

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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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: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                       |

|         |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                             |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |
| 1a      | Name of plan<br>OPERATIVE PLASTERERS & CEMENT MASONS OFFICERS & EMPLOYEES PENSION FUND                                                                                                                                                                                                                                                                                                                         | 1b Three-digit plan number (PN) ▶ 002                                                                                                                       |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                | 1c Effective date of plan 07/01/1973                                                                                                                        |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>OPERATIVE PLASTERERS & CEMENT MASONS OFF & EMP PENSION FUND TRSTE<br><br>ASSOCIATED ADMINISTRATORS, LLC<br>911 RIDGEBROOK ROAD<br>SPARKS, MD 21152-9451 | 2b Employer Identification Number (EIN) 52-6135348<br><br>2c Plan Sponsor's telephone number 301-623-1000<br><br>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. | 10/10/2025 | KEVIN SEXTON                                                 |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                 |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 1044                                                                                                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 325<br><b>6a(2)</b> 325<br><b>6b</b> 443<br><b>6c</b> 179<br><b>6d</b> 947<br><b>6e</b> 95<br><b>6f</b> 1042<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b> 71                                                                                                                                                                                                                                      |

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

1B

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

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

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

**a Pension Schedules**

- (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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                                        |                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                             |                                                                         |  |
| <div>A Name of plan</div> <div>OPERATIVE PLASTERERS &amp; CEMENT MASONS OFFICERS &amp; EMPLOYEES PENSION FUND</div>                                    | <div>B Three-digit plan number (PN)</div> <div>002</div>                |  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>OPERATIVE PLASTERERS &amp; CEMENT MASONS OFF &amp; EMP PENSION FUND TRSTE</div> | <div>D Employer Identification Number (EIN)</div> <div>52-6135348</div> |  |

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

1 Coverage Information:

|                                        |
|----------------------------------------|
| (a) Name of insurance carrier          |
| THE UNION LABOR LIFE INSURANCE COMPANY |

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-1423090 | 69744         | GA02144                               |                                                                             | 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                                    | 0                             |

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 2335691 |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year .....                                                 | <b>7b</b>    |   |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b> |   |
| (2) Dividends and credits.....                                                                         | <b>7c(2)</b> |   |
| (3) Interest credited during the year.....                                                             | <b>7c(3)</b> |   |
| (4) Transferred from separate account .....                                                            | <b>7c(4)</b> |   |
| (5) Other (specify below).....<br>▶                                                                    | <b>7c(5)</b> |   |
| (6) Total additions .....                                                                              | <b>7c(6)</b> | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>    |   |
| <b>e</b> Deductions:                                                                                   |              |   |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                        | <b>7e(1)</b> |   |
| (2) Administration charge made by carrier.....                                                         | <b>7e(2)</b> |   |
| (3) Transferred to separate account .....                                                              | <b>7e(3)</b> |   |
| (4) Other (specify below).....<br>▶                                                                    | <b>7e(4)</b> |   |
| (5) Total deductions .....                                                                             | <b>7e(5)</b> | 0 |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>    |   |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public<br/>Inspection</div> |
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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.

|                                                                                                                                                                   |                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>OPERATIVE PLASTERERS &amp; CEMENT MASONS OFFICERS &amp; EMPLOYEES PENSION FUND</div>                                               | <div>B Three-digit plan number (PN)</div> <div>002</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>OPERATIVE PLASTERERS &amp; CEMENT MASONS OFF &amp; EMP PENSION FUND TRSTE</div> | <div>D Employer Identification Number (EIN)</div> <div>52-6135348</div> |

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

|                                                                                                                    |                                          |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <div>1a Enter the valuation date:</div> <div>Month 01 Day 01 Year 2024</div>                                       |                                          |
| <div>b Assets</div>                                                                                                |                                          |
| <div>(1) Current value of assets</div>                                                                             | <div>1b(1)</div> <div>98629525</div>     |
| <div>(2) Actuarial value of assets for funding standard account</div>                                              | <div>1b(2)</div> <div>103942335</div>    |
| <div>c (1) Accrued liability for plan using immediate gain methods</div>                                           | <div>1c(1)</div> <div>120492986</div>    |
| <div>(2) Information for plans using spread gain methods:</div>                                                    |                                          |
| <div>(a) Unfunded liability for methods with bases</div>                                                           | <div>1c(2)(a)</div>                      |
| <div>(b) Accrued liability under entry age normal method</div>                                                     | <div>1c(2)(b)</div>                      |
| <div>(c) Normal cost under entry age normal method</div>                                                           | <div>1c(2)(c)</div>                      |
| <div>(3) Accrued liability under unit credit cost method</div>                                                     | <div>1c(3)</div> <div>116614804</div>    |
| <div>d Information on current liabilities of the plan:</div>                                                       |                                          |
| <div>(1) Amount excluded from current liability attributable to pre-participation service (see instructions)</div> | <div>1d(1)</div>                         |
| <div>(2) "RPA '94" information:</div>                                                                              |                                          |
| <div>(a) Current liability</div>                                                                                   | <div>1d(2)(a)</div> <div>197573440</div> |
| <div>(b) Expected increase in current liability due to benefits accruing during the plan year</div>                | <div>1d(2)(b)</div> <div>8223514</div>   |
| <div>(c) Expected release from "RPA '94" current liability for the plan year</div>                                 | <div>1d(2)(c)</div> <div>9678276</div>   |
| <div>(3) Expected plan disbursements for the plan year</div>                                                       | <div>1d(3)</div> <div>9968276</div>      |

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.

|                                                                                                     |                                                                  |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>SIGN HERE</div>                                                                                | <div>10/03/2025</div>                                            |
| <div>Signature of actuary</div> <div>AMANDA J. NOTARISTEFANO, FSA</div>                             | <div>Date</div> <div>23-07352</div>                              |
| <div>Type or print name of actuary</div> <div>THE MCKEOGH COMPANY</div>                             | <div>Most recent enrollment number</div> <div>484-530-0692</div> |
| <div>Firm name</div> <div>1001 CONSHOHOCKEN STATE RD, STE 1-4<br/>WEST CONSHOHOCKEN, PA 19428</div> | <div>Telephone number (including area code)</div>                |
| <div>Address of the firm</div>                                                                      |                                                                  |

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:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 98629525                     |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 534                               | 119826629                    |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 181                               | 11476823                     |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 2421024                      |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 63848964                     |
| <b>(c)</b> Total active .....                                                                                                       | 325                               | 66269988                     |
| <b>(4)</b> Total .....                                                                                                              | 1040                              | 197573440                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 49.92 %                      |

**3** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/15/2024               | 8610448                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 | <b>Totals ►</b>          | <b>3(b)</b>                       | 8610448                         |
|                          |                                   |                                 |                          | <b>3(c)</b>                       |                                 |
|                          |                                   |                                 |                          | <b>3(d)</b>                       | 0                               |

**(d)** Total withdrawal liability amounts included in line 3(b) total .....

**4** Information on plan status:

|                                                                                                                                                                            |           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....                                                                            | <b>4a</b> | 89.1 %                                                   |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....     | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....      | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                       | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                     |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here. .... <input type="checkbox"/>                      |           |                                                          |
| • 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):

|                                                            |                                                               |                                                                 |                                             |
|------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|
| <b>a</b> <input type="checkbox"/> Attained age normal      | <b>b</b> <input checked="" type="checkbox"/> Entry age normal | <b>c</b> <input type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability | <b>f</b> <input type="checkbox"/> Individual level premium    | <b>g</b> <input type="checkbox"/> Individual aggregate          | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):         |                                                               |                                                                 |                                             |

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                                         |              |                                                                                                                                                 |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                            |              | <b>6a</b>                                                                                                                                       | 3.29 %                                                                                           |
|                                                                                                                         |              | Pre-retirement                                                                                                                                  | Post-retirement                                                                                  |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                        |              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                                   |              |                                                                                                                                                 |                                                                                                  |
| (1) Males .....                                                                                                         | <b>6c(1)</b> | 6+3                                                                                                                                             | 6+3                                                                                              |
| (2) Females .....                                                                                                       | <b>6c(2)</b> | 6F+3                                                                                                                                            | 6F+3                                                                                             |
| <b>d</b> Valuation liability interest rate .....                                                                        | <b>6d</b>    | 7.50 %                                                                                                                                          | 7.50 %                                                                                           |
| <b>e</b> Salary scale .....                                                                                             | <b>6e</b>    | 3.00 % <input type="checkbox"/> N/A                                                                                                             |                                                                                                  |
| <b>f</b> Withdrawal liability interest rate:                                                                            |              |                                                                                                                                                 |                                                                                                  |
| (1) Type of interest rate .....                                                                                         | <b>6f(1)</b> | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |                                                                                                  |
| (2) If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b> | 7.50 %                                                                                                                                          |                                                                                                  |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....           | <b>6g</b>    | 7.3 %                                                                                                                                           |                                                                                                  |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....             | <b>6h</b>    | 9.5 %                                                                                                                                           |                                                                                                  |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                 | <b>6i</b>    | <input type="checkbox"/> N/A                                                                                                                    |                                                                                                  |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b> | %                                                                                                                                               |                                                                                                  |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b> | 290000                                                                                                                                          |                                                                                                  |
| (3) If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b> | <input type="checkbox"/>                                                                                                                        |                                                                                                  |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 1350652             | 142336                         |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> 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 .....                                                                                                                                                                                                               | <b>8a</b>                                                           |  |
| <b>b</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. ....                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| (2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| (3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>c</b> 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? .....                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> 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? .....                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                                                                                                                                                        | <b>8d(2)</b>                                                        |  |
| (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? .....                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> 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)) .....                                                                                                                                                                                                                         | <b>8d(4)</b>                                                        |  |
| (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                                                                                                                                                 | <b>8d(5)</b>                                                        |  |
| (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? .....                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>e</b> 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). .... | <b>8e</b>                                                           |  |

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

|                                                                          |           |         |
|--------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> | 0       |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 3713184 |

**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 |         |
|--------------|---------------------|---------|
| <b>9c(1)</b> | 24798555            | 3829234 |
| <b>9c(2)</b> | 0                   | 0       |
| <b>9c(3)</b> | 0                   | 0       |

**d** Interest as applicable on lines 9a, 9b, and 9c.....**9d** 565681**e** Total charges. Add lines 9a through 9d.....**9e** 8108099**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 3715296**g** Employer contributions. Total from column (b) of line 3.....**9g** 8610448**h** Amortization credits as of valuation date.....

|           | Outstanding balance |        |
|-----------|---------------------|--------|
| <b>9h</b> | 4532608             | 678396 |

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 648514**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

**9j(1)** 31488836

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

**9j(2)** 81059977

(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** 13652654**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 5544555**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....**9n****o** Current year's accumulated reconciliation account:

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

**9o(1)** 0

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

(a) Reconciliation outstanding balance as of valuation date .....

**9o(2)(a)** 0

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

**9o(2)(b)** 0

(3) Total as of valuation date .....

**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☒ Yes ☐ No

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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

|                                                                                                                                                        |                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>OPERATIVE PLASTERERS &amp; CEMENT MASONS OFFICERS &amp; EMPLOYEES PENSION FUND</div>                                    | <div>B Three-digit plan number (PN)</div> <div>002</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>OPERATIVE PLASTERERS &amp; CEMENT MASONS OFF &amp; EMP PENSION FUND TRSTE</div> | <div>D Employer Identification Number (EIN)</div> <div>52-6135348</div> |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

EARNEST PARTNERS

58-2386669

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

SEI TRUST COMPANY

06-1271230

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

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

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

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

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

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

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**(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)

DAWN WELCH

52-6135348

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 182899                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 113661                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

OLD GLORY ASSET MANAGEMENT

90-0065134

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51 72               | NONE                                                                                              | 90704                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

INVESTMENT PERFORMANCE SERVICES

58-1645832

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 85000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CORBIN CAPITAL PARTNERS, L.P.

30-0299433

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 79981                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HAMILTON LANE ADVISORS LLC

23-2962336

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 78600                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

DANA GELLER

52-6135348

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 68289                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE MCKEOGH COMPANY

23-3003375

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 62000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

INTERCONTINENTAL REAL ESTATE CORP

04-2895544

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 60845                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

JAG CAPITAL MANAGEMENT

45-3306979

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 59091                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

BOYD WATTERSON ASSET MANAGEMENT, LL

34-1922005

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 54407                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LSV ASSET MANAGEMENT

23-2772200

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 50382                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

NEW TOWER TRUST COMPANY

30-0872552

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 52                         | NONE                                                                                                     | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 44413                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

ENTRUSTPERMAL PARTNERS OFFSHORE LP

90-0644478

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51 68                      | NONE                                                                                                     | 44159                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

NOVAK FRANCELLA LLC

61-1436956

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | NONE                                                                                                     | 43240                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

DCM ADVISORS LLC

13-4139966

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 35496                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

PNC BANK, NA

25-1211909

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 51 61 68            | NONE                                                                                              | 24627                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

O'DONOGHUE & O'DONOGHUE

53-0120528

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 20088                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

ARISTOTLE CAPITAL MANAGEMENT, LLC

95-4833644

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 16324                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE UNION LABOR LIFE INSURANCE COMP

13-1423090

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 9405                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ASSOCIATED ADMINISTRATORS LLC

65-1205077

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50                  | NONE                                                                                              | 8812                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

MOUNT VERNON ASSOCIATES

52-1453813

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 5333                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NEW TOWER TRUST COMPANY                                             | 28 52                                                                                                                                                              | 44413                                     |
| (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. |                                           |
| MULTI EMPLOYER PROPERTY TRUS<br><br>52-6218800                      | INVESTMENT MANAGEMENT FEES                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| JAG CAPITAL MANAGEMENT                                              | 28 52                                                                                                                                                              | 59091                                     |
| (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. |                                           |
| OLD GLORY ASSET MANAGEMENT<br><br>90-0065134                        | INVESTMENT MANAGEMENT FEES                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MOUNT VERNON ASSOCIATES                                             | 28 52                                                                                                                                                              | 5333                                      |
| (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. |                                           |
| OLD GLORY ASSET MANAGEMENT<br><br>90-0065134                        | INVESTMENT MANAGEMENT FEES                                                                                                                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| HAMILTON LANE ADVISORS LLC                              | 28 52                                   | 48600                                     |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HL SECONDARY FEEDER V-A LP<br><br>83-1798760                        | INVESTMENT MANAGEMENT                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| HAMILTON LANE ADVISORS LLC                              | 28 52                                   | 30000                                     |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HL SECONDARY FEEDER VI-B LP<br><br>87-4101429                       | INVESTMENT MANAGEMENT                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| DCM ADVISORS LLC                                        | 28 52                                   | 35496                                     |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OLD GLORY ASSET MANAGEMENT<br><br>90-0065134                        | INVESTMENT FEES                                                                                                                                                    |

**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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div>       |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                        |                                                                                                                                                                                                                                   |                                                                                                       |
| A Name of plan<br>OPERATIVE PLASTERERS & CEMENT MASONS OFFICERS & EMPLOYEES PENSION FUND                                                                                          |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 002                                                                  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>OPERATIVE PLASTERERS & CEMENT MASONS OFF & EMP PENSION FUND TRSTE                                                |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>52-6135348                                                  |
| Part I                                                                                                                                                                            | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(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): NEWTOWER TRUST 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) 4884092  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JOHNSTON INT'L EQUITY GROUP TRUST                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): JOHNSTON ASSET MANAGEMENT                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 26-6493485-001                                                                                                                                                           | d Entity code E                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9325412  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO SEPARATE ACCOUNT J                                                                                                                 |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE CO.                                                                                                     |                                                                                                                                                                                                                                   |                                                                                                       |
| 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) 2335691  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS SMID CAP CORE FUND                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 26-4377500-041                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11159572 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: APC HIGH YIELD BOND FUND LP                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): APC HY BOND GP LLC                                                                                                                     |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 99-1332165-001                                                                                                                                                           | d Entity code E                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6708570  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN                                                                                                                                                                          | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN                                                                                                                                                                          | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |

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

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

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|                                                                                                                                                                                                                                              | For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                        |                                                                                                |
|                                                                                                                                                                                                                                              | <div>A Name of plan</div> <div>OPERATIVE PLASTERERS &amp; CEMENT MASONS OFFICERS &amp; EMPLOYEES PENSION FUND</div>                                                                                                                                                               | <div>B Three-digit plan number (PN)</div> <div>002</div>                                       |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>OPERATIVE PLASTERERS &amp; CEMENT MASONS OFF &amp; EMP PENSION FUND TRSTE</div>                                                                                       | <div>D Employer Identification Number (EIN)</div> <div>52-6135348</div>                                                                                                                                                                                                           |                                                                                                |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 381823                | 419681          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 641383                | 704024          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 458819                | 1910094         |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 1993904               | 1618200         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 387847                | 349093          |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 6682010               | 2716871         |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 36769507              | 39003525        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 22133000              | 24272078        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 12201                 | 10131           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 16001892              | 16043664        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 1257820               | 2335691         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 | 8252903               | 16033982        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 3776750               | 3507389         |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 98749859              | 108924423       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 120334                | 134496          |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 120334                | 134496          |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 98629525              | 108789927       |

