

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL 29 ANNUITY PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 06/15/1984
2a Plan sponsor's name (employer, if for a single-employer plan): OPERATIVE PLASTERERS&CEMENT MASONS LOCAL 29 ANNUITY FUND
2b Employer Identification Number (EIN): 22-1507478
2c Plan Sponsor's telephone number: 201-653-2065
2d Business code (see instructions): 238100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Marc Gallo (plan administrator) and Peter Natale (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 458 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 458 |
| | 6a(2) | 326 |
| | 6b | 0 |
| | 6c | 0 |
| | 6d | 326 |
| | 6e | 0 |
| | 6f | 326 |
| | 6g(2) | 326 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | 45 |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2H 2E

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

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

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

a Pension Schedules

- (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 _____

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

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

| | | |
|--|--|--|
| <p>A Name of plan OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL 29 ANNUITY PLAN</p> | <p>B Three-digit plan number (PN) ▶ 003</p> | |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 OPERATIVE PLASTERERS&CEMENT MASONS LOCAL 29 ANNUITY FUND</p> | <p>D Employer Identification Number (EIN) 22-1507478</p> | |

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
VOYA RETIREMENT INSURANCE & ANNUITY CO

| (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 |
| 22-2521453 | 67105 | PHP710 | 22 | 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.

| | |
|---|---|
| <p>(a) Total amount of commissions paid 19494</p> | <p>(b) Total amount of fees paid</p> |
|---|---|

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

MORGAN STANLEY **1 NEW YORK PLAZA**
FLOOR 12
NEW YORK, NY 10004

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 19494 | | | |

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

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

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

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

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

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

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

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

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

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

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

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

| Part II | Investment and Annuity Contract Information | |
|----------------------------|--|---------------------|
| | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. | |
| 4 | Current value of plan's interest under this contract in the general account at year end | 1479068 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | 2400555 |
| 6 | Contracts With Allocated Funds: | |
| a | State the basis of premium rates ▶ | |
| b | Premiums paid to carrier | 6b |
| c | Premiums due but unpaid at the end of the year | 6c |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d |
| e | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/> | |
| 7 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | |
| a | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ VARIABLE ANNUITY | |
| b | Balance at the end of the previous year | 7b 1601046 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) 40051 |
| | (2) Dividends and credits..... | 7c(2) |
| | (3) Interest credited during the year..... | 7c(3) 43058 |
| | (4) Transferred from separate account | 7c(4) |
| | (5) Other (specify below)..... ▶ | 7c(5) |
| | (6) Total additions | 7c(6) 83109 |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d 1684155 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) 4313 |
| | (2) Administration charge made by carrier..... | 7e(2) |
| | (3) Transferred to separate account | 7e(3) 80150 |
| | (4) Other (specify below)..... ▶ ASSETS TFRD TO NON PART DIRECTED | 7e(4) 120624 |
| (5) Total deductions | 7e(5) 205087 | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f 1479068 |

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

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

| | | |
|--|--|------------|
| A Name of plan OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL 29 ANNUITY PLAN | B Three-digit plan number (PN) ▶ | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 OPERATIVE PLASTERERS&CEMENT MASONS LOCAL 29 ANNUITY FUND | D Employer Identification Number (EIN) 22-1507478 | |

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

VOYA RETIREMENT INSUR. & ANNUITY CO

71-0294708

(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)

MORGAN STANLEY

22-1003680

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 19 27 | NONE | 174805 | 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)

KEATING ACCOUNTING LLC

92-1255252

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 | NONE | 8000 | 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)

ORANSKY SCARAGGI & BORG PC

22-3522685

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 | NONE | 9000 | 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)

OP&CM LOCAL 29 WELFARE FUND

22-1507478

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 | AFFILIATED BENEFIT FUND | 36400 | 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)

OP&CM LOCAL UNION NO. 29

22-1173365

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 | PARTY IN INTEREST | 17702 | 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)

MSPC

22-2951202

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 | NONE | 12000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL 29 ANNUITY PLAN | B Three-digit plan number (PN) ▶ 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 OPERATIVE PLASTERERS&CEMENT MASONS LOCAL 29 ANNUITY FUND | D Employer Identification Number (EIN) 22-1507478 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| Assets | | |
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1768315 |
| (2) U.S. Government securities | 1c(2) | 7886481 |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | 3497055 |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | 4260 |
| (B) Common | 1c(4)(B) | 5273869 |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (9) Value of interest in common/collective trusts | 1c(9) | |
| (10) Value of interest in pooled separate accounts | 1c(10) | |
| (11) Value of interest in master trust investment accounts | 1c(11) | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 3097740 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 1479068 |
| (15) Other..... | 1c(15) | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 21873849 | 23002528 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | | |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 21873849 | 23002528 |

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 1495356 | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 1495356 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 8567 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 186260 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 126437 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 321264 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 203670 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 48611 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 252281 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 13922349 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 11736093 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | -773389 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 306112 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 3787880 |

Expenses

| | | | |
|--|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 2396464 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 2396464 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | 36400 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 12000 | |
| (5) Investment advisory and investment management fees | 2i(5) | 174805 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | 9000 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | 30532 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 262737 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 2659201 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1128679 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MSPC**

