18,225
	Ryder System Inc	CS	27			2,410 4,235
	Schlumberger	CS	575			33,000 22,046
	Schwab Charles Corp	CS	1,075			72,986 79,561
	Sharkninja Inc	CS	530			53,789 51,601
	Shell Plc Spon A D R	CS	118			6,091 7,393
	Sm Energy Co	CS	184			7,281 7,132
	Snap On Inc	CS	12			2,535 4,074
	Sonoco Prods Co	CS	49			2,881 2,394
	Stanley Black Decker Inc	CS	380			39,779 30,510
	State Str Corporation	CS	148			10,760 14,526
	Steel Dynamics Inc	CS	19			1,344 2,167
	Suzuki Motor	CS	514			23,007 23,145
	Synchrony Financial	CS	215			7,609 13,975
	Synovus Financial Corp	CS	262			9,534 13,422
	T Mobile Us Inc	CS	150			21,238 33,110
	Taylor Morrison Home Corp	CS	287			16,331 17,568
	Tenet Healthcare Corp	CS	77			7,040 9,720
	Timken Co	CS	57			4,604 4,068
	Totalenergies	CS	134			7,502 7,303
	Trient Group Inc	CS	46			4,993 4,175

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
		Type	Shares/ Principal	Interest Rate		
				Maturity Date		
		<u>Common stock (continued):</u>				
	UFP Industries Inc Com	CS	19		\$ 1,709	\$ 2,140
	UGI Corporation	CS	164		4,473	4,630
	United Parcel Service Inc	CS	34		4,392	4,287
	United Rentals Inc	CS	6		1,922	4,227
	United Therapeutics Corp	CS	30		7,279	10,585
	Unitedhealth Group Inc	CS	147		58,674	74,361
	Universal Display Corporation	CS	410		59,755	59,942
	Unum Group	CS	202		8,374	14,752
	Verizon Communications Inc Com	CS	112		4,872	4,479
	Vertex Pharmaceuticals Inc	CS	253		43,232	101,884
	Vertiv Holdings LLC L P	CS	870		15,850	98,841
	Vistra Energy Corp	CS	32		1,247	4,412
	Vontier Corporation	CS	112		3,526	4,085
	Wells Fargo Co New Com	CS	205		7,765	14,399
	Western Un Co Com	CS	989		12,140	10,483
	Westlake Corporation	CS	21		2,184	2,408
	Xcel Energy	CS	69		4,375	4,659
	Zions	CS	250		10,056	13,563
	Total common stock				<u>2,882,648</u>	<u>4,302,124</u>
		<u>Limited partnerships:</u>				
	Boyd Watterson GSA Fund LP		2,096		1,969,512	2,067,716
	Fort Washington High Yield LLC		14,604		2,832,105	4,812,169
	First Eagle Global Value Fund, LP		826		1,978,136	3,117,060
	Total limited partnerships				<u>6,779,753</u>	<u>9,996,945</u>
		<u>Pooled separate account:</u>				
	Ullico Separate J Fixed Income Fund		56,345		265,350	1,054,069
		<u>Exchange-traded funds:</u>				
	Ishares 1-3 Year Treasury Bond ETF		1,070		86,808	87,719
	Ishares 1-5 Year Investment Grd Corp ETF		1,730		86,782	89,441
	Total exchange-traded funds				<u>173,590</u>	<u>177,160</u>
		<u>Common collective trusts:</u>				
	ASB Real Estate Fund		1,080		825,029	1,520,959
	Hardman Johnston Intl Equity		74,423		2,126,416	3,153,501
	Multi Employer Property Trust		174		771,857	2,186,562
	SSGA Russell 1000 Growth Index NL		9,801		2,800,000	2,788,817
	Wellington CIF II Quality Value S1		60,757		1,335,570	1,677,512
	Total common collective trusts				<u>7,858,872</u>	<u>11,327,351</u>
		<u>Hedge fund of funds:</u>				
	EnTrust Capital Diversified Fund, Ltd Class X, Series 12/31/2016		1,739		8,013	16,785
	GCM Grosvenor Opportunities Credit Fund, Ltd		3,336		2,927,138	3,899,731
	Total hedge fund of funds				<u>2,935,151</u>	<u>3,916,516</u>
	Total investments				<u>\$ 26,018,861</u>	<u>\$ 35,814,195</u>