**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.

|                                                                                               |                 |            |           |
|-----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                 |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                       |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | <b>2a(1)(A)</b> | 8610448    |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 8610448   |
| <b>b Earnings on investments:</b>                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 108842     |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 6598       |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 286567     |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> | 415        |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> | 612        |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 403034    |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> | 520249     |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 520249    |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> | 28090669   |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> | 26200046   |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            | 1890623   |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> | 7805928    |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....          | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 237533    |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 87276     |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            | 1137975   |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 69969     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 20763035  |

**Expenses**

|                                                                                             |               |         |          |
|---------------------------------------------------------------------------------------------|---------------|---------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 9277359 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 9277359  |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |          |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |          |
| <b>i</b> Administrative expenses:                                                           |               |         |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  | 251188  |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 8812    |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 1640    |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 41600   |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 808597  |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 24627   |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 62000   |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 20088   |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 9747    |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 96975   |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 1325274  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 10602633 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 10160402 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

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

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000   |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> 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? .....                                                                                                                                       | <input checked="" type="checkbox"/> |                                     | 30980648 |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> 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.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     |                                     |          |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 560680.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>OPERATIVE PLASTERERS & CEMENT MASONS OFFICERS & EMPLOYEES PENSION FUND                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>OPERATIVE PLASTERERS & CEMENT MASONS OFF & EMP PENSION FUND TRSTE                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>52-6135348                                            |
| 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):<br><br>EIN(s): 52-6135348                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 3                                                                                             |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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 LOCAL UNION 502

**b** EIN 36-2196729

**c** Dollar amount contributed by employer 315285

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

**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): 20% OF WAGES

**a** Name of contributing employer LOCAL UNION 528

**b** EIN 91-0222689

**c** Dollar amount contributed by employer 208796

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

**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): 20% OF WAGES

**a** Name of contributing employer NORTHEAST DISTRICT COUNCIL

**b** EIN 82-1278346

**c** Dollar amount contributed by employer 196173

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

**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): 20% OF WAGES

**a** Name of contributing employer LOCAL UNION 400

**b** EIN 68-0389208

**c** Dollar amount contributed by employer 233366

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

**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): 20% OF WAGES

**a** Name of contributing employer LOCAL UNION 692

**b** EIN 35-1854655

**c** Dollar amount contributed by employer 214132

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

**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): 20% OF WAGES

**a** Name of contributing employer LOCAL UNION 300

**b** EIN 94-3249920

**c** Dollar amount contributed by employer 268932

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

**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): 20% OF WAGES

**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 LOCAL UNION 600

**b** EIN 95-0613085

**c** Dollar amount contributed by employer 191590

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

**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): 20% OF WAGES

**a** Name of contributing employer LOCAL UNION 592

**b** EIN 23-0932560

**c** Dollar amount contributed by employer 230343

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

**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): 20% OF WAGES

**a** Name of contributing employer LOCAL UNION 11

**b** EIN 36-4078859

**c** Dollar amount contributed by employer 185603

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

**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): 20% OF WAGES

**a** Name of contributing employer LOCAL UNION 500

**b** EIN 33-0681938

**c** Dollar amount contributed by employer 210059

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

**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): 20% OF WAGES

**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**

1.02

**b** The corresponding number for the second preceding plan year.....

**15b**

0.96

- 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: 45.6 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 15.7 %

High-Yield Debt: 6.3 % Real Assets: 15.0 % Cash or Cash Equivalents: 1.5 % Other: 15.9 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

## **Part VII IRS Compliance Questions**

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

**OPERATIVE PLASTERERS' AND CEMENT MASONS'  
OFFICERS AND EMPLOYEES PENSION FUND**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2024**

**OPERATIVE PLASTERERS' AND CEMENT MASONS'  
OFFICERS AND EMPLOYEES 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  
Operative Plasterers' and Cement Masons'  
Officers and Employees Pension Fund

### **Opinion**

We have audited the financial statements of the Operative Plasterers' and Cement Masons' Officers and Employees 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 changes therein 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 and Schedule of Reportable Transactions referred to as “supplemental information,” are presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Novak Francella LLC*

Bala Cynwyd, Pennsylvania  
September 16, 2025

**OPERATIVE PLASTERERS' AND CEMENT MASONS'  
OFFICERS AND EMPLOYEES PENSION FUND**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

DECEMBER 31, 2024 AND 2023

|                                                               | <u>2024</u>                  | <u>2023</u>                 |
|---------------------------------------------------------------|------------------------------|-----------------------------|
| <b>ASSETS</b>                                                 |                              |                             |
| <b>INVESTMENTS - at fair value</b>                            |                              |                             |
| Common stock                                                  | \$ 39,003,525                | \$ 36,769,507               |
| Corporate obligations                                         | 2,716,871                    | 6,682,010                   |
| United States Government and<br>Government Agency obligations | 349,093                      | 387,847                     |
| 103-12 investment entity - international equity               | 9,325,412                    | 8,252,903                   |
| Common collective trust - equity                              | 11,159,572                   | 10,771,472                  |
| Common collective trust - real estate                         | 4,884,092                    | 5,230,420                   |
| Limited partnerships - real estate                            | 10,948,702                   | 11,991,634                  |
| Limited partnership - fixed income                            | 6,708,570                    | -                           |
| Pooled separate account                                       | 2,335,691                    | 1,257,820                   |
| Opportunistic hedge fund of funds - limited partnership       | 7,341,179                    | 4,798,662                   |
| Opportunistic hedge fund of funds                             | 3,507,389                    | 3,776,750                   |
| Private equity limited partnership                            | 5,982,197                    | 5,342,704                   |
| Short-term investments                                        | 1,618,200                    | 1,993,904                   |
| Total investments                                             | <u>105,880,493</u>           | <u>97,255,633</u>           |
| <b>RECEIVABLES</b>                                            |                              |                             |
| Employer contributions                                        | 704,024                      | 641,383                     |
| Due from related party                                        | 23,203                       | -                           |
| Accrued interest and dividends                                | 67,329                       | 143,795                     |
| Participant loans receivable                                  | 10,131                       | 12,201                      |
| Pending investment trades receivable                          | 1,567,950                    | 108,057                     |
| Total receivables                                             | <u>2,372,637</u>             | <u>905,436</u>              |
| <b>PREPAID PENSION BENEFITS</b>                               | <u>251,612</u>               | <u>205,229</u>              |
| <b>PREPAID EXPENSES</b>                                       | <u>-</u>                     | <u>1,738</u>                |
| <b>CASH</b>                                                   | <u>419,681</u>               | <u>381,823</u>              |
| Total assets                                                  | <u>108,924,423</u>           | <u>98,749,859</u>           |
| <b>LIABILITIES AND NET ASSETS</b>                             |                              |                             |
| <b>LIABILITIES</b>                                            |                              |                             |
| Accrued expenses                                              | 128,666                      | 120,334                     |
| Payroll withholdings                                          | 5,830                        | -                           |
| Total liabilities                                             | <u>134,496</u>               | <u>120,334</u>              |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                      | <u><u>\$ 108,789,927</u></u> | <u><u>\$ 98,629,525</u></u> |

See accompanying notes to financial statements.

**OPERATIVE PLASTERERS' AND CEMENT MASONS'  
OFFICERS AND EMPLOYEES PENSION FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

YEARS ENDED DECEMBER 31, 2024 AND 2023

|                                                       | <u>2024</u>                  | <u>2023</u>                 |
|-------------------------------------------------------|------------------------------|-----------------------------|
| <b>ADDITIONS</b>                                      |                              |                             |
| Investment income                                     |                              |                             |
| Net appreciation in fair value of investments         | \$ 11,159,335                | \$ 8,322,426                |
| Interest and dividends                                | <u>922,868</u>               | <u>1,009,045</u>            |
|                                                       | 12,082,203                   | 9,331,471                   |
| Less investment expenses                              | <u>(833,224)</u>             | <u>(749,668)</u>            |
| Investment income - net                               | 11,248,979                   | 8,581,803                   |
| Employer contributions                                | 8,610,448                    | 8,183,273                   |
| Participant loan interest                             | 415                          | 500                         |
| Commission recapture and securities litigation income | 13,509                       | 3,865                       |
| Shared expense reimbursements                         | <u>56,460</u>                | <u>-</u>                    |
| Total additions                                       | <u>19,929,811</u>            | <u>16,769,441</u>           |
| <b>DEDUCTIONS</b>                                     |                              |                             |
| Benefits paid to participants                         | <u>9,277,359</u>             | <u>9,184,154</u>            |
| Administrative expenses                               |                              |                             |
| Administrative fees                                   | 8,812                        | 104,202                     |
| Salaries                                              | 171,442                      | -                           |
| Employee benefits                                     | 79,746                       | -                           |
| Payroll taxes                                         | 13,440                       | -                           |
| PBGC premiums                                         | 38,628                       | 38,395                      |
| Actuary fees                                          | 62,000                       | 72,321                      |
| Audit and accounting fees                             | 43,240                       | 43,724                      |
| Legal fees                                            | 20,088                       | 9,287                       |
| Office supplies and expense                           | 21,113                       | 3,783                       |
| Bonding and insurance                                 | 15,597                       | 18,154                      |
| Stationery and printing                               | 2,028                        | 3,716                       |
| Meetings and conferences                              | 9,747                        | 1,025                       |
| Health insurance reimbursed to OPCMIA                 | <u>6,169</u>                 | <u>7,562</u>                |
| Total administrative expenses                         | <u>492,050</u>               | <u>302,169</u>              |
| Total deductions                                      | <u>9,769,409</u>             | <u>9,486,323</u>            |
| <b>NET INCREASE</b>                                   | 10,160,402                   | 7,283,118                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>              |                              |                             |
| Beginning of year                                     | <u>98,629,525</u>            | <u>91,346,407</u>           |
| End of year                                           | <u><u>\$ 108,789,927</u></u> | <u><u>\$ 98,629,525</u></u> |

See accompanying notes to financial statements.

**OPERATIVE PLASTERERS' AND CEMENT MASONS'  
OFFICERS AND EMPLOYEES PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS**

DECEMBER 31, 2024 AND 2023

**NOTE 1. DESCRIPTION OF THE PLAN**

The following description of the Operative Plasterers' and Cement Masons' Officers and Employees Pension Fund (the Plan) provides only general information of the benefits provided to full-time officers and employees of Local Unions affiliated with the Operative Plasterers' and Cement Masons' International Association (the OPCMIA). Participants should refer to the Summary Plan Description for more complete information.

**General**

The Plan was established July 1, 1973 as a defined benefit, multiple employer pension plan, covering substantially all of the full-time officers and employees of Local Unions affiliated with the OPCMIA. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. During the year ended December 31, 2007, the Plan filed with the Pension Benefit Guaranty Corporation (PBGC) to change its election from a multiple employer pension plan to a multiemployer pension plan effective for plan years beginning January 1, 2001. In June 2008, the PBGC determined that the Plan satisfied the requirements for an election of multiemployer plan status under ERISA.

**Pension Benefits**

The Plan provides for regular, early retirement, disability and deferred vested pension benefits. The type and amount of the pension benefit is based on many factors, including the participant's age, compensation, years of service and any disability. Participants have the option to receive their monthly pension in one of the following four forms: Joint and survivor annuity; Life annuity; 5-year guarantee; or 10-year guarantee. Prior to January 1, 1999, the Plan provided for vesting after six years of service. For participants active after January 1, 1999, vesting is determined on a graded system under which a participant is 100% vested after five years of service.

Employees with five or more years of service are entitled to annual pension benefits beginning at age 65 equal to a percentage of the participant's Final Average Salary, for each year of credited service to a maximum of 25 years. The Plan permits early retirement at age 55, with reduced benefits based on an early retirement reduction factor, and early retirement due to disability. Active employees who become totally disabled and who have at least five months of credited service in the two years prior to disability receive disability benefits that are equal to the normal retirement benefits they have accrued as of the time they become disabled.

## **NOTE 1. DESCRIPTION OF THE PLAN (continued)**

Effective December 31, 2010, due to the merger of the Operative Plasterers' and Cement Masons' International Association Employees Trust Fund (Trust Fund) into the Plan, the following description provides only general information of the benefits provided for the participants of the merged Plan, which includes full-time officers and employees of the OPCMIA and the OPCMIA International Training Fund (ITF).

### **Pension Benefits**

The Plan provides for normal, early retirement, death, and disability benefits and includes a cash balance feature. The type and amount of benefits are based on many factors, including the participant's age, years of service and any disability. Vesting is determined on a graduated system under which a participant is 100% vested after five years of continuous service.

Employees with five or more years of service are entitled to annual pension benefits beginning at age 65 equal to a percentage of the average of their annual compensation during the last 36 months of employment. Effective January 1, 2005, base annual compensation will be defined as average annual compensation for the period January 1, 2005 through the date of separation from service, unless there are fewer than 36 months of service after January 1, 2005. In this case, base annual compensation will be calculated under the prior definition. The Plan permits early retirement at age 55, with reduced benefits based on an early retirement reduction factor, and early retirement due to disability. If an active employee dies, a surviving spouse's benefit is payable. If there is no surviving spouse, a single sum payment equal to sixty times the employee's accrued pension benefit will be paid to the participant's designated beneficiary. Effective January 1, 2006, the surviving spouse of a participant who dies after becoming vested but prior to beginning to receive his or her pension can choose either the Plan's regular pre-retirement surviving spouse pension or the lump sum that would be payable to the beneficiary of a participant who died before his or her pension begun but was not married (generally 60 times the accrued monthly pension). Active employees who have reached age 50 and become totally disabled and have at least 10 years of service receive disability benefits that are equal to the normal retirement benefits they have accrued as of the time they become disabled.

For participants of Plan B with an hour of service on or after January 1, 2018 who retire with an Early Retirement Pension, the early retirement reduction was changed from 6% per year prior to age 60 to 3% per year prior to age 60.

On August 1, 2018, the Plan was amended as follows for determining Plan B Base Annual Compensation:

- (a) For Participants without an Hour of Service on or after January 1, 2008, Base Annual Compensation means the average of the Participant's annual compensation for the last 36 months prior to retirement in which the Participant's annual compensation is the highest. For periods prior to January 1, 1991, such three years shall not include any years during which the Participant did not make contributions to the Fund, except as otherwise provided in Section 6.01 with regard to Participants who stopped making contributions in the Fund upon the later of (1) age 70 and (b) completion of 25 years of Continuous Service.

**NOTE 1. DESCRIPTION OF THE PLAN (continued)**

(b) For Participants with an Hour of Service on or after January 1, 2008 but no Hours of Service on or after January 1, 2019, Base Annual Compensation means 12 times the average monthly compensation during the period beginning on such Participant's date of hire with the Employer or, if later, January 1, 2005 and ending on the date such Participant separates from Service. Notwithstanding the definition of Base Annual Compensation set forth in this subsection (b), the benefit of a Participant without an Hour of Service on or after January 1, 2019, who separates from Service after December 31, 2007 shall be the greater of:

- (1) the Participant's accrued benefit as of December 31, 2007 or
- (2) the Participant's accrued benefit as of the date he or she separates from Service.

(c) For Participants with an Hour of Service on or after January 1, 2019, Base Annual Compensation means 12 times the Participant's average monthly compensation for the 120 months immediately prior to retirement or, if the Participant has fewer than 10 years of Continuous Service, 12 times the Participant's average monthly compensation during the period beginning on such Participant's date of hire with the Employer and ending on the date such Participant separates from Service. Notwithstanding the definition of Base Annual Compensation set forth in this subsection (c), the benefits of a Participant who separates from Service after December 31, 2018 shall be the greater of:

- (1) the Participant's accrued benefit as of December 31, 2018 or
- (2) the Participant's accrued benefit as of the date he or she separates from Service.

(d) In the event a Vested Participant:

- (1) experiences a reduction in his or her annual Compensation and such reduction in annual Compensation results in a reduction in the Participant's Base Annual Compensation; and
- (2) as a result of such reduction in the Participant's Base Annual Compensation the amount of the Participant's pension benefit (as determined under Article III) would be reduced,

Then solely for purposes of determining the amount of such Participant's pension benefit, those years of subsequent Continuous Service that would have reduced the amount of the Participant's pension benefit will not be taken into account.

## **NOTE 1. DESCRIPTION OF THE PLAN (continued)**

### **Participant Loans Receivable**

The Plan provides for participant loans to certain participants who have two or more years of credited service and make proper application for a loan from their cash balance account. Borrowing limits are based on Federal and Plan regulations in effect at the time of the loan. Loans are permitted when used to acquire or preserve ownership of a primary or secondary residence, pay expenses of educating the participant or the participant's dependent or to pay medical expenses of the participant.

Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

## **NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

**Investments and Income Recognition** - Common stock, corporate obligations, United States Government and Government Agency obligations and short-term investments are carried at fair value as provided by the investment custodian, which generally represents quoted market value as of the last business day of the year. The common collective - trust - equity and the common collective trust - real estate are carried at Net Asset Value or its equivalent (NAV) as provided by the Trusts. The 103-12 investment entity - international equity is carried at NAV as provided by the sponsor of the investment. The limited partnerships - real estate and limited partnership - fixed income are carried at NAV as provided by the partnerships. The pooled separate account is carried at NAV as provided by the insurance company. The opportunistic hedge fund of funds - limited partnership is carried at NAV as reported by the general partner. The opportunistic hedge fund of funds investment is carried at NAV as determined by the investment manager. The private equity limited partnership is carried at NAV as reported by the partnership. 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 during the year.

**Funding Policy and Revenue Recognition** - The Plan is funded by contributions from participating employers under the terms of the Operative Plasterers' and Cement Masons' International Association's (the OPCMIA) International Constitution and participation agreements with the employers. Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

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

## **NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

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

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

**Participant Loans Receivable** - Participant loans receivable are valued at unpaid principal balance plus accrued unpaid interest.

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

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

## **NOTE 3. PRIORITIES UPON TERMINATION**

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event the Plan terminates, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

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

#### NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated February 8, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Trustees and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

#### NOTE 5. ACTUARIAL INFORMATION

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

|                                                             | Benefit Information<br>Date January 1,<br>2024 |
|-------------------------------------------------------------|------------------------------------------------|
| Actuarial present value of accumulated plan benefits:       |                                                |
| Vested benefits:                                            |                                                |
| Participants and beneficiaries currently receiving benefits | \$ 77,580,788                                  |
| Other participants                                          | 37,220,826                                     |
|                                                             | <u>114,801,614</u>                             |
| Nonvested benefits                                          | <u>1,813,190</u>                               |
|                                                             |                                                |
| Total actuarial present value of accumulated plan benefits  | <u><u>\$ 116,614,804</u></u>                   |
|                                                             |                                                |
| Present value of administrative expenses                    | <u><u>\$ 1,382,148</u></u>                     |

\* Modeled after the method described in ERISA 4044.

**NOTE 5. ACTUARIAL INFORMATION (continued)**

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2023 are as follows:

|                                                                                        |                |
|----------------------------------------------------------------------------------------|----------------|
| Actuarial present value of accumulated plan benefits<br>as of January 1, 2023          | \$ 113,479,469 |
| Increase (decrease) during the year attributable to:                                   |                |
| Decrease in discount period                                                            | 8,166,554      |
| Benefits paid                                                                          | (9,184,154)    |
| Benefits accumulated (includes net experience gains<br>and losses and changes in data) | 4,152,935      |
| Net increase                                                                           | 3,135,335      |
| Actuarial present value of accumulated plan benefits<br>as of January 1, 2024          | \$ 116,614,804 |

The actuarial valuation as of January 1, 2024 was made using the entry age normal cost method.

Some of the more significant actuarial assumptions used in estimating the present value of accumulated plan benefits were:

|                                            |                |
|--------------------------------------------|----------------|
| Interest rate (net of investment expenses) |                |
| For RPA '94 current liability valuation -  | 3.29% per year |
| All other purposes -                       | 7.50% per year |
| Annual salary increase -                   | 3.00% per year |

Administrative expenses - Average of the prior 3 years actual expenses, adjusted for 2% annual growth and rounded up to the nearest \$5,000 multiple. The 2024 assumption is \$290,000 as of the beginning of the Plan Year.

The mortality assumption is the RP-2014 Blue Collar annuitant and non-annuitant mortality tables, set forward three years, with no projected mortality improvement beyond the valuation date. Mortality for disabled lives is based on the RP-2014 disabled annuitant mortality table, set forward three years, with no projected mortality improvement beyond the valuation date.

The following were the changes from the prior year valuation:

- The discount rate for RPA '94 current liability purposes was changed from 2.55% for the 2023 valuation to 3.29% for the 2024 valuation.
- The mortality assumption for RPA '94 current liability purposes was changed from the IRS prescribed static mortality table for 2023 valuation dates to the IRS prescribed static mortality table for 2024 valuation dates.

## **NOTE 5. ACTUARIAL INFORMATION (continued)**

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under the Trust Agreement of the Plan and income from investments.

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

The Plan's actuary reported that the Plan has an unfunded vested benefit liability for withdrawal liability purposes of approximately \$16,200,000 as of December 31, 2023 and \$20,200,000 as of December 31, 2022.

Funding for the Plan year ended December 31, 2023 satisfied the ERISA minimum funding requirement.

Funding for the Plan year ended December 31, 2024 is expected to meet the ERISA minimum funding requirement.

As of January 1, 2025, the actuary reported that the Plan is in neither endangered status nor critical status as identified under the Pension Protection Act of 2006.

## **NOTE 6. FAIR VALUE MEASUREMENTS**

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

### **Basis of Fair Value Measurement:**

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

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

**NOTE 6. FAIR VALUE MEASUREMENTS (continued)**

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

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

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

| Fair Value Measurements at December 31, 2024                  |                       |                      |                     |             |
|---------------------------------------------------------------|-----------------------|----------------------|---------------------|-------------|
|                                                               | Total                 | Level 1              | Level 2             | Level 3     |
| Common stock                                                  | \$ 39,003,525         | \$ 39,003,525        | \$ -                | \$ -        |
| Corporate obligations                                         | 2,716,871             | -                    | 2,716,871           | -           |
| United States Government and<br>Government Agency obligations | 349,093               | 349,093              | -                   | -           |
| Short-term investments                                        | 1,618,200             | 1,618,200            | -                   | -           |
| Total investments in the fair value hierarchy                 | 43,687,689            | <u>\$ 40,970,818</u> | <u>\$ 2,716,871</u> | <u>\$ -</u> |
| Investments measured at net asset value (a)                   | <u>62,192,804</u>     |                      |                     |             |
| Total investments at fair value                               | <u>\$ 105,880,493</u> |                      |                     |             |

  

| Fair Value Measurements at December 31, 2023                  |                      |                      |                     |             |
|---------------------------------------------------------------|----------------------|----------------------|---------------------|-------------|
|                                                               | Total                | Level 1              | Level 2             | Level 3     |
| Common stock                                                  | \$ 36,769,507        | \$ 36,769,507        | \$ -                | \$ -        |
| Corporate obligations                                         | 6,682,010            | -                    | 6,682,010           | -           |
| United States Government and<br>Government Agency obligations | 387,847              | 387,847              | -                   | -           |
| Short-term investments                                        | 1,993,904            | 1,993,904            | -                   | -           |
| Total investments in the fair value hierarchy                 | 45,833,268           | <u>\$ 39,151,258</u> | <u>\$ 6,682,010</u> | <u>\$ -</u> |
| Investments measured at net asset value (a)                   | <u>51,422,365</u>    |                      |                     |             |
| Total investments at fair value                               | <u>\$ 97,255,633</u> |                      |                     |             |

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

## NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2, or 3.

The unfunded commitments and redemption information are as follows at December 31, 2024 and 2023:

|                                                             | 2024<br>Fair Value   | 2023<br>Fair Value   | 2024<br>Unfunded<br>Commitments | 2023<br>Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
|-------------------------------------------------------------|----------------------|----------------------|---------------------------------|---------------------------------|-------------------------|-----------------------------|
| 103-12 investment entity -<br>international equity:         |                      |                      |                                 |                                 |                         |                             |
| Hardman Johnston International<br>Equity Group Trust        | \$ 9,325,412         | \$ 8,252,903         | \$ -                            | \$ -                            | Monthly                 | 15 days                     |
| Common collective trust - equity:                           |                      |                      |                                 |                                 |                         |                             |
| Earnest Partners SMID Cap Core Fund                         | 11,159,572           | 10,771,472           | -                               | -                               | Daily                   | 5 business days             |
| Common collective trust - real estate:                      |                      |                      |                                 |                                 |                         |                             |
| New Tower Multi-Employer<br>Property Trust                  | 4,884,092            | 5,230,420            | -                               | -                               | Quarterly               | One year                    |
| Limited partnership - real estate:                          |                      |                      |                                 |                                 |                         |                             |
| Boyd Watterson State<br>Government Fund, LP                 | 4,132,640            | 4,640,975            | -                               | -                               | Quarterly               | 60 days                     |
| Intercontinental U.S. Real Estate<br>Investment Fund, LLC   | 6,816,062            | 7,350,659            | -                               | -                               | Quarterly*              | 90 days*                    |
| Limited partnership - fixed income:                         |                      |                      |                                 |                                 |                         |                             |
| APC High Yield Bond Fund, LP                                | 6,708,570            | -                    | -                               | -                               | Bi-monthly+             | 7 business days+            |
| Pooled separate account:                                    |                      |                      |                                 |                                 |                         |                             |
| Union Labor Life Insurance<br>Separate Account J            | 2,335,691            | 1,257,820            | -                               | -                               | Monthly#                | 90 days#                    |
| Opportunistic hedge fund of funds -<br>limited partnership: |                      |                      |                                 |                                 |                         |                             |
| Corbin ERISA Opportunity Fund L.P.                          | 7,341,179            | 4,798,662            | -                               | -                               | Quarterly^              | 65 days^                    |
| Opportunistic hedge fund of funds:                          |                      |                      |                                 |                                 |                         |                             |
| Entrustpermal Special Opportunities<br>Fund IV, LTD Cl B    | 3,507,389            | 3,776,750            | 384,964                         | 245,205                         | @                       | @                           |
| Private equity limited partnership:                         |                      |                      |                                 |                                 |                         |                             |
| Hamilton Lane Secondary Feeder Fund V-A LP                  | 4,220,600            | 4,646,165            | 3,138,674                       | 3,114,839                       | x                       | x                           |
| Hamilton Lane Secondary Fund VI-B LP                        | 1,761,597            | 696,539              | 2,590,602                       | 3,600,000                       | x                       | x                           |
| Total                                                       | <u>\$ 62,192,804</u> | <u>\$ 51,422,365</u> | <u>\$ 6,114,240</u>             | <u>\$ 6,960,044</u>             |                         |                             |

\* - At any time after the later of (i) the first anniversary of the Initial Closing and (ii) the date upon which the Net Asset Value first exceeds \$200 million (the period then ending, the “Redemption Lockout Period”), and subject to Article 7, a Member may elect to have the Company redeem some or all of its Interests by providing the Manager with written notice to such effect (a “Redemption Notice”) in a form acceptable to the Manager at least 90 days prior to a calendar quarter end; provided, in any case, that there is not an Unfunded Capital Commitment with respect to such Member. Unless such notice period is waived by the Manager, redemption requests will be effective as of the first calendar quarter end upon or after the expiration of the 90-day notice period (the “Redemption Effective Date”) (Interests subject to a valid Redemption Notice shall, upon the redemption Effective Date, become “Redemption Interests”). The investment has put up a redemption gate during the years ended December 31, 2023 and 2024.

## **NOTE 6. FAIR VALUE MEASUREMENTS (continued)**

+ - Each limited partner is permitted to withdrawal as of the 1st or 15th of each calendar month any or all of its capital account on at least 7 business days' prior written notice. Withdrawals are subject to \$100,000 minimums, unless waived, or unless such limited partner is withdrawing all its interests, provided that the limited partner maintains a minimum of \$250,000 in their capital account, unless waived by the General Partner.

# - redemption may be delayed when cash and other liquid assets, less amounts already committed for mortgages and reserves for Account expenses, are inadequate to meet the request after satisfying all prior requests and funding commitments and expense reserves.

^ - Redemption is subject to a 25% gate.

@ - The investment is a closed end fund that does not allow requests for redemption. Each capital commitment is subject to an initial commitment period of three years which capital could be drawn down. The investment's Advisor will have the discretion to extend the commitment period for one year. Class B Shareholders will not have the right to redeem during the life of the Fund.

x - The private equity investments are closed ended funds and redemptions are not allowed. Distributions are expected to be made on a quarterly basis, net of amounts retained for anticipated obligations, including capital calls from investment funds. The Partnerships will expire on the tenth anniversary of the final subscription date, unless extended by the General Partner for up to two successive one-year terms following the expiration of such initial term in its discretion and for a further one-year period with prior consent of the Advisory Committee.

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

The investment objective of the Intercontinental U.S. Real Estate Investment Fund LLC is to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield driven investments and, to a lesser extent, on value-added investments.

The APC High Yield Bond Fund seeks to achieve strong risk-adjusted returns relative to the benchmark, the Bloomberg US HY Ba/B 2% Issuer Cap Index, through a combination of high current income and capital appreciation.

The Union Labor Life Insurance Separate Account J's (the Account J) investment strategy aims to capitalize on opportunities in the U.S. commercial real estate market by making loans to borrowers in connection with the acquisition, development or refinancing related to multi-family (rental and for sale), multi-tenanted, single-tenanted and owner-occupied properties, including, but not limited to, office, medical office, anchored retail, industrial, and business-oriented hotels with major chains. The assets allocated to the Account J shall primarily consist of mortgage investments collateralized by first mortgages on real property. Assets may be temporarily held uninvested or invested in other investments as deemed appropriate by Union Labor Life.

## **NOTE 6. FAIR VALUE MEASUREMENTS (continued)**

The Corbin ERISA Opportunity Fund, L.P. may pursue its investment objective by employing a variety of investment strategies, including, but not limited to: high-yield and distressed securities, long/short credit, structured and asset-backed credit, private lending, event driven investing and emerging markets credit. The Fund expects to use a range of implementation methods depending on the market opportunities available, including employing the services of multiple independent portfolio managers (“Portfolio Managers”). The Fund may allocate its capital to Portfolio Managers through traditional separately managed accounts (“SMAs”), collective investment vehicles such as funds (“Investee Funds”) or in other structures (such as single-investor vehicles) managed by Portfolio Managers. The Fund may also make investments upon the advice or recommendation of, or alongside as a co-investor with, or otherwise in partnership with or with the involvement of, Portfolio Managers. In addition, Corbin Capital Partners, L.P. (“CCP”), acting as the investment manager to the Fund (the “Investment Manager”), may independently direct and implement certain of the Fund’s investments without the involvement of Portfolio Managers, including without limitation, for purposes of hedging certain exposures. All redemptions are subject to 25% gate.

The Entrustpermal Special Opportunities Fund IV, LTD Cl B investment seeks to achieve above-average rates of return and long-term capital growth by investing in highly attractive, select investment opportunities through private investment entities and/or separately managed accounts (the “Portfolios”). The Fund expects to invest in a broad range of investments, including, but not limited to, global distressed corporate securities, activist equities, value equities, reorganization equities, municipal bonds, high yield bonds, leveraged loans, unsecured debt, collateralized debt obligations, mortgage backed securities, direct lending and sovereign debt, real estate, venture capital and private equity-type structures.

The objective of the Hamilton Lane Secondary Feeder Fund V-A LP and VI-B LP is to acquire and hold a diversified portfolio of private equity investment partnerships, which may include venture capital, buyout, mezzanine, industry-focused and other private equity investment partnerships acquired through secondary market transactions.

## **NOTE 7. FUNDING POLICY**

Contributions to the Plan are made by the Local Unions and related organizations for their full-time salaried officers and employees. The contribution rate was 20% of covered employee compensation for each of the years ended December 31, 2024 and 2023.

Contributions to the Plan are also made by the OPCMIA, the Plan, and the ITF for its full-time salaried officers and employees. The contribution rate was 22% of covered compensation for each of the years ended December 31, 2024 and 2023. No additional minimum required contribution was required for the years ended December 31, 2024 and 2023. The funding policy was to contribute an amount sufficient to meet the minimum funding requirements of ERISA and the Internal Revenue Code.

In addition, during each of the years ended December 31, 2024 and 2023, the OPCMIA contributed an additional \$1,070,748 to the Plan.

#### **NOTE 8. CASH BALANCE BENEFIT**

A Participant who has an Hour of Service on or after January 1, 2000 shall be eligible for a Cash Balance Benefit. A Cash Balance Account shall be maintained for each Participant. The Cash Balance Account is a nominal account and shall be used to determine the amount of the Cash Balance Benefit payable to each Participant. The Participant shall have no actual individual account and shall have no claim to any particular assets of the Plan. The Cash Balance Account as of January 1, 2000 shall be equal to 3% of the Participant's Compensation for the 2000 Plan Year multiplied by such Participant's Continuous Service earned under the Plan from January 1, 1993 through December 31, 1999.

Subsequent to January 1, 2000, each Participant's Cash Balance Account shall be credited with Contribution Credits and Interest Credits as provided in accordance with the following provisions.

##### **Contribution Credits -**

- (a) For the Plan Year beginning January 1, 2000 and through the Plan Year ending December 31, 2004, Contribution Credits shall be credited to each eligible Participant's Cash Balance Account annually. The Contribution Credits for each year shall equal 3% of the Participant's Compensation during the calendar year. Contribution Credits shall be credited to a Participant's Cash Balance Account as of the end of each Plan Year except that in the case of an eligible Participant who separates from service before the end of a Plan Year, the Contribution Credits shall be credited as of the end of the month in which the Participant separates from service.
- (b) For the Plan Year beginning January 1, 2005, Contribution Credits shall be credited through November 2005. Contribution Credits for the 2005 Plan Year shall equal 3% of the Participant's Compensation through November 30, 2005 except that in the case of an eligible Participant who separates from service on or after January 1, 2005 but before November 1, 2005, the Contribution Credits shall be credited as of the end of the month in which the Participant separates from service.
- (c) For the Plan Years on or after January 1, 2006, Contribution Credits shall no longer be credited to Participants' Cash Accounts.