(2) EIN: **22-2951202**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

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

| | | |
|--|--|------------|
| A Name of plan <u>OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL 29 ANNUITY PLAN</u> | B Three-digit plan number (PN) ▶ | <u>003</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>OPERATIVE PLASTERERS&CEMENT MASONS LOCAL 29 ANNUITY FUND</u> | D Employer Identification Number (EIN) <u>22-1507478</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

| | | |
|--|----------|-----------|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ | | |
| 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 | <u>17</u> |

| | |
|----------------|---|
| 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 checked="" type="checkbox"/> No | <input 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 | <u>1495356</u> | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | <u>1495356</u> | |
| 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 | <u>0</u> | |
| 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 checked="" 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 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 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 |

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 _____

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): _____

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): _____

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 | |
| b The corresponding number for the second preceding plan year | 15b | |

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

| | | |
|---|------------|--|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | 16b | |

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

**OPERATIVE PLASTERERS AND CEMENT
MASONS LOCAL NO. 29 ANNUITY FUND**

FINANCIAL STATEMENTS

**FOR THE YEARS ENDED
DECEMBER 31, 2024 AND 2023**

MSPC
Certified Public
Accountants and Advisors, P.C.



An independent firm associated with
Moore Global Network Limited

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Operative Plasterers and Cement Masons Local No. 29
Annuity Fund
Clifton, New Jersey

Opinion

We have audited the financial statements of Operative Plasterers and Cement Masons Local No. 29 Annuity Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) 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 Operative Plasterers and Cement Masons Local No. 29 Annuity Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with the modified cash basis of accounting as described in Note 2.

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 Operative Plasterers and Cement Masons Local No. 29 Annuity Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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 Operative Plasterers and Cement Masons Local No. 29 Annuity Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Operative Plasterers and Cement Masons Local No. 29 Annuity Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (modified cash basis) of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

A handwritten signature in black ink, appearing to read 'MSPC', written in a cursive style.

MSPC
Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 13, 2025

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND

Statements of Net Assets Available for Benefits (Modified Cash Basis)

| | December 31, | |
|--|-----------------------------|-----------------------------|
| | <u>2024</u> | <u>2023</u> |
| <i>Assets:</i> | | |
| Investments at Fair Value: | | |
| Short Term Investments | \$ 1,768,315 | \$ 1,226,851 |
| Certificates of Deposit | -- | 149,714 |
| U.S. Government Securities | 7,886,481 | 5,086,182 |
| Corporate Bonds | 3,497,055 | 3,307,081 |
| Common Stocks | 5,273,869 | 7,825,053 |
| Preferred Stocks | -- | 4,260 |
| Mutual Funds | <u>3,097,740</u> | <u>2,673,662</u> |
| Total Investments at Fair Value | 21,523,460 | 20,272,803 |
| Investments at Contract Value | <u>1,479,068</u> | <u>1,601,046</u> |
| Total Investments | <u>23,002,528</u> | <u>21,873,849</u> |
| Total Assets | 23,002,528 | 21,873,849 |
| <i>Liabilities:</i> | | |
| None | <u> --</u> | <u> --</u> |
| Net Assets Available for Benefits | <u><u>\$ 23,002,528</u></u> | <u><u>\$ 21,873,849</u></u> |

See Accompanying Notes to Financial Statements.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND

Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)

| | Years ended December 31, | |
|---|-------------------------------------|----------------------|
| | <u>2024</u> | <u>2023</u> |
| Additions to Net Assets Attributed to: | | |
| Investment Income: | | |
| Net Appreciation in Fair Value of Investments | \$ 1,718,979 | \$ 1,280,706 |
| Interest and Dividends | <u>573,545</u> | <u>511,665</u> |
| Totals | 2,292,524 | 1,792,371 |
| Less: Investment Expenses | <u>(175,016)</u> | <u>(152,846)</u> |
| Net Investment Income | 2,117,508 | 1,639,525 |
| Employer Contributions | <u>1,495,356</u> | <u>1,449,628</u> |
| Total Additions | <u>3,612,864</u> | <u>3,089,153</u> |
| Deductions from Net Assets Attributed to: | | |
| Benefits Paid to Members | <u>2,396,464</u> | <u>2,341,435</u> |
| Expenses: | | |
| Salaries | 36,400 | 29,120 |
| Legal and Accounting | 29,000 | 28,060 |
| Shared Administrative | 10,226 | 9,873 |
| Rent | 7,170 | 7,170 |
| Insurance | 4,319 | 3,511 |
| Office | 306 | 526 |
| Meetings | 300 | 100 |
| Depreciation | <u>--</u> | <u>533</u> |
| Total Expenses | <u>87,721</u> | <u>78,893</u> |
| Total Deductions | <u>2,484,185</u> | <u>2,420,328</u> |
| Net Increase in Net Assets Available for Benefits | 1,128,679 | 668,825 |
| Net Assets Available for Benefits - Beginning of Years | <u>21,873,849</u> | <u>21,205,024</u> |
| Net Assets Available for Benefits - End of Years | <u>\$ 23,002,528</u> | <u>\$ 21,873,849</u> |

See Accompanying Notes to Financial Statements.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND

Notes to Financial Statements

(1) Description of the Plan

The following brief description of the Operative Plasterers and Cement Masons Local 29 Annuity Fund (the "Plan") is provided for general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer defined contribution plan administered by a joint board of trustees. The Plan is maintained pursuant to collective bargaining agreements between the Union and various employers. Employers making contributions to the Plan include plasterers and cement masons in industrial, commercial, residential and heavy construction building within the state of New Jersey. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code.