**MARBLE, TILE AND TERRAZZO WORKERS
PENSION FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

EIN: 52-6117426

Plan No: 001

(a) Identity of Party Involved	(b) Description	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset	(i) Net Gain (Loss) on Transaction
	First Am Treas Ob Fd Cl Z	\$ 6,487,360	N/A	\$ 6,487,360	\$ 6,487,360	N/A
	First Am Treas Ob Fd Cl Z	N/A	\$ 4,157,095	4,157,095	4,157,095	\$ -
	First Amer US Treasury MM Cl Z	1,770,852	N/A	1,770,852	1,770,852	N/A
	First Amer US Treasury MM Cl Z	N/A	1,766,181	1,766,181	1,766,181	-

Section 3: Certificate of Actuarial Valuation

Exhibit K: Summary of plan provisions

(Schedule MB, Line 6)

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

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Regular pension

- **Age Requirement:** 62
- **Service Requirement:** Five Pension Credits
- **Amount:** \$48.00 per month for each Pension Credit earned through December 31, 2006, plus \$57.00 per month for each Pension Credit earned for service on and after January 1, 2007 through December 31, 2014, plus \$64.00 per month for each Pension Credit earned for service on and after January 1, 2015.

For Material Handler participants, \$28.50 per month for each Pension Credit earned on and after January 1, 2014 through December 31, 2014, plus \$32.00 per month for each Pension Credit earned on and after January 1, 2015.
- **Delayed Retirement Amount:** Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% per for the first 60 months after NRA and 1.5% per month for each month thereafter.

Section 3: Certificate of Actuarial Valuation

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** Ten Pension Credits
- **Amount:** Regular pension accrued, reduced by 4.8% for each year of age less than 62

Disability

- **Age Requirement:** 40
- **Service Requirement:** Ten years of Vesting Service
- **Amount:** Regular pension accrued payable immediately

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service
- **Amount:** Regular pension accrued, deferred to normal retirement age. If participant has at least 10 Pension Credits, payable at age 55 with reduction as shown for Early Retirement above.
- **Normal Retirement Age:** 62, or age on the fifth anniversary of participation, if later.

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Requirement:** Eligible for an immediate or deferred pension
- **Amount:** 50% of the benefit that the employee would have received had he or she retired the day before death with Husband-and-Wife coverage. The benefit is not payable until the date that the employee would have attained age 55.

Section 3: Certificate of Actuarial Valuation

Pre-retirement lump-sum death benefit

- **Age Requirement:** None
- **Service Requirement:** 5 years for Future Pension Credits or 10 years of Vesting Service
- **Amount:** A maximum of \$2,000 accrued as follows:

Hours Worked During Plan Year	Plan Year Accruals
1,700 or more	\$100
850 to 1,699	50
849 or less	0

Post-retirement death benefit

Lump Sum Benefit (if not receiving joint and survivor annuity): Same as pre-retirement lump sum death benefit

Husband and Wife: For married participants, pension benefits are paid in the form of a 50% Husband-and-Wife Pension with pop-up (for retirements after December 31, 2017), reduced to reflect the joint and survivor coverage but not reduced to reflect the pop-up cost. If this form is rejected, or if the participant is not married, benefits are payable for the life of the pensioner without reduction, or in another form available.

Optional forms of benefits

Single Life Annuity; Sixty (60) Month Certain and Life Annuity (not available to disabled participants); 50% or 75% Husband-and-Wife Pension (with pop-up for retirements after December 31, 2017)

Participation

On the earliest January 1 or July 1 following completion of at least 870 hours during a 12-consecutive-month period.