##### **Credits -**

- (a) Interest shall be credited to a Participant's Cash Balance Account annually at the end of each Plan Year or, if earlier, as of the last of the month preceding the month in which a distribution of the Cash Balance Account occurs.
- (b) For the Plan Years beginning prior to January 1, 2006, the annual Interest Credit for a Participant who has not received a distribution of his or her Cash Balance Account during such Plan Year shall equal the product of:
  - (1) The average yield on 30-year Treasury securities in the month of January in such Plan Year, and

**NOTE 8. CASH BALANCE BENEFIT (continued)**

- (2) The Participant's Cash Balance Account as of the beginning of such Plan Year plus the Participant's Contribution Credits for such Plan Year.
- (c) For Plan Years beginning on and after January 1, 2006, the annual Interest Credit for a Participant who has not received a distribution of his or her Cash Balance Account during such Plan Year shall equal the product of:
  - (1) The average yield on 30-year Treasury securities in the month of January in such Plan Year, and
  - (2) The Participant's Cash Balance Account as of the beginning of such Plan Year.
- (d) For Plan Years beginning prior to January 1, 2006, the annual Interest Credit for a Participant who has received a distribution of his or her Cash Balance Account during the Plan Year.
  - (1)  $1/12^{\text{th}}$  of the average yield on 30-year Treasury securities in the month of January in that Plan Year multiplied by the number of full months in that year which precede the month of distribution, and
  - (2) The Participant's Cash Balance Account as of the beginning of such Plan Year plus Participant's Contribution Credits for such Plan Year.
- (e) For Plan Years beginning on or after January 1, 2006, the annual Interest Credit for a Participant who has received a distribution of his or her Cash Balance Account during the Plan Year shall equal the product of:
  - (1)  $1/12^{\text{th}}$  of the average yield on 30-year Treasury securities in the month of January in that Plan Year multiplied by the number of full months in that year which precede the month of distribution, and
  - (2) The Participant's Cash Balance Account as of the beginning of such Plan Year.

As of December 31, 2024 and 2023, the Cash Balance Accounts of participants who have not commenced payment totaled \$133,306 and \$127,859, respectively.

**NOTE 9. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan provides administration services to the OPCMIA International Training Fund (the ITF). During the year ended December 31, 2024, the ITF reimbursed the Plan \$56,460 for shared expenses in accordance with the administrative services agreement. The ITF also reimbursed the Plan \$410 for expenses paid by the Plan on behalf of the ITF. As of December 31, 2024, the ITF owed \$23,203 to the Plan.

**NOTE 9. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS  
(continued)**

The Plan reimburses the OPCMIA for health insurance premiums of the former Plan administrator. Reimbursements to the OPCMIA totaled \$6,169 for the year ended December 31, 2024 and \$7,562 for 2023.

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

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

**NOTE 10. RISKS AND UNCERTAINTIES**

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

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

**NOTE 11. SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through September 16, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

## **SUPPLEMENTAL INFORMATION**

**OPERATIVE PLASTERERS' AND CEMENT MASONS'  
OFFICERS AND EMPLOYEES PENSION FUND**

**SCHEDULE OF ASSETS HELD AT END OF YEAR**

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6135348

Plan No: 002

| (a) | (b)                                                  | (c)                                                                                                    |                      |                  | (d)              | (e)                   |
|-----|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------|------------------|------------------|-----------------------|
|     | Identity of issue, borrower, lessor or similar party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value |                      |                  | Cost             | Current Value         |
|     |                                                      | Type                                                                                                   | Shares/<br>Principal | Interest<br>Rate | Maturity<br>Date |                       |
|     |                                                      | <u>Common stock:</u>                                                                                   |                      |                  |                  |                       |
|     | AbbVie Inc                                           |                                                                                                        | 1,601                |                  |                  | \$ 147,617 \$ 284,498 |
|     | Academy Sports & Outdoors                            |                                                                                                        | 700                  |                  |                  | 50,370 40,271         |
|     | Acuity Brands Inc                                    |                                                                                                        | 170                  |                  |                  | 19,891 49,662         |
|     | Aflac Inc                                            |                                                                                                        | 300                  |                  |                  | 11,640 31,032         |
|     | Agco Corp                                            |                                                                                                        | 600                  |                  |                  | 31,039 56,088         |
|     | Albertsons Cos Inc                                   |                                                                                                        | 2,800                |                  |                  | 59,225 54,992         |
|     | Alphabet Inc                                         |                                                                                                        | 5,655                |                  |                  | 464,467 1,072,969     |
|     | Altria Group Inc                                     |                                                                                                        | 2,000                |                  |                  | 89,754 104,580        |
|     | Amazon Com Inc                                       |                                                                                                        | 5,584                |                  |                  | 573,430 1,225,074     |
|     | American Express Co                                  |                                                                                                        | 2,009                |                  |                  | 258,412 596,251       |
|     | American Finl Group Inc Ohio                         |                                                                                                        | 300                  |                  |                  | 14,132 41,079         |
|     | American International Group, Inc                    |                                                                                                        | 8,118                |                  |                  | 408,162 590,990       |
|     | Ameriprise Financial Inc                             |                                                                                                        | 100                  |                  |                  | 6,367 53,243          |
|     | Annaly Capital Management Inc                        |                                                                                                        | 1,475                |                  |                  | 69,225 26,993         |
|     | Apple Inc                                            |                                                                                                        | 10,258               |                  |                  | 1,499,874 2,568,809   |
|     | Applied Materials Inc                                |                                                                                                        | 300                  |                  |                  | 18,204 48,789         |
|     | Arrow Electronics Inc                                |                                                                                                        | 500                  |                  |                  | 39,612 56,560         |
|     | Associated Ban C Corp                                |                                                                                                        | 400                  |                  |                  | 8,399 9,560           |
|     | AT&T Inc                                             |                                                                                                        | 18,688               |                  |                  | 423,217 425,526       |
|     | AutoDesk Inc                                         |                                                                                                        | 1,504                |                  |                  | 397,520 444,537       |
|     | AutoLiv Inc                                          |                                                                                                        | 600                  |                  |                  | 59,069 56,274         |
|     | Axon Enterprise Inc                                  |                                                                                                        | 1,613                |                  |                  | 426,092 958,638       |
|     | Bank New York Mellon Corp Com                        |                                                                                                        | 1,300                |                  |                  | 66,730 99,879         |
|     | Bank of America Corp                                 |                                                                                                        | 12,448               |                  |                  | 372,848 547,090       |
|     | Baxter International Inc                             |                                                                                                        | 2,200                |                  |                  | 73,439 64,152         |
|     | Berkshire Hathaway Inc                               |                                                                                                        | 1,017                |                  |                  | 163,256 460,986       |
|     | Berry Global Group Inc                               |                                                                                                        | 1,200                |                  |                  | 49,412 77,604         |
|     | Best Buy Co Inc                                      |                                                                                                        | 400                  |                  |                  | 28,191 34,320         |
|     | Bloomin Brands Inc                                   |                                                                                                        | 400                  |                  |                  | 8,970 4,884           |
|     | Boeing Co                                            |                                                                                                        | 593                  |                  |                  | 199,880 104,961       |
|     | Booking Holdings Inc                                 |                                                                                                        | 43                   |                  |                  | 64,349 213,642        |
|     | Boston Scientific Corp                               |                                                                                                        | 6,548                |                  |                  | 416,166 584,867       |
|     | Boyd Gaming Corp                                     |                                                                                                        | 800                  |                  |                  | 51,556 58,032         |
|     | Brinks Co                                            |                                                                                                        | 400                  |                  |                  | 40,696 37,108         |
|     | Bristol Myers Squibb Co                              |                                                                                                        | 2,040                |                  |                  | 111,217 115,382       |
|     | Broadcom Inc                                         |                                                                                                        | 2,175                |                  |                  | 118,101 504,252       |
|     | Bunge Global SA                                      |                                                                                                        | 700                  |                  |                  | 70,133 54,432         |
|     | California Resources Corp                            |                                                                                                        | 700                  |                  |                  | 34,034 36,323         |

| (a) | (b)<br>Identity of issue, borrower, lessor or<br>similar party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value |                       |                  | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------|------------------|-------------|-------------------------|
|     |                                                                | Shares/<br>Type                                                                                                  | Interest<br>Principal | Maturity<br>Rate |             |                         |
|     |                                                                |                                                                                                                  |                       | Date             |             |                         |
|     |                                                                | Common stock (continued):                                                                                        |                       |                  |             |                         |
|     | Capri Holdings Ltd                                             | 800                                                                                                              |                       |                  | \$ 34,210   | \$ 16,848               |
|     | Centene Corp                                                   | 1,100                                                                                                            |                       |                  | 63,490      | 66,638                  |
|     | Cisco Systems Inc                                              | 1,500                                                                                                            |                       |                  | 41,259      | 88,800                  |
|     | Citigroup Inc                                                  | 1,500                                                                                                            |                       |                  | 101,187     | 105,585                 |
|     | Citizens Financial Group                                       | 1,200                                                                                                            |                       |                  | 50,501      | 52,512                  |
|     | CNH Industrial NV                                              | 5,000                                                                                                            |                       |                  | 60,765      | 56,650                  |
|     | Comcast Corporation CL A                                       | 14,373                                                                                                           |                       |                  | 580,528     | 539,419                 |
|     | Conagra Brands Inc                                             | 1,400                                                                                                            |                       |                  | 42,968      | 38,850                  |
|     | Conoco Phillips                                                | 1,443                                                                                                            |                       |                  | 99,465      | 143,102                 |
|     | CoreBridge Financial Inc                                       | 1,300                                                                                                            |                       |                  | 40,345      | 38,909                  |
|     | Costco Wholesale Corp                                          | 438                                                                                                              |                       |                  | 216,419     | 401,326                 |
|     | Crane Nxt Co                                                   | 600                                                                                                              |                       |                  | 19,278      | 34,932                  |
|     | Csg Svs Intl Inc                                               | 700                                                                                                              |                       |                  | 15,369      | 35,777                  |
|     | Csx Corp                                                       | 7,374                                                                                                            |                       |                  | 183,927     | 237,959                 |
|     | Cummins Inc                                                    | 280                                                                                                              |                       |                  | 42,180      | 97,608                  |
|     | CVS Health Corporation                                         | 5,667                                                                                                            |                       |                  | 424,392     | 254,392                 |
|     | Davita Inc                                                     | 200                                                                                                              |                       |                  | 17,455      | 29,910                  |
|     | Deckers Outdoor Crop                                           | 3,110                                                                                                            |                       |                  | 272,791     | 631,610                 |
|     | Discover Financial                                             | 300                                                                                                              |                       |                  | 8,206       | 51,969                  |
|     | Disney Walt Co                                                 | 4910                                                                                                             |                       |                  | 567,312     | 546,729                 |
|     | Dropbox Inc                                                    | 1,800                                                                                                            |                       |                  | 49,006      | 54,072                  |
|     | DXC Technology Co                                              | 223                                                                                                              |                       |                  | 7,464       | 4,456                   |
|     | eBay Inc                                                       | 1,200                                                                                                            |                       |                  | 44,892      | 74,340                  |
|     | Everest Re Group LTD                                           | 200                                                                                                              |                       |                  | 22,598      | 72,492                  |
|     | Exelixis Inc                                                   | 1,600                                                                                                            |                       |                  | 37,505      | 53,280                  |
|     | Exxon Mobil Corp                                               | 800                                                                                                              |                       |                  | 60,800      | 86,056                  |
|     | Fair Isaac Corporation                                         | 248                                                                                                              |                       |                  | 215,588     | 493,751                 |
|     | FedEx Corporation                                              | 100                                                                                                              |                       |                  | 20,066      | 28,133                  |
|     | Flex LTF                                                       | 1,800                                                                                                            |                       |                  | 31,015      | 69,102                  |
|     | Ford Motor Company                                             | 7,000                                                                                                            |                       |                  | 81,942      | 69,300                  |
|     | Fox Corp                                                       | 1,500                                                                                                            |                       |                  | 53,689      | 72,870                  |
|     | GMS Inc                                                        | 100                                                                                                              |                       |                  | 9,485       | 8,483                   |
|     | General Mills Inc                                              | 800                                                                                                              |                       |                  | 52,630      | 51,016                  |
|     | General Motors Co                                              | 2,000                                                                                                            |                       |                  | 76,410      | 106,540                 |
|     | Gilead Sciences Inc                                            | 1,000                                                                                                            |                       |                  | 80,507      | 92,370                  |
|     | Global Payments Inc                                            | 500                                                                                                              |                       |                  | 54,201      | 56,030                  |
|     | Goldman Sachs Group                                            | 1,158                                                                                                            |                       |                  | 265,560     | 663,094                 |
|     | Grainger W W Inc                                               | 423                                                                                                              |                       |                  | 419,619     | 445,863                 |
|     | Halliburton Co                                                 | 2,500                                                                                                            |                       |                  | 84,553      | 67,975                  |
|     | Harley Davidson Inc                                            | 1,100                                                                                                            |                       |                  | 64,874      | 33,143                  |
|     | Hartford Financial Services Group                              | 700                                                                                                              |                       |                  | 19,447      | 76,580                  |
|     | HCA Healthcare                                                 | 300                                                                                                              |                       |                  | 23,606      | 90,045                  |
|     | Hewlett Packard Enterprise Co                                  | 2,600                                                                                                            |                       |                  | 19,796      | 55,510                  |
|     | HF Sinclair Corp                                               | 600                                                                                                              |                       |                  | 20,863      | 21,030                  |
|     | Host Hotels & Resorts                                          | 3,100                                                                                                            |                       |                  | 60,510      | 54,312                  |
|     | HP Inc                                                         | 2,300                                                                                                            |                       |                  | 31,702      | 75,049                  |
|     | Huntington Ingalls Inds Inc                                    | 200                                                                                                              |                       |                  | 41,655      | 37,794                  |
|     | Incyte Corporation                                             | 800                                                                                                              |                       |                  | 44,944      | 55,256                  |
|     | Inmode LTD                                                     | 2,200                                                                                                            |                       |                  | 84,365      | 36,740                  |
|     | Intel Corp                                                     | 700                                                                                                              |                       |                  | 17,530      | 14,035                  |