Employers' Contributions - The Plan is supported by the contributions made by participating employers under terms of certain collective bargaining agreements. Employee participants are not required to contribute to the Plan.

Eligibility - Employees become participants in the Plan upon the Plan receiving, on the employee's behalf, Annuity contributions for each hour of service.

Vesting - Participants are fully vested in their account once the account has been credited with employer contributions.

Participant Accounts - Annuity accounts are maintained for each participant. At all times, each participant is 100% vested in his or her own account. Allocations of plan income net of plan administrative expenses are made annually based upon members' pro rata share of the total fund balance.

Benefits - Participants who have attained age 55 or who become disabled are eligible to elect to withdraw their vested benefits. Early distributions may be made subject to trustee approval.

(2) Summary of Significant Accounting Policies

Basis of Accounting - These financial statements are presented on a modified cash basis of accounting, which is a comprehensive basis other than accounting principles generally accepted in the United States of America. Under this method revenues and the related assets are recognized when collected rather than when earned, expenses are recognized when paid rather than when incurred. Investments are recorded at fair value and expenditures are capitalized for property and equipment expenditures.

Use of Estimates - The preparation of financial statements in conformity with the modified cash basis of accounting requires Plan management to make estimates and assumptions that affect reported amounts and disclosures. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value with the exception of the fully benefit-responsive investment contract which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information principally provided by the investment advisor.

Investments reported at contract value are group annuity accounts and are credited daily with a guaranteed minimum rate of interest. The value of the contract is equal to the contributions and transfers into the account plus interest, minus withdrawals and transfers out and any charges to the account.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND

Notes to Financial Statements

(2) Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued) - Purchases and sales of securities are recorded on a settlement date basis. Interest income and dividends income is recorded when received. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Certain investment-related expenses are included in net investment income presented in the accompanying statements of changes in net assets available for benefits.

Employer Contributions - Contributions from participating employers for covered employees are payable to the Plan during the subsequent month.

The Board of Trustees has established a program to review participating employer records in order to determine compliance with contributions provisions of the collective bargaining agreements. As a result of this program, previously unreported contributions are identified related to current and prior fiscal years. However, due to the collection efforts required by the Plan, including litigation, the ultimate realization of any additional contribution receivable cannot be reasonably estimated until the collection process is complete. Accordingly, the Plan primarily recognizes these previously unreported contributions in the fiscal year in which the settlement proceeds are received.

Property and Equipment - If an expenditure exceeding \$1,000 results in an asset having an estimated useful life that extends beyond the year of acquisition, the expenditure is capitalized. Property and Equipment is recorded at cost. Depreciation is provided using the straight line method over the estimated useful lives of the assets which is deemed to be five years.

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

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with affiliated entities. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to other entities.

Subsequent Events - The Plan has evaluated subsequent events through October 13, 2025 the date the financial statements were available to be issued.

(3) Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codifications ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND

Notes to Financial Statements

(3) Fair Value Measurements (Continued)

Level 2-Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023:

Short-Term Investments: Valued at carrying amount, which approximates fair value based on their short term maturity.

Certificates of Deposit: Valued at amortized cost, which approximates fair value.

U.S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded (Level 1). Those U.S. government securities without quoted market prices are valued using pricing models maximizing the use of observable inputs for similar securities (Level 2).

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND

Notes to Financial Statements

(3) Fair Value Measurements (Continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023.

| | <u>Assets at Fair Value as of December 31, 2024</u> | | | |
|--|---|----------------------------|---------------------|-----------------------------|
| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
| Short-Term Investments | \$ 1,768,315 | \$ -- | \$ -- | \$ 1,768,315 |
| U.S. Government Securities | 7,886,481 | -- | -- | 7,886,481 |
| Corporate Bonds | -- | 3,497,055 | -- | 3,497,055 |
| Common Stocks | 5,273,869 | -- | -- | 5,273,869 |
| Mutual Funds | <u>3,097,740</u> | <u>--</u> | <u>--</u> | <u>3,097,740</u> |
| <u>Total Assets in the Fair Value Hierarchy</u> | <u>\$ 18,026,405</u> | <u>\$ 3,497,055</u> | <u>\$ --</u> | <u>\$ 21,523,460</u> |

| | <u>Assets at Fair Value as of December 31, 2023</u> | | | |
|--|---|----------------------------|---------------------|-----------------------------|
| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
| Short-Term Investments | \$ 1,226,851 | \$ -- | \$ -- | \$ 1,226,851 |
| Certificates of Deposit | -- | 149,714 | -- | 149,714 |
| U.S. Government Securities | 5,086,182 | -- | -- | 5,086,182 |
| Corporate Bonds | -- | 3,307,081 | -- | 3,307,081 |
| Common Stocks | 7,825,053 | -- | -- | 7,825,053 |
| Preferred Stocks | 4,260 | -- | -- | 4,260 |
| Mutual Funds | <u>2,673,662</u> | <u>--</u> | <u>--</u> | <u>2,673,662</u> |
| <u>Total Assets in the Fair Value Hierarchy</u> | <u>\$ 16,816,008</u> | <u>\$ 3,456,795</u> | <u>\$ --</u> | <u>\$ 20,272,803</u> |

Transfers Between Levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

(4) Fully Benefit-Responsive Contract with Voya Retirement Insurance and Annuity

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Voya Retirement Insurance and Annuity Company ("Voya") totaling \$1,479,068 in 2024 and \$1,601,046 in 2023. Voya maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participants withdrawals and administrative expenses.