Section 3: Certificate of Actuarial Valuation

Pension credit

Past Pension Credit: Calendar years of continuous service prior to January 1, 1965, under the jurisdiction of the Union, not to exceed 20.

Future Pension Credit: Total hours worked in Covered Employment divided by 1,700.

Vesting credit

One year of vesting service is granted for 870 hours of service in Covered Employment during a calendar year.

Contribution rate

Average of \$3.30 per hour for 2024, based on \$3.50 per hour for standard and \$2.29 for Material Handlers effective May 1, 2023.

Changes in plan provisions

There were no changes in plan provisions reflected in this actuarial valuation.

10085463v5/02104.001

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Pension Credits

Age	Total	0 - 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	16	3	12	1	—	—	—	—	—	—	—
25 - 29	25	3	8	13	1	—	—	—	—	—	—
30 - 34	29	1	10	12	6	—	—	—	—	—	—
35 - 39	28	1	10	11	5	1	—	—	—	—	—
40 - 44	33	1	6	6	9	4	6	1	—	—	—
45 - 49	48	2	9	12	10	7	3	4	1	—	—
50 - 54	42	3	7	6	4	8	5	8	1	—	—
55 - 59	33	2	2	8	4	8	1	4	3	1	—
60 - 64	28	1	2	5	1	3	2	9	1	1	3
65 - 69	4	—	—	—	2	1	1	—	—	—	—
70 & over	1	—	1	—	—	—	—	—	—	—	—
Unknown	4	2	2	—	—	—	—	—	—	—	—
Totals	291	19	69	74	42	32	18	26	6	2	3

Note: Excludes 20 participants with less than one pension credit.

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/1998	\$200,688	4	\$55,189
Change In Actuarial Assumptions	01/01/1999	41,207	5	9,352
Plan Amendment	01/01/1999	282,959	5	64,215
Change In Actuarial Assumptions	01/01/2000	25,424	6	4,958
Plan Amendment	01/01/2000	411,874	6	80,322
Change In Actuarial Assumptions	01/01/2001	21,912	7	3,776
Change In Actuarial Assumptions	01/01/2002	193,181	8	30,013
Plan Amendment	01/01/2006	513,192	12	59,722
Plan Amendment	01/01/2007	645,259	13	71,302
Investment Loss Subject to Relief	01/01/2009	1,436,602	14	151,582
Experience Loss	01/01/2010	88,469	1	88,469
Investment Loss Subject to Relief	01/01/2011	795,474	14	83,934
Experience Loss	01/01/2012	131,764	3	46,819
Investment Loss Subject to Relief	01/01/2012	471,125	14	49,710
Change In Actuarial Assumptions	01/01/2013	296,714	4	81,597
Experience Loss	01/01/2014	147,719	5	33,524
Change in Actuarial Assumptions	01/01/2015	219,149	6	42,738
Experience Loss	01/01/2015	222,493	6	43,390
Plan Amendment	01/01/2015	764,679	6	149,124
Change in Actuarial Assumptions	01/01/2016	25,352	7	4,368
Experience Loss	01/01/2016	97,387	7	16,781
Plan Amendment	01/01/2017	60,446	8	9,391
Experience Loss	01/01/2017	328,964	8	51,108
Change in Actuarial Assumptions	01/01/2018	145,359	9	20,678

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Loss	01/01/2018	654,435	9	93,097
Experience Loss	01/01/2019	677,260	10	89,288
Experience Loss	01/01/2020	289,361	11	35,699
Change in Actuarial Assumptions	01/01/2021	1,017,471	12	118,408
Experience Loss	01/01/2023	259,283	14	27,358
Experience Loss	01/01/2024	581,661	15	58,884
Total		\$11,046,863		\$1,674,796