| (a) | (b)                                                  | (c)                                                                                                    |                       |                  | (d)       | (e)           |
|-----|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------|------------------|-----------|---------------|
|     | Identity of issue, borrower, lessor or similar party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value |                       |                  | Cost      | Current Value |
|     |                                                      | Shares/<br>Type                                                                                        | Interest<br>Principal | Maturity<br>Rate |           |               |
|     |                                                      | Common stock (continued):                                                                              |                       |                  |           |               |
|     | International Business Machs                         | 200                                                                                                    |                       |                  | \$ 28,898 | \$ 43,966     |
|     | Intuitive Surgical Inc                               | 1,256                                                                                                  |                       |                  | 477,757   | 655,582       |
|     | Jabil Inc                                            | 400                                                                                                    |                       |                  | 4,402     | 57,560        |
|     | Jazz Pharmaceuticals PLC                             | 400                                                                                                    |                       |                  | 53,811    | 49,260        |
|     | Johnson & Johnson                                    | 660                                                                                                    |                       |                  | 107,015   | 95,449        |
|     | JP Morgan Chase & Co                                 | 1,927                                                                                                  |                       |                  | 193,940   | 461,921       |
|     | Kraft Heinz Co/The                                   | 3,060                                                                                                  |                       |                  | 107,024   | 93,973        |
|     | Kroger Co                                            | 1,500                                                                                                  |                       |                  | 47,602    | 91,725        |
|     | Lear Corp-W/I                                        | 210                                                                                                    |                       |                  | 9,048     | 19,887        |
|     | Lennar Corp                                          | 500                                                                                                    |                       |                  | 37,977    | 68,185        |
|     | Liberty Media Corp                                   | 1,321                                                                                                  |                       |                  | 61,996    | 89,907        |
|     | Lilly Eli & Co                                       | 504                                                                                                    |                       |                  | 156,219   | 389,088       |
|     | Lockheed Martin Corp                                 | 200                                                                                                    |                       |                  | 92,071    | 97,188        |
|     | Lyondellbasell Industries                            | 200                                                                                                    |                       |                  | 20,628    | 14,854        |
|     | Magnera Corp                                         | 331                                                                                                    |                       |                  | 4,477     | 6,014         |
|     | Marathon Petroleum Corp                              | 1,909                                                                                                  |                       |                  | 70,621    | 266,306       |
|     | Mastercard Inc                                       | 964                                                                                                    |                       |                  | 354,835   | 507,613       |
|     | Matador Resources Co                                 | 1,160                                                                                                  |                       |                  | 65,052    | 65,262        |
|     | McDonald's Corp                                      | 752                                                                                                    |                       |                  | 152,932   | 217,997       |
|     | Merck & Co Inc                                       | 900                                                                                                    |                       |                  | 60,046    | 89,532        |
|     | Meta Platforms Inc                                   | 2,972                                                                                                  |                       |                  | 586,722   | 1,740,136     |
|     | MetLife Inc                                          | 400                                                                                                    |                       |                  | 12,954    | 32,752        |
|     | Mgic Invt Corp                                       | 2,300                                                                                                  |                       |                  | 23,803    | 54,533        |
|     | Microsoft Corp                                       | 4,515                                                                                                  |                       |                  | 531,834   | 1,903,072     |
|     | Molson Coors Beverage Company                        | 900                                                                                                    |                       |                  | 48,217    | 51,588        |
|     | Morgan Stanley                                       | 4,382                                                                                                  |                       |                  | 225,999   | 550,905       |
|     | Mosaic Co/The                                        | 400                                                                                                    |                       |                  | 15,309    | 9,832         |
|     | Mueller Industries Inc                               | 400                                                                                                    |                       |                  | 12,513    | 31,744        |
|     | Natera Inc                                           | 366                                                                                                    |                       |                  | 368,089   | 607,872       |
|     | Netflix Inc                                          | 1,344                                                                                                  |                       |                  | 481,142   | 1,197,933     |
|     | New Market Corporation                               | 100                                                                                                    |                       |                  | 45,519    | 52,835        |
|     | New Mountain Finance Corp                            | 3,100                                                                                                  |                       |                  | 36,632    | 34,906        |
|     | Nexstar Media Group Inc                              | 200                                                                                                    |                       |                  | 36,753    | 31,594        |
|     | NRG Energy                                           | 800                                                                                                    |                       |                  | 25,191    | 72,176        |
|     | Nvidia Corp                                          | 10,103                                                                                                 |                       |                  | 700,317   | 1,356,731     |
|     | Omega Healthcare Invs Inc                            | 600                                                                                                    |                       |                  | 18,496    | 22,710        |
|     | Oracle Corp                                          | 5,104                                                                                                  |                       |                  | 473,850   | 850,530       |
|     | Organon & Co W/I                                     | 1,380                                                                                                  |                       |                  | 44,399    | 20,590        |
|     | Paccar Inc                                           | 800                                                                                                    |                       |                  | 67,990    | 83,216        |
|     | Paypal Holdings                                      | 1,200                                                                                                  |                       |                  | 83,066    | 102,420       |
|     | PepsiCo Inc                                          | 836                                                                                                    |                       |                  | 113,832   | 127,122       |
|     | Pfizer Inc                                           | 5,845                                                                                                  |                       |                  | 181,599   | 155,068       |
|     | Philip Morris Internat-W/I                           | 1,402                                                                                                  |                       |                  | 118,477   | 168,731       |
|     | Phillips 66                                          | 1,707                                                                                                  |                       |                  | 147,865   | 194,479       |
|     | Proctor & Gamble Co                                  | 629                                                                                                    |                       |                  | 53,184    | 105,452       |
|     | Pulte Group                                          | 800                                                                                                    |                       |                  | 23,088    | 87,120        |
|     | Qualcomm                                             | 600                                                                                                    |                       |                  | 85,908    | 92,172        |
|     | Radian Group                                         | 1,100                                                                                                  |                       |                  | 17,902    | 34,892        |
|     | RH                                                   | 1,349                                                                                                  |                       |                  | 354,466   | 530,953       |
|     | RTX Corporation                                      | 1,622                                                                                                  |                       |                  | 133,872   | 187,698       |

| (a) | (b)                                                  | (c)                                                                                                    |                       |       |                  | (d)        | (e)           |
|-----|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------|-------|------------------|------------|---------------|
|     | Identity of issue, borrower, lessor or similar party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value |                       |       |                  | Cost       | Current Value |
|     |                                                      | Shares/<br>Type                                                                                        | Interest<br>Principal | Rate  | Maturity<br>Date |            |               |
|     |                                                      | Common stock (continued):                                                                              |                       |       |                  |            |               |
|     | SalesForce Inc                                       | 847                                                                                                    |                       |       |                  | \$ 304,979 | \$ 283,178    |
|     | Sanmina Corp                                         | 200                                                                                                    |                       |       |                  | 5,155      | 15,134        |
|     | Scorpio Tankers Inc                                  | 400                                                                                                    |                       |       |                  | 28,688     | 19,876        |
|     | Service Now Inc                                      | 387                                                                                                    |                       |       |                  | 366,278    | 410,266       |
|     | Siriusxm Holdings Inc                                | 4,715                                                                                                  |                       |       |                  | 185,885    | 107,502       |
|     | Snap on Inc                                          | 170                                                                                                    |                       |       |                  | 41,489     | 57,712        |
|     | Spotify Technology SA                                | 1,022                                                                                                  |                       |       |                  | 339,738    | 457,222       |
|     | State STR Corp                                       | 900                                                                                                    |                       |       |                  | 50,516     | 88,335        |
|     | Stifel Finl Corp                                     | 40                                                                                                     |                       |       |                  | 2,373      | 4,243         |
|     | Sylvamo Corp                                         | 118                                                                                                    |                       |       |                  | 3,653      | 9,324         |
|     | Synchrony Financial                                  | 1,200                                                                                                  |                       |       |                  | 50,217     | 78,000        |
|     | Taiwan Semiconductor MTG Co                          | 2,037                                                                                                  |                       |       |                  | 287,400    | 402,287       |
|     | Take Two Interactive Software                        | 3,008                                                                                                  |                       |       |                  | 572,834    | 553,713       |
|     | Tegna Inc                                            | 1,800                                                                                                  |                       |       |                  | 24,415     | 32,922        |
|     | Textron Inc                                          | 700                                                                                                    |                       |       |                  | 41,959     | 53,543        |
|     | The Campbell's Company                               | 1,300                                                                                                  |                       |       |                  | 56,838     | 54,444        |
|     | The Cigna Group                                      | 400                                                                                                    |                       |       |                  | 82,281     | 110,456       |
|     | Trade Desk Inc/The                                   | 3,394                                                                                                  |                       |       |                  | 437,524    | 398,897       |
|     | Truist Financial Corp                                | 900                                                                                                    |                       |       |                  | 42,412     | 39,042        |
|     | UGI Holding Corp New                                 | 1,800                                                                                                  |                       |       |                  | 75,092     | 50,814        |
|     | US Bancorp DEL                                       | 2,876                                                                                                  |                       |       |                  | 170,687    | 137,559       |
|     | United Rentals Inc                                   | 715                                                                                                    |                       |       |                  | 490,838    | 503,675       |
|     | US Foods Holding Corp                                | 9,074                                                                                                  |                       |       |                  | 566,116    | 612,131       |
|     | Valero Energy Corp                                   | 200                                                                                                    |                       |       |                  | 7,032      | 24,518        |
|     | Verizon Communications Inc                           | 3,000                                                                                                  |                       |       |                  | 161,387    | 119,970       |
|     | Viatis Inc-W/I                                       | 1,700                                                                                                  |                       |       |                  | 17,741     | 21,165        |
|     | Vistra Corp                                          | 3,825                                                                                                  |                       |       |                  | 551,959    | 527,353       |
|     | Walgreens Boots Alliance Inc                         | 2,100                                                                                                  |                       |       |                  | 147,407    | 19,593        |
|     | Wells Fargo & Company                                | 9,514                                                                                                  |                       |       |                  | 384,592    | 668,263       |
|     | Western Union Co                                     | 2,500                                                                                                  |                       |       |                  | 33,909     | 26,500        |
|     | Whirlpool Corp                                       | 400                                                                                                    |                       |       |                  | 23,243     | 45,792        |
|     | Willis Towers Watson PLC                             | 825                                                                                                    |                       |       |                  | 257,822    | 258,423       |
|     | XPO Inc                                              | 3,905                                                                                                  |                       |       |                  | 505,819    | 512,140       |
|     | Xerox Holdings Corp                                  | 1,350                                                                                                  |                       |       |                  | 30,003     | 11,381        |
|     | Zions Bancorp                                        | 600                                                                                                    |                       |       |                  | 30,255     | 32,550        |
|     | Total common stock                                   |                                                                                                        |                       |       |                  | 25,477,440 | 39,003,525    |
|     |                                                      | Corporate obligations:                                                                                 |                       |       |                  |            |               |
|     | Albertson's Inc                                      | Note                                                                                                   | 125,000               | 7.450 | % 08/01/29       | 118,438    | 129,010       |
|     | Amazon.com Inc.                                      | Note                                                                                                   | 100,000               | 3.450 | 04/13/29         | 98,537     | 95,899        |
|     | ArcelorMittal                                        | Note                                                                                                   | 100,000               | 7.250 | 10/15/39         | 87,000     | 106,406       |
|     | Ball Corp                                            | Note                                                                                                   | 100,000               | 6.000 | 06/15/29         | 100,000    | 100,725       |
|     | Bank of America                                      | Note                                                                                                   | 100,000               | Var   | 01/23/26         | 106,965    | 99,906        |
|     | Boeing Co                                            | Note                                                                                                   | 100,000               | 5.150 | 05/01/30         | 96,473     | 98,598        |
|     | Charles Schwab Corp                                  | Note                                                                                                   | 125,000               | Var   | 05/19/29         | 124,738    | 127,528       |
|     | CitiGroup Inc                                        | Note                                                                                                   | 100,000               | 4.400 | 06/10/25         | 99,345     | 99,699        |
|     | Corecivic Inc                                        | Note                                                                                                   | 125,000               | 8.250 | 04/15/29         | 130,313    | 132,200       |
|     | Crocs Inc                                            | Note                                                                                                   | 100,000               | 4.125 | 08/15/31         | 100,700    | 87,002        |
|     | Delta Air Lines/SkyMiles                             | Note                                                                                                   | 41,683                | 4.500 | 10/20/25         | 42,579     | 41,421        |
|     | FS KKR Capital Corp                                  | Note                                                                                                   | 100,000               | 4.125 | 02/01/25         | 106,137    | 99,866        |
|     | Ford Motor Credit Co LLC                             | Note                                                                                                   | 50,000                | 5.125 | 06/16/25         | 49,563     | 49,968        |

| (a) | (b)                                                                | (c)                                                                                                    |                      |                  | (d)              | (e)                                 |
|-----|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------|------------------|------------------|-------------------------------------|
|     | Identity of issue, borrower, lessor or similar party               | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value |                      |                  | Cost             | Current Value                       |
|     |                                                                    | Type                                                                                                   | Shares/<br>Principal | Interest<br>Rate | Maturity<br>Date |                                     |
|     | <u>Corporate obligations (continued):</u>                          |                                                                                                        |                      |                  |                  |                                     |
|     | General Electric Co                                                | Note                                                                                                   | 100,000              | 4.500 %          | 03/11/44         | \$ 90,546 \$ 86,520                 |
|     | Intel Corp                                                         | Note                                                                                                   | 100,000              | 5.200            | 02/10/33         | 100,583 96,683                      |
|     | JP Morgan Chase & Co                                               | Note                                                                                                   | 100,000              | 4.250            | 10/01/27         | 99,882 99,263                       |
|     | Oracle Corp                                                        | Note                                                                                                   | 100,000              | 4.300            | 07/08/34         | 88,406 91,926                       |
|     | Owl Rock Capital Corp                                              | Note                                                                                                   | 100,000              | 4.250            | 01/15/26         | 100,279 98,981                      |
|     | Priceline Group                                                    | Note                                                                                                   | 100,000              | 3.650            | 03/15/25         | 99,974 99,777                       |
|     | Rite Aid Corp                                                      | Note                                                                                                   | 200,000              | 7.700            | 02/15/27         | 176,978 20                          |
|     | Royal Bank of Canada                                               | Note                                                                                                   | 150,000              | 5.150            | 02/01/34         | 151,826 148,118                     |
|     | Seagate HDD                                                        | Note                                                                                                   | 100,000              | 5.750            | 12/01/34         | 98,375 95,945                       |
|     | Southwest Airlines Co                                              | Note                                                                                                   | 125,000              | 5.125            | 06/15/27         | 133,594 125,558                     |
|     | Stanley Black & Decker                                             | Note                                                                                                   | 50,000               | 4.250            | 11/15/28         | 48,728 48,802                       |
|     | Stryker Corp                                                       | Note                                                                                                   | 125,000              | 3.500            | 03/15/26         | 119,813 123,330                     |
|     | Toll Bros Finance Group                                            | Note                                                                                                   | 100,000              | 3.800            | 11/01/29         | 98,750 94,126                       |
|     | Transocean Inc                                                     | Note                                                                                                   | 175,000              | 6.800            | 03/15/38         | 138,625 143,398                     |
|     | Waste Management                                                   | Note                                                                                                   | 100,000              | 3.150            | 11/15/27         | 94,405 96,196                       |
|     | Total corporate obligations                                        |                                                                                                        |                      |                  |                  | <u>2,901,552</u> <u>2,716,871</u>   |
|     | <u>United States Government and Government Agency obligations:</u> |                                                                                                        |                      |                  |                  |                                     |
|     | Federal Farm Credit Bank                                           | Note                                                                                                   | 100,000              | 5.110            | 11/27/29         | 100,000 99,878                      |
|     | Federal Home Loan Mtg Corp                                         | Note                                                                                                   | 100,000              | 1.000            | 08/20/30         | 99,500 82,083                       |
|     | United States Treasury Notes TIPS                                  | Note                                                                                                   | 150,000              | 0.125            | 01/15/30         | 179,633 167,132                     |
|     | Total United States Government and Government Agency obligations   |                                                                                                        |                      |                  |                  | <u>379,133</u> <u>349,093</u>       |
|     | <u>103-12 investment entity - international equity:</u>            |                                                                                                        |                      |                  |                  |                                     |
|     | Hardman Johnston International Equity Group Trust                  |                                                                                                        | 220,082              |                  |                  | <u>6,101,758</u> <u>9,325,412</u>   |
|     | <u>Common collective trust -equity:</u>                            |                                                                                                        |                      |                  |                  |                                     |
|     | Earnest Partners SMID Cap Core Fund                                |                                                                                                        | 680,877              |                  |                  | <u>10,087,864</u> <u>11,159,572</u> |
|     | <u>Common collective trust - real estate:</u>                      |                                                                                                        |                      |                  |                  |                                     |
|     | New Tower Multi-Employer Property Trust                            |                                                                                                        | 388                  |                  |                  | <u>2,405,116</u> <u>4,884,092</u>   |
|     | <u>Limited partnerships - real estate:</u>                         |                                                                                                        |                      |                  |                  |                                     |
|     | Boyd Watterson State Government Fund, LP                           |                                                                                                        | 4,155                |                  |                  | 4,266,821 4,132,640                 |
|     | Intercontinental U.S. Real Estate Investment Fund LLC              |                                                                                                        | 5,869                |                  |                  | <u>3,550,199</u> <u>6,816,062</u>   |
|     | Total limited partnerships - real estate                           |                                                                                                        |                      |                  |                  | <u>7,817,020</u> <u>10,948,702</u>  |
|     | <u>Limited partnership - fixed income:</u>                         |                                                                                                        |                      |                  |                  |                                     |
|     | APC High Yield Bond Fund, LP                                       |                                                                                                        | 1                    |                  |                  | <u>6,670,605</u> <u>6,708,570</u>   |
|     | <u>Pooled separate account:</u>                                    |                                                                                                        |                      |                  |                  |                                     |
|     | Union Labor Life Insurance Separate Account J                      |                                                                                                        | 124,854              |                  |                  | <u>1,939,978</u> <u>2,335,691</u>   |
|     | <u>Opportunistic hedge fund of funds - limited partnership:</u>    |                                                                                                        |                      |                  |                  |                                     |
|     | Corbin ERISA Opportunity Fund, L.P.                                |                                                                                                        | 1                    |                  |                  | <u>5,100,000</u> <u>7,341,179</u>   |

| (a) | (b)                                                    | (c)                                                                                                    | (d)           | (e)            |
|-----|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------|----------------|
|     | Identity of issue, borrower, lessor or similar party   | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | Cost          | Current Value  |
|     |                                                        | Shares/<br>Type      Principal      Interest<br>Rate      Maturity<br>Date                             |               |                |
|     |                                                        | <u>Opportunistic hedge fund of funds:</u>                                                              |               |                |
|     | EnTrustPermal Special Opportunities Fund IV, LTD Cl B  | 3,431                                                                                                  | \$ 3,597,418  | \$ 3,507,389   |
|     |                                                        | <u>Private equity limited partnerships:</u>                                                            |               |                |
|     | Hamilton Lane Secondary Feeder Fund V-A LP             | 1                                                                                                      | 2,295,566     | 4,220,600      |
|     | Hamilton Lane Secondary Fund VI-B LP                   | 1                                                                                                      | 1,390,188     | 1,761,597      |
|     | Total private equity limited partnerships              |                                                                                                        | 3,685,754     | 5,982,197      |
|     |                                                        | <u>Short-term investments:</u>                                                                         |               |                |
| *   | Federated Hermes Government Obligations Premium Shares | 967,228                                                                                                | 967,228       | 967,228        |
| *   | Federated Hermes Treasury Obligations Fund             | 535,845                                                                                                | 535,845       | 535,845        |
| *   | Federated Hermes US Treasury Cash Reserves Fund        | 115,127                                                                                                | 115,127       | 115,127        |
|     | Total short-term investments                           |                                                                                                        | 1,618,200     | 1,618,200      |
|     |                                                        | <u>Participant loans:</u>                                                                              |               |                |
| *   | Participant loans                                      | 3.750 %                                                                                                | -             | 10,131         |
|     | Total investments                                      |                                                                                                        | \$ 71,111,233 | \$ 105,890,624 |

\* A party-in-interest as defined by ERISA.