The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND

Notes to Financial Statements

(4) Fully Benefit-Responsive Contract with Voya Retirement Insurance and Annuity (Continued)

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Voya, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

(5) Certificate of Deposit

Certificates of deposit consist of CDs in amounts of \$-0- and \$149,714 at December 31, 2024 and 2023, respectively. Initial maturities at purchase range from 12 to 18 months. At December 31, 2023, the interest rate ranged from approximately 4.35% to 4.40%.

(6) Property and Equipment

Property and equipment as of December 31, 2024 and 2023 consisted of the following:

| | <u>2024</u> | <u>2023</u> |
|--|-----------------|-----------------|
| Computer Equipment | \$ 15,704 | \$ 15,704 |
| Less: Accumulated Depreciation | <u>(15,704)</u> | <u>(15,704)</u> |
| <u>Property and Equipment - Net</u> | <u>\$ --</u> | <u>\$ --</u> |

Depreciation expense amounted to \$-0- and \$533 in the years ended December 31, 2024 and 2023, respectively.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND

Notes to Financial Statements

(7) Related Parties and Parties in Interest Transactions

The Plan has related party transactions with the following related entities with common management and Board of Trustees:

O.P.C.M. Local 29 (“Local 29”)
Operative Plasterers and Cement Masons Local 29 Welfare Fund
Operative Plasterers and Cement Masons Local 29 Apprentice Fund
Operative Plasterers and Cement Masons Labor Management Committee

These related party transactions primarily consist of payments for salary reimbursements to the Local 29 Welfare Fund and shared expenses to Local 29. The related party expenses allocated and recorded in the statements of changes in net assets available for benefits are as follows:

| | <u>Year ended</u> <u>December 31,</u> | |
|-------------------------------|--|-------------------------|
| | <u>2024</u> | <u>2023</u> |
| Shared Administrative Expense | \$ 10,226 | \$ 9,873 |
| Rent | 7,170 | 7,170 |
| Reimbursed Salary | <u>36,400</u> | <u>29,120</u> |
| <u>Totals</u> | <u>\$ 53,796</u> | <u>\$ 46,163</u> |

Several of the Plan's investments in money market funds are managed by Morgan Stanley and Voya Retirement Insurance and Annuity Company, the Plan's investment advisors. As such, transactions in those money market funds qualify as exempt party-in-interest transactions. Investment fees were \$175,016 and \$152,846 for the years ended December 31, 2024 and 2023, respectively.

(8) Tax Status

The Plan obtained its latest determination letter on August 7, 2015, in which the Internal Revenue Service ("IRS") states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable provisions of the IRC.

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

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND

Notes to Financial Statements

(9) Priorities upon Termination

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations generally to provide the following benefits in the order indicated:

- a. Benefits will be paid to participants who have already commenced to receive benefits to the extent that the Annuity account credit balances to which they are entitled have not previously been provided; and,
- b. The credit balance in each participant's Annuity account will be paid to him/her as soon as practicable; and,
- c. Any balance thereafter remaining will be distributed among the participants in proportion to the credit balances in each participant's Annuity account at the date of termination.

(10) Non Participant-Directed Investment

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

Net Assets as of December 31, 2024 and 2023:

| | <u>2 0 2 4</u> | <u>2 0 2 3</u> |
|----------------------------|-----------------------------|-----------------------------|
| Short Term Investments | \$ 1,450,666 | \$ 769,833 |
| Certificates of Deposit | -- | 149,714 |
| U.S. Government Securities | 7,886,481 | 5,086,182 |
| Corporate Bonds | 3,497,055 | 3,307,081 |
| Common Stocks | 5,273,869 | 7,825,053 |
| Preferred Stocks | -- | 4,260 |
| Mutual Funds | <u>1,014,834</u> | <u>961,981</u> |
| <u>Totals</u> | <u>\$ 19,122,905</u> | <u>\$ 18,104,104</u> |

Changes in Net Assets for the years ended December 31, 2024 and 2023:

| | <u>2 0 2 4</u> | <u>2 0 2 3</u> |
|---|----------------------------|--------------------------|
| Contributions | \$ 1,495,356 | \$ 1,449,481 |
| Investment Income | 398,740 | 358,819 |
| Net Appreciation (Depreciation) | 1,362,780 | 911,423 |
| Benefits Paid to Participants | (2,390,464) | (2,335,435) |
| Transfers to Participant-Directed Investments | 240,321 | 59,136 |
| Administrative Expenses | <u>(87,932)</u> | <u>(78,746)</u> |
| <u>Totals</u> | <u>\$ 1,018,801</u> | <u>\$ 364,678</u> |

(11) Risks and Uncertainties

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

.