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Asset Method	01/01/2009	\$919,752	15	\$93,110
Investment Loss Subject to Relief	01/01/2010	530,625	14	55,989
Experience Gain	01/01/2011	311,950	2	161,067
Experience Gain	01/01/2013	15,034	4	4,134
Plan Amendment	01/01/2014	45,679	5	10,366
Change in Actuarial Assumptions	01/01/2020	174,134	11	21,484
Experience Gain	01/01/2021	214,899	12	25,009
Experience Gain	01/01/2022	310,434	13	34,304
Change in Actuarial Assumptions	01/01/2022	460,331	13	50,868
Change in Actuarial Assumptions	01/01/2024	550,739	15	55,754
Total		\$3,533,577		\$512,085

Section 3: Certificate of Actuarial Valuation

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility, and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2024:
 - The annual administrative expense was increased from \$240,000 to \$300,000.
 - Disability rates were decreased by half.
 - Withdrawal rates were increased for actives with 0-2 years of service from 25% to 30%.
 - Retirement rates, previously:

Age	Rates (%)
60	5
61	30
62	50
63	25
64	70
65	100

Section 3: Certificate of Actuarial Valuation

Exhibit J: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

Pre-retirement: Pri-2012 Blue Collar Employee Amount-Weighted Mortality Table with generational projection using SSA 2024 scale from 2012

Healthy Pensioner: Pri-2012 Blue Collar Healthy Retiree Amount-Weighted Table with generational projection using SSA 2024 from 2012

Disabled Pensioner: Pri-2012 Disabled Retiree Amount-Weighted Table with generational projection using SSA 2024 from 2012

The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date.

These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths by age and the projected number based on the prior year's assumption over the most recent ten years.

Section 3: Certificate of Actuarial Valuation

Termination rates before retirement

Age	Disability	Withdrawal ¹
20	0.03	11.94
25	0.04	11.62
30	0.05	11.21
35	0.07	10.55
40	0.11	9.40
45	0.18	7.54
50	0.30	4.83
55	0.50	0.00
60	0.81	0.00

¹ For actives with 5 or more years of service. Withdrawal rate is 30% for those with 0-2 years, 25% for those with 2-3 years, and 15% for those with 3-5 years.

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements by age and the projected number based on the prior year's assumption over the most recent ten years.

Retirement rates

Age ¹	Annual Retirement Rates (%)
60	5
61-62	20
63	15
64	30
65	100

¹ If eligible to retire

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent ten years.

Section 3: Certificate of Actuarial Valuation

Description of weighted average retirement age

Age 63.4, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024, actuarial valuation.

Retirement age for inactive vested participants

62, or current age if older

The inactive vested retirement assumption was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent eight years.

Future benefit accruals

1.05 Pension Credits per year

The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent ten years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Active participants are defined as those who have accumulated at least one pension credit or worked at least 870 hours in the prior Plan Year, excluding those who have retired as of the valuation date.

Section 3: Certificate of Actuarial Valuation

Exclusion of inactive vested participants

Inactive participants over age 75 are excluded from the valuation.

The exclusion of inactive vested participants over age 75 was based on historical and current data and estimated future experience and professional judgement. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.

Percent married

75%

Age of spouse

Spouses of male participants are three years younger, and spouses of female participants are three years older.

Benefit election

65% of participants are assumed to elect a single life annuity and 35% are assumed to elect a 50% joint and survivor annuity.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent ten years.

Delayed retirement factors

Inactive vested participants who are assumed to commence receipt of benefits after attaining Normal Retirement Age qualify for delayed retirement increases.

Net investment return

6.75%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Section 3: Certificate of Actuarial Valuation

Annual administrative expenses

\$300,000 for the year beginning January 1, 2024 (payable at the beginning of the year)

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last four years. Unrecognized return is equal to the difference between the actual market return and the projected return on the actuarial value and is recognized over a four-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Entry Age Normal Actuarial Cost Method. Entry Age is the age at valuation date minus total pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit K.

Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using the Adjusted MP-2021 scale as described in the final IRS mortality regulations released in October 2023.