**OPERATIVE PLASTERERS' AND CEMENT MASONS'  
OFFICERS AND EMPLOYEES PENSION FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

EIN:52-6135348  
Plan No: 002

| (a)                              | (b)                                                       | (c)                 | (d)                 | (g)                       | (h)                                                 | (i)                   |
|----------------------------------|-----------------------------------------------------------|---------------------|---------------------|---------------------------|-----------------------------------------------------|-----------------------|
| Identity<br>of Party<br>Involved | Description of Asset                                      | Purchase<br>Price   | Selling<br>Price    | Cost<br>of Asset          | Current Value<br>of Asset on<br>Transaction<br>Date | Net Gain<br>or (Loss) |
| *                                | Federated Hermes Government<br>Obligations Premier Shares | \$ 2,237,203<br>N/A | N/A<br>\$ 2,761,661 | \$ 2,237,203<br>2,761,661 | \$ 2,237,203<br>2,761,661                           | N/A<br>\$ -           |
|                                  | APC High Yield Bond Fund, LP                              | 6,670,605           | N/A                 | 6,670,605                 | 6,670,605                                           | N/A                   |

\* A party-in-interest as defined by ERISA.

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment C to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Summary of Plan Provisions*

The following is a brief summary of principal plan provisions for the Plan of Benefits for the Officers and Employees of Local Unions and Related Organizations as in effect on the valuation date. Plan provisions which apply infrequently or to a limited group of participants may be omitted from this summary. The plan document will govern if there is any discrepancy with this summary.

**Effective Date**                      July 1, 1973; last amended and restated effective December 31, 2014.

**Participation Date**              Earliest of January 1 or July 1 following completion of 1,000 hours of service during a 12 consecutive month period.

**Definitions**

*Credited Service*                      One year of credited service for each calendar year in which the participant earns 5 months of employment as a full-time salaried official or full-time salaried employee.

*Base Annual Compensation*        The employee's average of the full calendar years of Salary from January 1, 2004 through date of retirement or termination, with a minimum of five years in the average. Prior to January 1, 2006, Base Annual Compensation was the average yearly earnings for the five years of highest earnings in the 10 years preceding the date of retirement or termination.

*Salary*                                      Gross wages excluding overtime, reimbursement of expenses or expense allowance. Salary shall be limited to the maximum compensation limit under Section 401(a)(17) of the Internal Revenue Code.

*Maximum on Benefits  
And Earnings*                      Benefits and earnings for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

| <i>Vesting Schedule</i> | <u>Years of Credited Service</u> | <u>Vesting Percentage</u> |
|-------------------------|----------------------------------|---------------------------|
|                         | Less than 2                      | 0%                        |
|                         | 2                                | 25%                       |
|                         | 3                                | 50%                       |
|                         | 4                                | 75%                       |
|                         | 5 or more                        | 100%                      |

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment C to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Summary of Plan Provisions*  
*(Continued)*

**Normal Retirement**

|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Age requirement: 65<br>Service requirement: 2 years of Credited Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Benefit     | <p>For participants with an hour of service on or after December 31, 1999, the sum of (i) and (ii) below times the Vesting Percentage:</p> <p>(i) 2.4% of Base Annual Compensation times Credited Service not in excess of 10 years, plus</p> <p>(ii) 1.4% of Base Annual Compensation times Credited Service in excess of 10 years.</p> <p>Notwithstanding the above, the maximum percentage of Base Annual Compensation is 45% (75% for participants who are employed by the National Plastering Industry Joint Apprenticeship Training Fund on or after January 1, 2015). The accrued benefit must be equal to or greater than the benefit accrued as of December 31, 2005.</p> |

**Early Retirement**

|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Participants age 55 or over who have completed 2 or more years of Credited Service.                                                                                                                                                                                                                                                                                                                                                                                             |
| Benefit     | Normal retirement pension amount reduced by 3% for each year that retirement precedes age 62. For participants who commenced their pension on or after December 31, 1997 but prior to December 31, 1999, the normal retirement pension was reduced by 6% for each year that retirement preceded age 62. For participants who commenced their pension prior to December 31, 1997, the normal retirement pension was reduced by 6% for each year that retirement preceded age 65. |

**Postponed Retirement**

|             |                                                                                                                                                   |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Participants who continue in employment beyond normal retirement date.                                                                            |
| Benefit     | The retirement pension based on Credited Service and Base Annual Compensation at the actual retirement date is payable upon postponed retirement. |

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment C to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Summary of Plan Provisions*  
*(Continued)*

**Vested Termination**

|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Participants who terminate after completing two or more years of Credited Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Benefit     | A deferred pension to commence on normal retirement date, based on Credited Service and Base Annual Compensation on the date of termination times the Vesting Percentage. Participants may elect to have benefits commence prior to normal retirement date. The benefit is reduced by 3% for each year that retirement precedes age 62. For participants who terminated from covered employment during 1998, the reduction is 6% for each year that retirement precedes age 62. For participants who terminated from covered employment before 1998, the reduction is 6% for each year that retirement precedes age 65. |

**Disability Retirement**

|             |                                                                                                                                                                                                                                                                                                      |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Participants (including Officers and Employees of OPCMIA) who become totally and permanently disabled while actively employed and after completing two years of Credited Service.                                                                                                                    |
| Benefit     | If disability onset occurs prior to January 1, 2006, the benefit is the same as the Early Retirement benefit (payable immediately) but not reduced below age 55. If disability onset occurs after December 31, 2005, the benefit is the same as the Normal Retirement benefit (payable immediately). |

**Surviving Spouse Pension**

|             |                                                                                                                                                                                                                              |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | A surviving spouse of a participant who had retired from active service after attaining age 55 with his or her pension paid in the form of a Joint and Survivor annuity or had attained age 65 but not retired.              |
| Benefit     | A pension for life equal to a percentage of the normal form of the normal, early or postponed retirement pension, depending on the option elected for a retired participant. The percentage is 50% for postponed retirement. |

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment C to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Summary of Plan Provisions*  
*(Continued)*

**Preretirement Surviving Spouse's Benefit**

|             |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | A surviving spouse of a vested participant who had been married for at least one year on the participant's death.                                                                                                                                                                                                                                                                                                   |
| Benefit     | A pension equal to 85% of the amount the Participant would have received had he terminated employment on the day before he died and elected to commence benefits when first eligible under the 50% Joint and Survivor Annuity Form option, and then died. Benefit payments commence when the Participant would have been 55 if death occurred before age 55; however, spouse can defer commencement to a later age. |

**Preretirement Dependent Child Death Benefit**

|             |                                                                                                                                                                                                      |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | A dependent child under the age of 18 of an unmarried participant (or a Participant married for less than one year) who dies as a vested Participant in the plan.                                    |
| Benefit     | Dependent child will receive a lump sum equal to the present value of 85% of the accrued benefit reduced for Early Retirement (but not below age 55) and the 50% Joint and Survivor form of benefit. |

**Preretirement Lump Sum Death Benefit**

|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | <p>Designated beneficiary of a Participant who is credited with an Hour of Service on or after January 1, 2000 and who dies after gaining a vested entitlement to benefits but for whom the Preretirement Surviving Spouse's Benefit or the Preretirement Dependent Child Death Benefit is not payable.</p> <p>For deaths occurring after January 1, 2005, the surviving spouse of a Participant who had been married for at least one year on the participant's death may elect this benefit in lieu of the Preretirement Surviving Spouse Benefit.</p> |
| Benefit     | An amount equal to 60 multiplied by the Participant's accrued monthly benefit at date of death. For surviving spouses, the benefit must be no less than the actuarial equivalent of the Preretirement Surviving Spouse's Benefit.                                                                                                                                                                                                                                                                                                                        |

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment C to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Summary of Plan Provisions*  
*(Continued)*

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Actuarial Equivalence</b>                       | For healthy participants, the actuarial equivalence basis is 7.0% interest and the GAM83 male mortality table with rates set back six years for beneficiaries; for disabled participants, the actuarial equivalence basis is 7.0% interest and the GAM83 male mortality table with rates set forward by six years for participants and rates set back by six years for beneficiaries.                                             |
| <b>Normal Form of Pension Benefit</b>              | Married Participants receive their benefits actuarially reduced to provide a 50% Qualified Joint and Survivor Annuity. Unmarried Participants receive their benefits in the form of a Single Life Annuity. Participants may elect an optional form of payment as explained below.                                                                                                                                                 |
| <b>Optional Forms of Pension Benefit</b>           | <p>A Participant may elect to convert their Normal Form pension to an actuarially equivalent benefit by the exercise of one of the following options:</p> <ul style="list-style-type: none"><li>(i) Single Life Annuity</li><li>(ii) Five Years Certain and Life Income Option</li><li>(iii) Ten Years Certain and Life Income Option</li><li>(iv) 50%, 66-2/3%, 75% (spouses only), or 100% Joint and Survivor Annuity</li></ul> |
| <b>Pop-Up Benefit</b>                              | In the event a Participant retires with a Joint and Survivor form of pension with his eligible spouse as co-annuitant and the spouse of such Participant predeceases the Participant, the pension payable to the Participant shall be increased to the amount payable under the single life form of benefit for the remainder of his or her lifetime.                                                                             |
| <b>Changes in Plan Provisions Since Prior Year</b> | There were no changes in plan provisions since the prior valuation.                                                                                                                                                                                                                                                                                                                                                               |

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment C to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Summary of Plan Provisions*  
*(Continued)*

The following is a brief summary of principal plan provisions for the Plan of Benefits of the Officers and Employees of OPCMIA as in effect on the valuation date. Plan provisions which apply infrequently or to a limited group of participants may be omitted from this summary. The plan document will govern if there is any discrepancy with this summary.

**Effective Date** June 11, 1951; restated effective December 31, 2014; last amended effective January 1, 2023.

**Participation Date** All full-time employees of the International or the Local Union Officers Pension Funds are eligible to participate as of their employment commencement date. Prior to January 1, 1991, eligibility was conditioned upon making required employee contributions.

**Definitions**

*Continuous Service* The number of years and completed months of service with the Employer.

*Base Annual Compensation* The employee's average earnings earned during the highest 36 months preceding the date of retirement or termination. Effective January 1, 2008, the averaging period was changed to the greater of (i) 36 months or (ii) the number of completed months of service after January 1, 2005. Effective January 1, 2019, the averaging period was changed to the last 120 months prior to retirement (or the number of completed months of service after January 1, 2005, if smaller).

*Salary* Gross wages excluding overtime, bonuses, reimbursement of expenses or expense allowance.

*Maximum on Benefits And Earnings* Benefits and earnings for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

| <i>Vesting Schedule</i> | <u>Years of Continuous Service</u> | <u>Vesting Percentage</u> |
|-------------------------|------------------------------------|---------------------------|
|                         | Less than 2                        | 0%                        |
|                         | 2                                  | 25%                       |
|                         | 3                                  | 50%                       |
|                         | 4                                  | 75%                       |
|                         | 5 or more                          | 100%                      |

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment C to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Summary of Plan Provisions*  
*(Continued)*

*Cash Balance Benefit*

A benefit that is defined as a single sum and paid either in a lump sum or in installments.

*Account Balance* - - The Cash Balance Account as of January 1, 2000 equals 3% of the Participant's Salary for the 2000 Plan Year multiplied by his or her Continuous Service from January 1, 1993 through December 31, 1999. Subsequently, the Cash Balance Account is credited with Contribution Credits and Interest Credits.

*Contribution Credit* - - An amount equal to 3% of a Participant's Salary credited to his or her Cash Balance Account at the end of each Plan Year, or at the end of the month in which the Participant separates from service. Effective December 1, 2005, the Contribution Credit was changed from 3% to 0% of Salary.

*Interest Credit* - - Interest shall be credited to a Participant's Cash Balance Account at the end of each Plan Year, or at the end of the month in which a distribution of the Cash Balance Account occurs. Interest is computed using the average yield on 30-year Treasury Securities for the month of January in the given Plan Year.

**Normal Retirement**

Eligibility

Age requirement: 65  
Service requirement: 5 years of Continuous Service

Benefit

The vesting percentage times the sum of (a), (b), (c) and (d), but no more than 75% of Base Annual Compensation. For participants with an hour of service on or after February 1, 2016, the maximum percentage of Base Annual Compensation is increased to 75%, or if greater, the lesser of 90% or the percentage accrued as of August 31, 2016.

- (a) 3% of Base Annual Compensation times Continuous Service prior to December 31, 1992,
- (b) 5% of Base Annual Compensation times Continuous Service from January 1, 1993 through December 31, 2005
- (c) 4.15% of Base Annual Compensation times Continuous Service from January 1, 2006 through December 31, 2016 (3.5% for participants without an hour of service on or after December 1, 2016), and
- (d) 3.5% of Base Annual Compensation times Continuous Service after January 1, 2017.

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment C to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Summary of Plan Provisions*  
*(Continued)*

**Early Retirement**

|             |                                                                                                                                                                                                                                                                                                                                                                      |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Participants age 55 or over who have completed 5 or more years of Continuous Service.                                                                                                                                                                                                                                                                                |
| Benefit     | Normal retirement pension amount reduced by 3% per year (6% per year for participants with an hour of service on or after March 1, 2016 but with no hours of service on or after January 1, 2018) for each year that retirement precedes age 60; provided, however, that no reduction shall apply to a Participant who has completed 30 years of Continuous Service. |

**Early Retirement Window**

|             |                                                                                                                                                                                                                                          |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Age requirement: 52<br>Service requirement: 18 years of Continuous Service<br>Compensation requirement: Base Annual Compensation less than \$67,000<br>Retirement Date requirement: After June 30, 2020 and on or before August 31, 2020 |
| Benefit     | Normal retirement pension amount, unreduced for early commencement.                                                                                                                                                                      |

**Postponed Retirement**

|             |                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Participants who continue in employment beyond normal retirement date.                                                                                                                                                                                                                                                                                                                                    |
| Benefit     | The retirement pension based on Continuous Service and Base Annual Compensation at the actual retirement date, increased by 1% per month (12% per year) for the first twelve months following age 65, is payable upon postponed retirement. For active participants retiring between February 1, 2016 and August 31, 2016, the 12% per year late retirement adjustment is extended from age 66 to age 70. |

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment C to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Summary of Plan Provisions*  
*(Continued)*

**Vested Termination**

|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Participants who terminate after completing two or more years of Continuous Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Benefit     | A deferred pension to commence on normal retirement date, based on Continuous Service and Base Annual Compensation on the date of termination and the Participant's vesting percentage. A Participant may elect for benefits to commence as early as age 55. If a Participant has less than 10 years of Continuous Service, benefits shall be reduced by 5% per year for each year that retirement precedes age 65. If a Participant has 10 or more years of Continuous Service, benefits shall be reduced by 6% per year (3% per year for participants with commencement dates prior to March 1, 2016) for each year that retirement precedes age 60. |

**Disability Retirement**

|             |                                                                                                                                                                                                                                                                                                                            |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Participants age 50 who have completed 10 years of Continuous Service (effective January 1, 2011, Continuous Service includes Credited Service under the Local Union Officers Plan of Benefits) and become totally and permanently disabled, as determined by the Social Security Administration, while actively employed. |
| Benefit     | Normal Retirement benefit payable immediately with no reduction for early commencement.                                                                                                                                                                                                                                    |

**Surviving Spouse Pension**

|             |                                                                                                                                                                          |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | A surviving spouse of a Participant who had retired from active service after attaining age 55 with his or her pension paid in the form of a Joint and Survivor annuity. |
| Benefit     | A pension for life equal to a percentage of the normal, early or postponed retirement pension, depending on the optional form of payment chosen by the Participant.      |

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment C to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Summary of Plan Provisions*  
*(Continued)*

**Preretirement Surviving Spouse's Benefit**

|                 |                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility     | A surviving spouse of a vested Participant who had been married for at least 30 days on the Participant's death.                                                                                                                                                                                                                                                   |
| Pension Benefit | A pension equal to 100% of the amount the Participant would have received had he terminated employment on the day before he died and elected to commence benefits when first eligible under the 50% Joint and Survivor Annuity Form option, and then died. Benefit payments commence when the Participant would have been eligible for normal or early retirement. |

**Preretirement Lump Sum Death Benefit**

|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Designated beneficiary of a Participant who is credited with an Hour of Service on or after January 1, 2000 and who dies after gaining a vested entitlement to benefits but for whom the Preretirement Surviving Spouse's Benefit is not payable. For deaths occurring after January 1, 2005, the surviving spouse of a Participant who had been married for at least 30 days on the participant's death may elect this benefit in lieu of the Preretirement Surviving Spouse Benefit. |
| Benefit     | An amount equal to 60 multiplied by the Participant's accrued monthly benefit at date of death. For surviving spouses, the benefit must be no less than the actuarial equivalent of the Preretirement Surviving Spouse's Benefit.                                                                                                                                                                                                                                                      |