SUPPLEMENTARY INFORMATION

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO. 003
PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b) | (c) | | (d) | (e) |
|--|---|--------|----------|------------------|--------------------------------|
| <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u> | <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u> | | | <u>Cost</u> | <u>Current</u> <u>Value</u> |
| Short Term Investments: | | | | | |
| Federated Hermes Govt Oblig. Fd | 14,449 | Varies | N/A | \$ 14,449 | \$ 14,449 |
| * Morgan Stanley Bank NA | 738,073 | Varies | N/A | 1,417,202 | 1,417,202 |
| * MSBNA Preferred Savings | 18,808 | Varies | N/A | 19,015 | 19,015 |
| Total Short Term Investments | | | | <u>1,450,666</u> | <u>1,450,666</u> |
| U.S. Government Securities: | | | | | |
| FHLMC Pool SD8243 | 327,759 | 3.500% | 08/01/52 | 295,793 | 290,321 |
| FHLMC Pool SD8349 | 232,537 | 5.500% | 08/01/53 | 230,611 | 229,744 |
| FHLMC Pool SD8382 | 351,000 | 5.000% | 12/01/53 | 326,578 | 322,300 |
| FNMA Pool MA4580 | 352,560 | 3.500% | 04/01/52 | 350,455 | 312,365 |
| FNMA Pool MA4600 | 224,050 | 3.500% | 05/01/52 | 217,005 | 198,493 |
| FNMA Pool MA4761 | 224,973 | 5.000% | 09/01/52 | 218,980 | 217,778 |
| FNMA Pool MA5294 | 511,904 | 5.000% | 03/01/54 | 496,814 | 494,106 |
| US Treasury Bill | 177,000 | Varies | 02/06/25 | 174,956 | 176,275 |
| US Treasury Note | 1,313,000 | 4.250% | 04/30/29 | 1,337,530 | 1,326,335 |
| US Treasury Note | 619,000 | 4.500% | 05/15/27 | 627,695 | 622,289 |
| US Treasury Note | 812,000 | 4.375% | 07/15/27 | 818,226 | 814,379 |
| US Treasury Note | 333,000 | 4.375% | 11/30/28 | 334,180 | 333,260 |
| US Treasury Note | 860,000 | 4.125% | 11/15/27 | 856,274 | 856,439 |
| US Treasury Note | 439,000 | 3.875% | 08/15/33 | 415,424 | 418,113 |
| US Treasury Note | 239,000 | 3.750% | 05/31/30 | 235,054 | 231,438 |
| US Treasury Note | 426,000 | 3.250% | 06/30/29 | 414,772 | 406,664 |
| US Treasury Note | 481,000 | 1.875% | 02/15/32 | 423,993 | 404,829 |
| US Treasury Note | 283,000 | 1.375% | 11/15/31 | 262,069 | 231,353 |
| Total U.S. Government Bonds | | | | <u>8,036,409</u> | <u>7,886,481</u> |
| Corporate Bonds: | | | | | |
| AbbVie Inc | 240,000 | 2.950% | 11/21/26 | 241,428 | 233,228 |
| Airlease Corp. | 183,000 | 3.250% | 10/01/29 | 179,063 | 168,789 |
| American Electric Power Co Inc | 164,000 | 5.625% | 03/01/33 | 169,162 | 165,791 |
| Amgen Inc | 165,000 | 5.250% | 03/02/30 | 167,572 | 166,571 |
| Bank of America Corp | 245,000 | 1.730% | 07/22/27 | 227,017 | 233,586 |
| Bank of America Corp | 276,000 | 2.299% | 07/21/32 | 261,341 | 230,250 |
| Capital One Fin'l Corp | 229,000 | 5.700% | 02/01/30 | 236,268 | 232,130 |
| Charles Schwab Corp | 89,000 | 4.000% | 06/20/26 | 81,490 | 86,171 |
| Citigroup Inc | 357,000 | 3.887% | 01/10/28 | 365,954 | 349,981 |
| Edison International | 83,000 | 5.750% | 06/15/27 | 84,703 | 84,424 |
| Energy Transfer Operating LP | 168,000 | 5.250% | 04/15/29 | 169,484 | 168,765 |
| Goldman Sachs Group Inc | 238,000 | 4.223% | 05/01/29 | 236,248 | 231,557 |
| Kroger Co | 171,000 | 5.000% | 09/15/34 | 172,504 | 165,825 |
| Sabine Pass Liquefaction LLC | 168,000 | 5.000% | 03/15/27 | 168,084 | 168,344 |
| Toronto-Dominion Bank | 233,000 | 4.693% | 09/15/27 | 230,183 | 232,480 |