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 4.6%, for the Plan Year ending December 31, 2023
- **On current (market) value of assets (Schedule MB, line 6h):** 7.6%, for the Plan Year ending December 31, 2023

Section 3: Certificate of Actuarial Valuation

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility, and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2024:
 - The annual administrative expense was increased from \$240,000 to \$300,000.
 - Disability rates were decreased by half.
 - Withdrawal rates were increased for actives with 0-2 years of service from 25% to 30%.
 - Retirement rates, previously:

Age	Rates (%)
60	5
61	30
62	50
63	25
64	70
65	100

Withdrawal liability assumptions

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- The present value of vested benefits is based on a blend of two liability calculations:
 - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
 - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

Assumption	Description
Interest	For liabilities up to market value of assets, 5.06% for 20 years and 4.37% beyond (3.90% for 20 years and 3.65% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding as of January 1, 2024 (the corresponding interest rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of January 1, 2024 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of January 1, 2024 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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.)
B This return/report is:	☐ 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 MARBLE, TILE, AND TERRAZZO WORKERS PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1965
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) BOARD OF TRUSTEES OF THE MARBLE, TILE AND TERRAZZO WORKERS PENSION FUND 305 COMPTON AVENUE LAUREL MD 20707-4329	2b Employer Identification Number (EIN) 52-6117426 2c Plan Sponsor's telephone number 240-799-2400 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.

SIGN HERE		09/30/2025	SCOTT GARVIN
	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** 793**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)** 311**a (2)** Total number of active participants at the end of the plan year**6a(2)** 298**b** Retired or separated participants receiving benefits**6b** 196**c** Other retired or separated participants entitled to future benefits**6c** 265**d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 759**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e****f** Total. Add lines 6d and 6e**6f** 759**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** 1**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7** 16**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**1A****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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

► 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 MARBLE, TILE, AND TERRAZZO WORKERS PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TILE LAYERS, MOSAIC & TERRAZZO WORKERS LOCALS 3, 31	D Employer Identification Number (EIN) 52-6117426

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 34,583,225
(2) Actuarial value of assets for funding standard account.....	1b(2) 36,920,427
c (1) Accrued liability for plan using immediate gain methods	1c(1) 38,882,788
(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) 35,138,773
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) 58,583,693
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1,630,888
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 2,065,123
(3) Expected plan disbursements for the plan year	1d(3) 2,375,873

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 Adam E. Condrick Signature of actuary ADAM E. CONDRICK, MAAA Type or print name of actuary SEGal Firm name 1800 M Street, NW, Suite 900S Washington DC 20036 Address of the firm	09/24/2025 Date 2306512 Most recent enrollment number 202-833-6466 Telephone number (including area code)
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a	Current value of assets (see instructions)	2a	34,583,225
b	"RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	192	18,900,006
(2)	For terminated vested participants	264	16,305,425
(3)	For active participants:		
(a)	Non-vested benefits		1,302,156
(b)	Vested benefits		22,076,106
(c)	Total active.....	291	23,378,262
(4)	Total.....	747	58,583,693
c	If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....	2c	59.03 %

(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
07/15/2024	1, 630, 353	0			

j	If box h is checked, enter period of use of shortfall method	5j	
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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	3.29 %
	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)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.75 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	4.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.6 %
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)	300,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	581,661	58,884
4	-550,739	-55,754

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 the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any.....	9a	0	
b Employer's normal cost for plan year as of valuation date.....	9b	732,612	

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	11,046,863	1,674,796
(2) Funding waivers.....	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c	9d	162,500
e Total charges. Add lines 9a through 9d.....	9e	2,569,908

Credits to funding standard account:			
f Prior year credit balance, if any.....	9f	5,550,925	
g Employer contributions. Total from column (b) of line 3.....	9g	1,630,353	

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	3,533,577	512,085

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	459,692
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j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	11,297,459	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	17,132,667	
(3) FFL credit.....	9j(3)	0	

k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	8,153,055
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m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	5,583,147
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
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o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	0	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0	
(3) Total as of valuation date.....	9o(3)	0	

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