**Cash Balance Benefit**

|                                          |                                                                                                                                                                                                                                                 |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility                              | Participants who terminate after completing two or more years of Continuous Service.                                                                                                                                                            |
| Retirement Benefit                       | A Participant may elect to receive his or her Cash Balance Account times the vesting percentage upon separation from service at any age.                                                                                                        |
| Preretirement Surviving Spouse's Benefit | A pension equal to 100% of the amount the Participant would have received had he terminated employment on the day before he died and elected to commence benefits when first eligible under the Single Life Annuity Form option, and then died. |

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment C to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Summary of Plan Provisions*  
*(Continued)*

|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Actuarial Equivalence</b>                      | For healthy participants, the actuarial equivalence basis is 7.0% interest and the GAM83 male mortality table with rates set back six years for beneficiaries; for disabled participants, the actuarial equivalence basis effective January 1, 2007 is 7.0% interest and the GAM83 male mortality table with rates set forward by six years for participants under the age of 55 (no adjustment for participants age 55 or older) and rates set back by six years for beneficiaries. |
| <b>Normal Form of Pension Benefit</b>             | Married Participants receive their benefits actuarially reduced to provide a 50% Qualified Joint and Survivor Annuity<br>Unmarried Participants receive their benefits in the form of a Single Life Annuity.                                                                                                                                                                                                                                                                         |
| <b>Optional Forms of Pension Benefit</b>          | <p>A Participant may elect to convert their Normal Form pension to an actuarially equivalent benefit by the exercise of one of the following options:</p> <ul style="list-style-type: none"><li>(i) Single Life Annuity</li><li>(ii) Ten Years Certain and Life Income Option</li><li>(iii) 50%, 66-2/3%, 75% (spousal beneficiaries only), or 100% Joint and Survivor Annuity</li><li>(iv) Lump sum (cash balance benefit only)</li></ul>                                           |
| <b>Pop-Up Benefit</b>                             | In the event a Participant retires with a Joint and Survivor form of pension with an eligible spouse as co-annuitant and the spouse of such Participant predeceases the Participant, the pension payable to the Participant shall be increased to the amount payable under the single life form of benefit for the remainder of his or her lifetime.                                                                                                                                 |
| <b>Change in Plan Provisions Since Prior Year</b> | There were no changes in plan provisions since the prior valuation.                                                                                                                                                                                                                                                                                                                                                                                                                  |

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE  
OF ASSETS HELD

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment E to 2024 Schedule MB of Form 5500*  
*Schedule MB, Line 8b(2) – Schedule of Active Participant Data*

| <b>Attained Age</b> | <b>Years of Credited Service</b> |               |               |                 |                 |                 |                 |                 |                 |                    | <b>Totals</b> |
|---------------------|----------------------------------|---------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------------------|---------------|
|                     | <b>Under 1</b>                   | <b>1 to 4</b> | <b>5 to 9</b> | <b>10 to 14</b> | <b>15 to 19</b> | <b>20 to 24</b> | <b>25 to 29</b> | <b>30 to 34</b> | <b>35 to 39</b> | <b>40 &amp; Up</b> |               |
| <b>Under 25</b>     | 0                                | 2             | 0             | 0               | 0               | 0               | 0               | 0               | 0               | 0                  | 2             |
| <b>25 to 29</b>     | 3                                | 7             | 0             | 0               | 0               | 0               | 0               | 0               | 0               | 0                  | 10            |
| <b>30 to 34</b>     | 1                                | 10            | 6             | 0               | 0               | 0               | 0               | 0               | 0               | 0                  | 17            |
| <b>35 to 39</b>     | 0                                | 15            | 7             | 1               | 1               | 0               | 0               | 0               | 0               | 0                  | 24            |
| <b>40 to 44</b>     | 0                                | 24            | 16            | 1               | 3               | 0               | 0               | 0               | 0               | 0                  | 44            |
| <b>45 to 49</b>     | 0                                | 18            | 17            | 6               | 5               | 1               | 0               | 0               | 0               | 0                  | 47            |
| <b>50 to 54</b>     | 0                                | 20            | 19            | 11              | 5               | 2               | 0               | 0               | 0               | 0                  | 57            |
| <b>55 to 59</b>     | 0                                | 15            | 20            | 13              | 8               | 9               | 1               | 1               | 0               | 0                  | 67            |
| <b>60 to 64</b>     | 1                                | 8             | 14            | 6               | 7               | 5               | 1               | 0               | 0               | 0                  | 42            |
| <b>65 to 69</b>     | 0                                | 1             | 3             | 3               | 2               | 3               | 1               | 1               | 0               | 0                  | 14            |
| <b>70 &amp; Up</b>  | 0                                | 0             | 0             | 0               | 1               | 0               | 0               | 0               | 0               | 0                  | 1             |
| <b>Total</b>        | 5                                | 120           | 102           | 41              | 32              | 20              | 3               | 2               | 0               | 0                  | 325           |

**Average Age: 50.3**  
**Average Service: 7.9**  
**Average Salary: \$105,759**

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment G to 2024 Schedule MB of Form 5500*  
*Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases*

|                                       | <i><u>Initial<br/>Amount</u></i> | <i><u>Date of First<br/>Charge<br/>or Credit</u></i> | <i><u>Remaining<br/>Period</u></i> | <i><u>Outstanding<br/>Balance<br/>Beg. of Year</u></i> | <i><u>Amortization<br/>Charge or<br/>Credit</u></i> |
|---------------------------------------|----------------------------------|------------------------------------------------------|------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
| <b>1. <u>Amortization Charges</u></b> |                                  |                                                      |                                    |                                                        |                                                     |
| a. 1995 Plan Change                   | \$ 222,300                       | 1/1/1995                                             | 1.000                              | \$ 21,063                                              | \$ 21,063                                           |
| b. 1998 Plan Change                   | 744,658                          | 1/1/1998                                             | 4.000                              | 239,926                                                | 66,637                                              |
| c. 2000 Plan Change                   | 2,342,108                        | 1/1/2000                                             | 6.000                              | 1,029,845                                              | 204,096                                             |
| d. 2004 Plan Change                   | 5,513                            | 1/1/2004                                             | 10.000                             | 3,412                                                  | 463                                                 |
| e. 2005 Plan Change                   | 6,213                            | 1/1/2005                                             | 11.000                             | 4,077                                                  | 519                                                 |
| f. 2008 PRA Elig. '08 Loss            | 8,012,924                        | 1/1/2009                                             | 14.000                             | 5,879,262                                              | 644,243                                             |
| g. 2009 PRA Elig. '08 Loss            | 379,565                          | 1/1/2010                                             | 14.000                             | 281,202                                                | 30,814                                              |
| h. 2010 PRA Elig. '08 Loss            | 357,701                          | 1/1/2011                                             | 14.000                             | 267,810                                                | 29,346                                              |
| i. 2011 Plan Merger                   | 6,161,188                        | 1/1/2011                                             | 2.000                              | 1,270,609                                              | 658,267                                             |
| j. 2011 PRA Elig. '08 Loss            | 163,727                          | 1/1/2012                                             | 14.000                             | 123,999                                                | 13,588                                              |
| k. 2011 Net Actuarial Loss            | 570,988                          | 1/1/2012                                             | 3.000                              | 170,221                                                | 60,889                                              |
| l. 2012 PRA Elig. '08 Loss            | 1,288,261                        | 1/1/2013                                             | 14.000                             | 988,050                                                | 108,270                                             |
| m. 2013 PRA Elig. '08 Loss            | 1,654,079                        | 1/1/2014                                             | 14.000                             | 1,286,214                                              | 140,942                                             |
| n. 2014 Actuarial Loss                | 2,141,628                        | 1/1/2015                                             | 6.000                              | 1,146,245                                              | 227,165                                             |
| o. 2015 Actuarial Loss                | 1,494,290                        | 1/1/2016                                             | 7.000                              | 900,970                                                | 158,236                                             |
| p. 2016 Plan Change                   | 372,012                          | 1/1/2016                                             | 7.000                              | 224,303                                                | 39,394                                              |
| q. 2016 Actuarial Loss                | 2,190,255                        | 1/1/2017                                             | 8.000                              | 1,458,036                                              | 231,559                                             |
| r. 2017 Assumption Change             | 462,116                          | 1/1/2017                                             | 8.000                              | 307,631                                                | 48,856                                              |
| s. 2017 Plan Change                   | 364,385                          | 1/1/2017                                             | 8.000                              | 242,566                                                | 38,524                                              |
| t. 2017 Actuarial Loss                | 889,648                          | 1/1/2018                                             | 9.000                              | 644,426                                                | 93,977                                              |
| u. 2018 Plan Change                   | 139,350                          | 1/1/2018                                             | 9.000                              | 100,940                                                | 14,720                                              |

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment G to 2024 Schedule MB of Form 5500*  
*Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases*  
*(Continued)*

|                                                   | <i><u>Initial<br/>Amount</u></i> | <i><u>Date of First<br/>Charge<br/>or Credit</u></i> | <i><u>Remaining<br/>Period</u></i> | <i><u>Outstanding<br/>Balance<br/>Beg. of Year</u></i> | <i><u>Amortization<br/>Charge or<br/>Credit</u></i> |
|---------------------------------------------------|----------------------------------|------------------------------------------------------|------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
| <b>1. <u>Amortization Charges (continued)</u></b> |                                  |                                                      |                                    |                                                        |                                                     |
| v. 2019 Plan Change                               | \$ 937,073                       | 1/1/2019                                             | 10.000                             | \$ 729,813                                             | \$ 98,906                                           |
| w. 2018 Actuarial Loss                            | 2,354,983                        | 1/1/2019                                             | 10.000                             | 1,834,112                                              | 248,562                                             |
| x. 2019 Actuarial Loss                            | 1,079,477                        | 1/1/2020                                             | 11.000                             | 895,293                                                | 113,846                                             |
| y. 2020 Assumption Change                         | 2,170,515                        | 1/1/2021                                             | 12.000                             | 1,902,042                                              | 228,736                                             |
| z. 2020 Plan Change                               | 146,242                          | 1/1/2021                                             | 12.000                             | 128,155                                                | 15,411                                              |
| aa. 2022 Actuarial Loss                           | 1,422,130                        | 1/1/2023                                             | 14.000                             | 1,367,681                                              | 149,869                                             |
| ab. 2023 Actuarial Loss                           | 1,350,652                        | 1/1/2024                                             | 15.000                             | <u>1,350,652</u>                                       | <u>142,336</u>                                      |
| ac. Total Charges                                 |                                  |                                                      |                                    | \$ 24,798,555                                          | \$ 3,829,234                                        |
| <b>2. <u>Amortization Credits</u></b>             |                                  |                                                      |                                    |                                                        |                                                     |
| a. 2012 Net Actuarial Gain                        | \$ 726,991                       | 1/1/2013                                             | 4.000                              | \$ 278,624                                             | \$ 77,384                                           |
| b. 2013 Net Actuarial Gain                        | 2,048,258                        | 1/1/2014                                             | 5.000                              | 946,571                                                | 217,636                                             |
| c. 2020 Actuarial Gain                            | 937,665                          | 1/1/2021                                             | 12.000                             | 821,685                                                | 98,814                                              |
| d. 2021 Actuarial Gain                            | 2,700,252                        | 1/1/2022                                             | 13.000                             | <u>2,485,728</u>                                       | <u>284,562</u>                                      |
| e. Total Credits                                  |                                  |                                                      |                                    | \$ 4,532,608                                           | \$ 678,396                                          |
| <b>3. Credit Balance/(Funding Deficiency)</b>     |                                  |                                                      |                                    | \$ 3,715,296                                           |                                                     |
| <b>4. Balance Test = (1) - (2) - (3)</b>          |                                  |                                                      |                                    | \$ 16,550,651                                          |                                                     |
| <b>5. Unfunded Actuarial Accrued Liability</b>    |                                  |                                                      |                                    | \$ 16,550,651                                          |                                                     |

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment H to 2024 Schedule MB of Form 5500*  
*Schedule MB, Line 11 - Justification for Change in Actuarial Assumptions*

**Actuarial Basis - Mandated Changes**

The following changes in the actuarial basis were made from the prior year:

1. To comply with statutory requirements, the discount rate for RPA '94 current liability purposes was changed from 2.55% for the 2023 valuation to 3.29% for the 2024 valuation. The interest rate for each year was within the permissible range prescribed under IRC 431(c)(6)(E).
2. To comply with statutory requirements, the mortality assumption for RPA '94 current liability purposes was changed from the IRS prescribed static mortality table for 2023 valuation dates to the IRS prescribed static mortality table for 2024 valuation dates.

**Plan of Benefits**

There were no changes to the plan of benefits since the prior valuation.

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment B to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods*

**Actuarial Cost Method**

The Actuarial Cost Method for determining the Actuarial Accrued Liability and Normal Cost is the Entry Age Normal Cost Method and is the same method used in the prior valuation.

**Asset Valuation Method**

Twenty percent of the gain or loss on the market value of assets for each Plan Year is recognized over the five succeeding years. The actuarial value determined above will never be permitted to be less than 80% nor more than 120% of the market value of assets. This is the same method used in the prior valuation.

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment B to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods*  
*(Continued)*

Interest Rate (Net of Investment Expenses)

For RPA '94 Current Liability 3.29% per year

For All Other Purposes 7.50% per year

Salary Increase Rate 3.00% per year for individual participants

Administrative Expenses Average of the prior 3 years actual expenses, adjusted for 2% annual growth and rounded up to the nearest \$5,000 multiple. The 2024 assumption is \$290,000 as of the beginning of the Plan Year.

Mortality Rates - Healthy Lives

For RPA '94 Current Liability IRS prescribed static mortality table for 2024 valuation dates

For All Other Purposes RP-2014 Blue Collar annuitant and non-annuitant mortality tables, set forward three years, with no projected mortality improvement beyond the valuation date

Mortality Rates - Disabled Lives

For RPA '94 Current Liability Mortality specified in Revenue Ruling 96-7 for disabilities occurring post-1994, with no projected mortality improvement beyond the valuation date

For All Other Purposes RP-2014 disabled annuitant mortality tables, set forward three years, with no projected mortality improvement beyond the valuation date

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment B to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods*  
*(Continued)*

|                                                 |                                                                                    |             |            |             |
|-------------------------------------------------|------------------------------------------------------------------------------------|-------------|------------|-------------|
| Retirement Rates – Active Participants          | <u>Age</u>                                                                         | <u>Rate</u> | <u>Age</u> | <u>Rate</u> |
|                                                 | 55-59                                                                              | 0.10        | 63-64      | 0.10        |
|                                                 | 60                                                                                 | 0.25        | 65-69      | 0.50        |
|                                                 | 61                                                                                 | 0.10        | 70         | 1.00        |
|                                                 | 62                                                                                 | 0.50        |            |             |
| Retirement Age – Terminated Vested Participants | Age 65, or current age if older                                                    |             |            |             |
| Withdrawal Rates                                | Varying by Age as illustrated:                                                     |             |            |             |
|                                                 | <u>Age</u>                                                                         | <u>Rate</u> |            |             |
|                                                 | 25                                                                                 | 0.0489      |            |             |
|                                                 | 40                                                                                 | 0.0133      |            |             |
|                                                 | 55                                                                                 | 0.0000      |            |             |
| Disablement Rates                               | Varying by Age as illustrated:                                                     |             |            |             |
|                                                 | <u>Age</u>                                                                         | <u>Rate</u> |            |             |
|                                                 | 25                                                                                 | 0.00025     |            |             |
|                                                 | 40                                                                                 | 0.00045     |            |             |
|                                                 | 55                                                                                 | 0.00425     |            |             |
| Form of Payment (Retirement Benefit)            | Unmarried: Single Life Annuity                                                     |             |            |             |
|                                                 | Married: Joint and 50% Survivor Annuity                                            |             |            |             |
| Percentage Married                              | 80%                                                                                |             |            |             |
| Spouse Age                                      | Spouses of male/female Participants are 3 years younger/older than the Participant |             |            |             |

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment B to the 2024 Schedule MB*  
*Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods*  
*(Continued)*

**Rationale for Assumptions**

Interest Rate

The interest rate assumption for all purposes other than for RPA '94 Current Liability reflects the anticipated investment return from the Pension Fund, net of investment expenses. This long-term assumption reflects past experience, future expectations, and input from the Fund's investment manager. Based on these factors, the Fund's asset allocation and our professional judgment, we consider 7.50% to be a reasonable assumption with no significant bias.

Demographic Assumptions

The assumptions for mortality, disability, withdrawal and retirement rates are reviewed annually to ensure their reasonableness on both an individual and an aggregate basis. These assumptions reflect past experience, future expectations, and applicable Plan provisions. Based on these factors and our professional judgment, we consider these assumptions to be reasonable with no significant bias.

Mortality Improvement

Based on past experience, future expectations, and our professional judgment, we consider the assumption of no mortality improvement beyond the valuation date to be reasonable.