See Independent Auditors' Report.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO. 003
PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b) | (c) | | | (d) | (e) |
|--|---|--------|----------|------------------|--------------------------------|-----|
| <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u> | <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u> | | | <u>Cost</u> | <u>Current</u> <u>Value</u> | |
| US Bankcorp | 284,000 | 2.491% | 11/03/36 | 224,827 | 230,049 | |
| Wells Fargo & Co | 360,000 | 3.526% | 03/24/28 | 342,720 | 349,114 | |
| Total Corporate Bonds | | | | <u>3,558,048</u> | <u>3,497,055</u> | |
| Common Stock: | | | | | | |
| 3I Group | 176 | N/A | N/A | 3,515 | 3,928 | |
| Abb Ltd Adr | 176 | N/A | N/A | 4,071 | 9,530 | |
| AbbVie Inc | 28 | N/A | N/A | 19,616 | 49,756 | |
| AbbVie Inc | 186 | N/A | N/A | 28,927 | 33,052 | |
| Adidas Ag | 55 | N/A | N/A | 5,748 | 6,750 | |
| Adobe Inc | 61 | N/A | N/A | 15,216 | 27,084 | |
| ADP Inc | 103 | N/A | N/A | 12,919 | 30,151 | |
| ADP Inc | 130 | N/A | N/A | 5,084 | 38,055 | |
| Aia Group Ltd | 182 | N/A | N/A | 6,371 | 5,276 | |
| Air Liquide Adr | 280 | N/A | N/A | 7,645 | 9,099 | |
| Air Product & Chemicals Inc | 8 | N/A | N/A | 11,003 | 22,571 | |
| Allete Inc | 127 | N/A | N/A | 8,191 | 8,230 | |
| Alliant Energy Corp | 411 | N/A | N/A | 20,129 | 24,307 | |
| Alphabet Inc Cl A | 441 | N/A | N/A | 10,097 | 83,481 | |
| Altagas Ltd | 704 | N/A | N/A | 10,817 | 16,426 | |
| Amazon.Com Inc | 441 | N/A | N/A | 49,033 | 96,751 | |
| Ameren Corp | 91 | N/A | N/A | 6,982 | 8,127 | |
| American Electric Power Co | 353 | N/A | N/A | 26,954 | 32,557 | |
| Aon Plc | 33 | N/A | N/A | 5,747 | 11,746 | |
| Apple Inc | 402 | N/A | N/A | 25,364 | 100,669 | |
| Archrock Inc | 830 | N/A | N/A | 6,378 | 20,659 | |
| Arista Networks Inc | 236 | N/A | N/A | 13,554 | 26,085 | |
| Asics Corp Adr | 232 | N/A | N/A | 1,038 | 4,591 | |
| ASM International | 5 | N/A | N/A | 1,935 | 2,970 | |
| ASML Holding | 12 | N/A | N/A | 8,731 | 8,498 | |
| ASML Holding | 50 | N/A | N/A | 34,007 | 34,975 | |
| AstraZeneca Plc Adr | 87 | N/A | N/A | 6,847 | 5,677 | |
| Atco Ltd | 743 | N/A | N/A | 21,657 | 24,623 | |
| Atmos Energy Cp | 204 | N/A | N/A | 21,051 | 28,411 | |
| Bank of America Corp | 1,029 | N/A | N/A | 33,603 | 45,225 | |
| Bankinter | 466 | N/A | N/A | 3,767 | 3,687 | |
| Berkshire Hathaway Cl B | 15 | N/A | N/A | 10,330 | 71,165 | |
| BJ's Wholesale Club Hldgs Inc | 116 | N/A | N/A | 11,248 | 10,365 | |
| Broadcom Inc | 458 | N/A | N/A | 11,536 | 106,183 | |
| Broadcom Inc | 203 | N/A | N/A | 29,965 | 47,064 | |
| Bureau Veritas Sa | 107 | N/A | N/A | 6,398 | 6,502 | |
| Canadian Pacific Kansas City | 193 | N/A | N/A | 12,920 | 13,967 | |
| Capgemini S E Adr | 202 | N/A | N/A | 7,593 | 6,557 | |
| CenterPoint Energy Inc | 761 | N/A | N/A | 21,056 | 24,147 | |
| Cheniere Energy Inc | 97 | N/A | N/A | 8,939 | 20,878 | |
| Cheniere Energy Partners LP | 538 | N/A | N/A | 20,950 | 28,579 | |

See Independent Auditors' Report.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO. 003
PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b) | (c) | | (d) | (e) | |
|-----|--|---|-----|-------------|--------------------------|---------|
| | <u>Identity of Issue, Borrower, Lessor, or Similar Party</u> | <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u> | | <u>Cost</u> | <u>Current Value</u> | |
| | Chevron Corp | 199 | N/A | N/A | 20,605 | 28,823 |
| | Chevron Corp | 108 | N/A | N/A | 15,731 | 15,643 |
| | Chubb Ltd | 17 | N/A | N/A | 3,673 | 4,598 |
| | Cisco Systems Inc | 127 | N/A | N/A | 3,703 | 7,518 |
| | Clearway Energy Inc | 997 | N/A | N/A | 22,643 | 24,377 |
| | CME Group Inc | 77 | N/A | N/A | 16,175 | 17,931 |
| | CME Group Inc | 62 | N/A | N/A | 7,310 | 14,385 |
| | CMS Energy Cp | 243 | N/A | N/A | 13,672 | 16,196 |
| | Coca Cola Co | 198 | N/A | N/A | 11,789 | 12,327 |
| | Comcast Corp | 561 | N/A | N/A | 6,832 | 21,054 |
| | Compagnie Fin Richemontag Adr | 510 | N/A | N/A | 6,725 | 7,761 |
| | Compass Group Plc | 252 | N/A | N/A | 5,226 | 8,401 |
| | ConocoPhillips | 126 | N/A | N/A | 14,093 | 12,495 |
| | Contl Ag Spons Adr | 356 | N/A | N/A | 2,695 | 2,389 |
| | Corning Inc | 394 | N/A | N/A | 13,848 | 18,723 |
| | CRH Plc | 28 | N/A | N/A | 2,160 | 2,596 |
| | Croda Int'l Plc Adr | 145 | N/A | N/A | 3,951 | 3,074 |
| | Crown Holdings Inc | 191 | N/A | N/A | 15,472 | 15,794 |
| | DBS Group Holdings | 35 | N/A | N/A | 2,231 | 4,463 |
| | Dell Technologies Inc | 164 | N/A | N/A | 12,545 | 18,899 |
| | Diploma Plc Adr | 27 | N/A | N/A | 4,818 | 5,817 |
| | Disco Corp Adr | 98 | N/A | N/A | 2,876 | 2,653 |
| | Dominion Energy Inc | 303 | N/A | N/A | 15,942 | 16,320 |
| | DSV As Adr | 25 | N/A | N/A | 2,665 | 2,637 |
| | Dt Midstream Inc | 247 | N/A | N/A | 11,834 | 24,559 |
| | DTE Energy Co | 202 | N/A | N/A | 22,167 | 24,392 |
| | Duke Energy Corp | 150 | N/A | N/A | 14,618 | 16,161 |
| | Eaton Corp | 99 | N/A | N/A | 9,764 | 32,803 |
| | Eaton Corp | 108 | N/A | N/A | 15,801 | 35,842 |
| | Ecolab Inc | 110 | N/A | N/A | 8,273 | 25,775 |
| | Eli Lilly & Co | 73 | N/A | N/A | 7,866 | 56,452 |
| | Eli Lilly & Co | 69 | N/A | N/A | 52,833 | 53,198 |
| | Emerson Electric Co | 177 | N/A | N/A | 16,025 | 21,936 |
| | Enbridge Inc | 622 | N/A | N/A | 20,370 | 26,391 |
| | Energy Transfer LP | 6,748 | N/A | N/A | 70,967 | 132,192 |
| | Entergy Corp | 324 | N/A | N/A | 17,115 | 24,566 |
| | Enterprise Prod Prtnrs LP | 5,527 | N/A | N/A | 119,342 | 173,326 |
| | Epiroc Aktiebolag Adr | 288 | N/A | N/A | 5,407 | 5,019 |
| | EQT Corp | 341 | N/A | N/A | 11,963 | 15,724 |
| | Essential Utilities Inc | 447 | N/A | N/A | 15,922 | 16,235 |
| | Evergy Inc | 330 | N/A | N/A | 17,179 | 20,312 |
| | Experion Gp Ltd | 147 | N/A | N/A | 6,147 | 6,342 |
| | Exxon Mobil Corp | 137 | N/A | N/A | 15,270 | 14,737 |
| | Exxon Mobil Corp | 302 | N/A | N/A | 18,443 | 32,486 |
| | Fanuc Corp | 374 | N/A | N/A | 5,315 | 4,968 |
| | Fastenal Co | 110 | N/A | N/A | 5,971 | 7,910 |
| | Fortis Inc | 389 | N/A | N/A | 15,392 | 16,171 |