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*List of Attachments to the 2024 Schedule MB*

- A. Schedule MB, Line 3 – Contributions Made to the Plan
- B. Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
- C. Schedule MB, Line 6 – Summary of Plan Provisions
- D. Schedule MB, Line 8b(1) – Projection of Expected Benefit Payments
- E. Schedule MB, Line 8b(2) – Schedule of Active Participant Data
- F. Schedule MB, Line 8b(3) – Projection of Employer Contributions and Withdrawal Liability Payments
- G. Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases
- H. Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment A to 2024 Schedule MB of Form 5500*  
*Schedule MB, Line 3 – Contributions to the Plan*

Contributions are made by participating employers on a regular basis and, for Schedule MB purposes, are assumed to have been made on the 15<sup>th</sup> of each month.

There were no withdrawal liability payments received during the Plan Year.

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment D to 2024 Schedule MB of Form 5500*  
*Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments*

Summarized below are the projected benefit payments (not including administrative expenses) assuming (1) no additional accruals, (2) experience is in line with demographic assumptions, and (3) no new entrants are covered by the Plan. The benefit payments reflect the plan of benefits used for the January 1, 2024 valuation.

| <b>Plan Year</b> | <b>Active Participants</b> | <b>Terminated Vested Participants</b> | <b>Retired Participants and Beneficiaries Receiving Payments</b> | <b>Total</b> |
|------------------|----------------------------|---------------------------------------|------------------------------------------------------------------|--------------|
| 2024             | 676,821                    | 72,545                                | 8,928,909                                                        | 9,678,275    |
| 2025             | 1,206,102                  | 92,966                                | 8,725,313                                                        | 10,024,381   |
| 2026             | 1,709,484                  | 143,272                               | 8,509,439                                                        | 10,362,195   |
| 2027             | 2,023,415                  | 194,717                               | 8,279,754                                                        | 10,497,886   |
| 2028             | 2,386,733                  | 275,691                               | 8,038,148                                                        | 10,700,572   |
| 2029             | 2,743,806                  | 346,291                               | 7,783,339                                                        | 10,873,436   |
| 2030             | 2,981,405                  | 414,541                               | 7,512,545                                                        | 10,908,491   |
| 2031             | 3,177,885                  | 432,143                               | 7,224,373                                                        | 10,834,401   |
| 2032             | 3,314,227                  | 506,188                               | 6,927,037                                                        | 10,747,452   |
| 2033             | 3,449,971                  | 570,881                               | 6,616,126                                                        | 10,636,978   |
| 2034             | 3,532,893                  | 584,183                               | 6,297,918                                                        | 10,414,994   |
| 2035             | 3,600,370                  | 606,702                               | 5,970,270                                                        | 10,177,342   |
| 2036             | 3,670,758                  | 620,387                               | 5,633,304                                                        | 9,924,449    |
| 2037             | 3,694,639                  | 622,748                               | 5,288,339                                                        | 9,605,726    |
| 2038             | 3,689,388                  | 652,991                               | 4,937,117                                                        | 9,279,496    |
| 2039             | 3,644,443                  | 648,902                               | 4,581,768                                                        | 8,875,113    |
| 2040             | 3,598,684                  | 655,070                               | 4,224,740                                                        | 8,478,494    |
| 2041             | 3,523,748                  | 644,765                               | 3,868,721                                                        | 8,037,234    |
| 2042             | 3,449,162                  | 661,383                               | 3,516,556                                                        | 7,627,101    |
| 2043             | 3,345,015                  | 653,927                               | 3,171,208                                                        | 7,170,150    |
| 2044             | 3,230,695                  | 636,079                               | 2,835,658                                                        | 6,702,432    |
| 2045             | 3,108,153                  | 627,408                               | 2,512,837                                                        | 6,248,398    |

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 52-6135348 / Plan Number: 002**

*Attachment D to 2024 Schedule MB of Form 5500*  
*Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments*  
*(Continued)*

| <b>Plan Year</b> | <b>Active Participants</b> | <b>Terminated Vested Participants</b> | <b>Retired Participants and Beneficiaries Receiving Payments</b> | <b>Total</b> |
|------------------|----------------------------|---------------------------------------|------------------------------------------------------------------|--------------|
| 2046             | 2,977,546                  | 606,948                               | 2,205,570                                                        | 5,790,064    |
| 2047             | 2,836,949                  | 580,450                               | 1,916,459                                                        | 5,333,858    |
| 2048             | 2,685,282                  | 562,256                               | 1,647,776                                                        | 4,895,314    |
| 2049             | 2,533,343                  | 545,116                               | 1,401,337                                                        | 4,479,796    |
| 2050             | 2,375,669                  | 512,849                               | 1,178,346                                                        | 4,066,864    |
| 2051             | 2,211,535                  | 482,923                               | 979,371                                                          | 3,673,829    |
| 2052             | 2,050,147                  | 451,246                               | 804,335                                                          | 3,305,728    |
| 2053             | 1,885,372                  | 418,209                               | 652,576                                                          | 2,956,157    |
| 2054             | 1,738,489                  | 385,560                               | 522,946                                                          | 2,646,995    |
| 2055             | 1,588,450                  | 353,012                               | 413,878                                                          | 2,355,340    |
| 2056             | 1,436,780                  | 323,821                               | 323,500                                                          | 2,084,101    |
| 2057             | 1,294,010                  | 299,049                               | 249,765                                                          | 1,842,824    |
| 2058             | 1,159,343                  | 270,199                               | 190,539                                                          | 1,620,081    |
| 2059             | 1,034,601                  | 244,009                               | 143,696                                                          | 1,422,306    |
| 2060             | 921,261                    | 221,605                               | 107,208                                                          | 1,250,074    |
| 2061             | 814,795                    | 203,343                               | 79,222                                                           | 1,097,360    |
| 2062             | 718,312                    | 182,169                               | 58,073                                                           | 958,554      |
| 2063             | 630,933                    | 163,403                               | 42,316                                                           | 836,652      |
| 2064             | 552,472                    | 145,239                               | 30,727                                                           | 728,438      |
| 2065             | 482,437                    | 128,553                               | 22,307                                                           | 633,297      |
| 2066             | 420,130                    | 113,373                               | 16,246                                                           | 549,749      |
| 2067             | 364,887                    | 99,625                                | 11,917                                                           | 476,429      |
| 2068             | 316,017                    | 87,227                                | 8,836                                                            | 412,080      |
| 2069             | 272,871                    | 76,097                                | 6,639                                                            | 355,607      |
| 2070             | 234,833                    | 66,150                                | 5,064                                                            | 306,047      |
| 2071             | 201,339                    | 57,298                                | 3,921                                                            | 262,558      |
| 2072             | 171,882                    | 49,455                                | 3,075                                                            | 224,412      |
| 2073             | 146,014                    | 42,534                                | 2,434                                                            | 190,982      |

**Operative Plasterers' and Cement Masons' Officers and Employees Pension Plan**  
**EIN: 23-6230368 / Plan Number: 001**

*Attachment F to 2024 Schedule MB of Form 5500*  
*Schedule MB, line 8b(3) - Schedule of Projection of Employer Contributions*  
*and Withdrawal Liability Payments*

Summarized below are the projected employer contributions and Withdrawal Liability Payments under the same assumptions stated in the Actuarial Certification for the 2024 Plan Year.

| <b>Plan Year<br/>Begin Jan<br/>1,</b> | <b>Employer<br/>Contributions</b> | <b>Withdrawal<br/>Liability<br/>Payments</b> | <b>Total</b> |
|---------------------------------------|-----------------------------------|----------------------------------------------|--------------|
| 2024                                  | 7,765,109                         | -                                            | 7,765,109    |
| 2025                                  | 6,895,186                         | -                                            | 6,895,186    |
| 2026                                  | 7,102,042                         | -                                            | 7,102,042    |
| 2027                                  | 7,315,103                         | -                                            | 7,315,103    |
| 2028                                  | 7,534,556                         | -                                            | 7,534,556    |
| 2029                                  | 7,760,593                         | -                                            | 7,760,593    |
| 2030                                  | 7,993,411                         | -                                            | 7,993,411    |
| 2031                                  | 8,233,213                         | -                                            | 8,233,213    |
| 2032                                  | 8,480,209                         | -                                            | 8,480,209    |
| 2033                                  | 8,734,616                         | -                                            | 8,734,616    |

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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****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

|                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>1a</b> Name of plan<br><b>OPERATIVE PLASTERERS &amp; CEMENT MASONS OFFICERS &amp; EMPLOYEES PENSION FUND</b>                                                                                                                                                                                                                                                                                                     | <b>1b</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1c</b> Effective date of plan<br><b>07/01/1973</b>               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><b>OPERATIVE PLASTERERS &amp; CEMENT MASONS OFF &amp; EMP PENS ASSOCIATED ADMINISTRATORS, LLC<br/>911 RIDGEBROOK ROAD<br/>SPARKS MD 21152-9451</b> | <b>2b</b> Employer Identification Number (EIN)<br><b>52-6135348</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>2c</b> Plan Sponsor's telephone number<br><b>301-623-1000</b>    |
|                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>2d</b> Business code (see Instructions)<br><b>238900</b>         |

**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.

|                                                                                                      |                 |                                                              |
|------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>  | <b>10-10-25</b> | <b>KEVIN SEXTON</b>                                          |
| Signature of plan administrator                                                                      | Date            | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                     |                 |                                                              |
| Signature of employer/plan sponsor                                                                   | Date            | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                     |                 |                                                              |
| Signature of DFE                                                                                     | Date            | Enter name of individual signing as DFE                      |

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

**Form 5500 (2024)**  
v. 240311

|                                                                                                          |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                        |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                                          |              |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                  | <b>5</b>     | 1044 |
| <b>6</b> 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). |              |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                  | <b>6a(1)</b> | 325  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                        | <b>6a(2)</b> | 325  |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                      | <b>6b</b>    | 443  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                       | <b>6c</b>    | 179  |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....                                                                                                     | <b>6d</b>    | 947  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                               | <b>6e</b>    | 95   |
| <b>f</b> Total. Add lines 6d and 6e .....                                                                                                                | <b>6f</b>    | 1042 |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... | <b>6g(1)</b> |      |
| <b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....        | <b>6g(2)</b> |      |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....               | <b>6h</b>    |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                     | <b>7</b>     | 71   |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
**1B**

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

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

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

**a Pension Schedules**

- (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

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

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.

|                                                                                                                                             |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>OPERATIVE PLASTERERS & CEMENT MASONS OFFICERS & EES PENSION FUND                                                   | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>OPERATIVE PLASTERERS & CEMENT MASONS OFF & EMP PENS FUND TRUSTE | <b>D</b> Employer Identification Number (EIN)<br>52-6135348 |

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

|                                                                                                               |                           |
|---------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>1a</b> Enter the valuation date: Month 01 Day 01 Year 2024                                                 |                           |
| <b>b</b> Assets                                                                                               |                           |
| (1) Current value of assets .....                                                                             | <b>1b(1)</b> 98629525     |
| (2) Actuarial value of assets for funding standard account .....                                              | <b>1b(2)</b> 103942335    |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                    | <b>1c(1)</b> 120492986    |
| (2) Information for plans using spread gain methods:                                                          |                           |
| (a) Unfunded liability for methods with bases .....                                                           | <b>1c(2)(a)</b>           |
| (b) Accrued liability under entry age normal method .....                                                     | <b>1c(2)(b)</b>           |
| (c) Normal cost under entry age normal method .....                                                           | <b>1c(2)(c)</b>           |
| (3) Accrued liability under unit credit cost method .....                                                     | <b>1c(3)</b> 116614804    |
| <b>d</b> Information on current liabilities of the plan:                                                      |                           |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>              |
| (2) "RPA '94" information:                                                                                    |                           |
| (a) Current liability.....                                                                                    | <b>1d(2)(a)</b> 197573440 |
| (b) Expected increase in current liability due to benefits accruing during the plan year.....                 | <b>1d(2)(b)</b> 8223514   |
| (c) Expected release from "RPA '94" current liability for the plan year.....                                  | <b>1d(2)(c)</b> 9678276   |
| (3) Expected plan disbursements for the plan year.....                                                        | <b>1d(3)</b> 9968276      |

**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.

|                      |                                                                                                              |                                                                           |
|----------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <div>SIGN HERE</div> | <div>Amanda Notaristefano</div> <div>Signature of actuary</div>                                              | <div>10/3/2025</div> <div>Date</div>                                      |
|                      | <div>AMANDA NOTARISTEFANO, FSA</div> <div>Type or print name of actuary</div>                                | <div>23-07352</div> <div>Most recent enrollment number</div>              |
|                      | <div>THE MCKEOGH COMPANY</div> <div>Firm name</div>                                                          | <div>484-530-0692</div> <div>Telephone number (including area code)</div> |
|                      | <div>1001 CONSHOCKEN STATE ROAD, SUITE 1-407, WEST CONSHOCKEN, PA 19428</div> <div>Address of the firm</div> |                                                                           |

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:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 98629525                     |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 534                               | 119826629                    |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 181                               | 11476823                     |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 2421024                      |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 63848964                     |
| <b>(c)</b> Total active .....                                                                                                       | 325                               | 66269988                     |
| <b>(4)</b> Total .....                                                                                                              | 1040                              | 197573440                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 49.92%                       |

**3** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM/DD/YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/15/2024                                                                      | 8610448                           |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 8610448                           | <b>3(c)</b>                     |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b>                     |

**4** Information on plan status:

|                                                                                                                                                                            |           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....                                                                            | <b>4a</b> | 89.1%                                                    |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....     | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....      | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                       | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                     |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here. .... <input type="checkbox"/>                      |           |                                                          |
| • 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):

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                                               |                                                                                                  |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability.....                                                                   | <b>6a</b>                                                                                        | 3.29 %                                                                                                                                          |
|                                                                                                                               | Pre-retirement                                                                                   | Post-retirement                                                                                                                                 |
| <b>b</b> Rates specified in insurance or annuity contracts.....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                |
| <b>c</b> Mortality table code for valuation purposes:                                                                         |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Males .....                                                                                                        | <b>6c(1)</b>                                                                                     | 6+3                                                                                                                                             |
| <b>(2)</b> Females .....                                                                                                      | <b>6c(2)</b>                                                                                     | 6F+3                                                                                                                                            |
| <b>d</b> Valuation liability interest rate .....                                                                              | <b>6d</b>                                                                                        | 7.50 %                                                                                                                                          |
| <b>e</b> Salary scale .....                                                                                                   | <b>6e</b>                                                                                        | 3.00% <input type="checkbox"/> N/A                                                                                                              |
| <b>f</b> Withdrawal liability interest rate:                                                                                  |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Type of interest rate .....                                                                                        | <b>6f(1)</b>                                                                                     | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                             | <b>6f(2)</b>                                                                                     | 7.50%                                                                                                                                           |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                 | <b>6g</b>                                                                                        | 7.3%                                                                                                                                            |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                   | <b>6h</b>                                                                                        | 9.5%                                                                                                                                            |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                       | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....                     | <b>6i(1)</b>                                                                                     | %                                                                                                                                               |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | <b>6i(2)</b>                                                                                     | 290000                                                                                                                                          |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                             | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 1350652             | 142336                         |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> 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 .....                                                                                                                                                                                                               | <b>8a</b>                                                           |  |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                                                                                                                                                                                                   |                                                                     |  |
| <b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>c</b> 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? .....                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                                                                                                                                    |                                                                     |  |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                                                                                                                                                 | <b>8d(2)</b>                                                        |  |
| <b>(3)</b> 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? .....                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(4)</b> 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)) .....                                                                                                                                                                                                                  | <b>8d(4)</b>                                                        |  |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                                                                                                                                          | <b>8d(5)</b>                                                        |  |
| <b>(6)</b> 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? .....                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>e</b> 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). .... | <b>8e</b>                                                           |  |

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

|                                                                         |           |         |
|-------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Prior year funding deficiency, if any .....                    | <b>9a</b> | 0       |
| <b>b</b> Employer's normal cost for plan year as of valuation date..... | <b>9b</b> | 3713184 |

**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 |         |
|--------------|---------------------|---------|
| <b>9c(1)</b> | 24798555            | 3829234 |
| <b>9c(2)</b> | 0                   | 0       |
| <b>9c(3)</b> | 0                   | 0       |

**d** Interest as applicable on lines 9a, 9b, and 9c.....**9d** 565681**e** Total charges. Add lines 9a through 9d.....**9e** 8108099**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 3715296**g** Employer contributions. Total from column (b) of line 3.....**9g** 8610448**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 648514**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 |        |
|--------------|---------------------|--------|
| <b>9h</b>    | 4532608             | 678396 |
| <b>9j(1)</b> | 31488836            |        |
| <b>9j(2)</b> | 81059977            |        |

**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** 13652654**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 5544555**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....**9n****o** Current year's accumulated reconciliation account:

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

**9o(1)** 0

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

(a) Reconciliation outstanding balance as of valuation date .....

**9o(2)(a)** 0

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

**9o(2)(b)** 0

(3) Total as of valuation date .....

**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☒ Yes ☐ No