See Independent Auditors' Report.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO. 003
PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b) | (c) | | (d) | (e) | |
|-----|--|---|-----|-------------|--------------------------|---------|
| | <u>Identity of Issue, Borrower, Lessor, or Similar Party</u> | <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u> | | <u>Cost</u> | <u>Current Value</u> | |
| | Generac Holdings Inc | 79 | N/A | N/A | 12,191 | 12,231 |
| | General Dynamics Corp | 36 | N/A | N/A | 9,968 | 9,552 |
| | Gildan Activewear Inc | 47 | N/A | N/A | 5,286 | 6,587 |
| | Halma Plc | 77 | N/A | N/A | 3,956 | 5,168 |
| | Hess Midstream LP | 563 | N/A | N/A | 14,487 | 20,848 |
| | Hexagon Ab Adr | 196 | N/A | N/A | 1,951 | 1,873 |
| | Home Depot Inc | 87 | N/A | N/A | 11,723 | 33,826 |
| | Honeywell Int'l Inc | 186 | N/A | N/A | 9,887 | 42,016 |
| | Hoya Corp Adr | 47 | N/A | N/A | 4,895 | 5,934 |
| | Hp Inc | 334 | N/A | N/A | 11,943 | 10,898 |
| | Icon Plc | 20 | N/A | N/A | 4,478 | 4,245 |
| | Idacorp Inc | 75 | N/A | N/A | 6,100 | 8,219 |
| | Illinois Tool Works Inc | 65 | N/A | N/A | 8,146 | 16,612 |
| | Imcd Group N V Adr | 73 | N/A | N/A | 5,349 | 5,390 |
| | Ing Groep Nv Adr | 399 | N/A | N/A | 5,148 | 6,252 |
| | Intercontinental Exchange Inc | 179 | N/A | N/A | 20,521 | 26,673 |
| | James Hardie Inds Se | 108 | N/A | N/A | 4,218 | 3,327 |
| | Johnson & Johnson | 145 | N/A | N/A | 22,373 | 20,970 |
| | Johnson & Johnson | 268 | N/A | N/A | 17,635 | 38,758 |
| | JP Morgan Chase & Co | 126 | N/A | N/A | 21,810 | 30,204 |
| | JP Morgan Chase & Co | 247 | N/A | N/A | 8,314 | 59,208 |
| | Kao Corp | 364 | N/A | N/A | 2,955 | 2,959 |
| | KBC Group | 173 | N/A | N/A | 5,751 | 6,677 |
| | Keurig Dr Pepper Inc | 506 | N/A | N/A | 17,358 | 16,253 |
| | Keyera Corp | 818 | N/A | N/A | 19,065 | 24,871 |
| | Kinder Morgan Inc | 483 | N/A | N/A | 8,423 | 13,234 |
| | Kinder Morgan Incorp | 2,103 | N/A | N/A | 35,967 | 57,622 |
| | Kinder Morgan Incorp | 833 | N/A | N/A | 16,542 | 22,824 |
| | Linde Plc | 51 | N/A | N/A | 21,581 | 21,486 |
| | Lockheed Martin Corp | 45 | N/A | N/A | 10,803 | 21,904 |
| | London Stock Exchange Group | 181 | N/A | N/A | 4,762 | 6,395 |
| | Marsh & McLennan Cos Inc | 157 | N/A | N/A | 12,522 | 33,348 |
| | Marvell Technology Inc | 149 | N/A | N/A | 10,203 | 16,457 |
| | McDonalds Corp | 124 | N/A | N/A | 19,980 | 35,946 |
| | Merck & Co Inc | 440 | N/A | N/A | 32,166 | 43,771 |
| | Merck & Co Inc | 205 | N/A | N/A | 8,760 | 20,393 |
| | Meta Platforms Inc | 84 | N/A | N/A | 17,279 | 48,900 |
| | Microsoft Corp | 86 | N/A | N/A | 13,302 | 36,157 |
| | Microsoft Corp | 426 | N/A | N/A | 12,936 | 179,559 |
| | Mitsui Fudosan Co Ltd Adr | 130 | N/A | N/A | 3,950 | 3,152 |
| | Mizuho Fin'l Inc | 1,852 | N/A | N/A | 7,700 | 9,056 |
| | Mondelez Intl Inc | 654 | N/A | N/A | 33,041 | 39,063 |
| | Mondelez Int'l Inc | 214 | N/A | N/A | 9,085 | 12,782 |
| | MPLX LP | 1,897 | N/A | N/A | 67,821 | 90,790 |
| | MTU Aero Engines Sg | 46 | N/A | N/A | 5,147 | 7,620 |
| | National Fuel Gas Co | 674 | N/A | N/A | 38,774 | 40,898 |
| | Netflix Inc | 46 | N/A | N/A | 18,067 | 41,314 |

See Independent Auditors' Report.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO. 003
PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b) | (c) | | (d) | (e) |
|--|---|-------------|--------------------------------|-------------|--------------------------------|
| <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u> | <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u> | <u>Cost</u> | <u>Current</u> <u>Value</u> | <u>Cost</u> | <u>Current</u> <u>Value</u> |
| NextEra Energy Inc | 226 | N/A | N/A | 8,681 | 16,202 |
| NextEra Energy Inc | 485 | N/A | N/A | 14,473 | 34,770 |
| NextEra Energy Inc | 183 | N/A | N/A | 9,415 | 13,119 |
| NextEra Energy Partners LP | 760 | N/A | N/A | 19,194 | 13,528 |
| Nippon Sanso Holdings Corp | 365 | N/A | N/A | 5,428 | 5,137 |
| Nitori Holdings Co Ltd Adr | 408 | N/A | N/A | 5,737 | 4,838 |
| Nomura Resh Inst Ltd Adr | 154 | N/A | N/A | 4,072 | 4,565 |
| Nordea Bank Adr | 289 | N/A | N/A | 3,459 | 3,142 |
| Novo Nordisk | 122 | N/A | N/A | 10,762 | 10,494 |
| Nvidia Corp | 709 | N/A | N/A | 76,303 | 95,212 |
| One Gas Inc | 234 | N/A | N/A | 14,434 | 16,205 |
| Oneok Inc | 808 | N/A | N/A | 47,509 | 81,123 |
| Oneok Inc | 144 | N/A | N/A | 11,418 | 14,458 |
| Oracle Corp | 259 | N/A | N/A | 10,387 | 43,160 |
| Paychex Inc | 141 | N/A | N/A | 7,518 | 19,771 |
| PepsiCo Inc | 249 | N/A | N/A | 27,099 | 37,863 |
| PepsiCo Inc | 175 | N/A | N/A | 10,265 | 26,611 |
| PG&E Corp | 408 | N/A | N/A | 8,228 | 8,233 |
| Phillips 66 | 169 | N/A | N/A | 15,200 | 19,254 |
| Plains Group Holdings LP | 3,597 | N/A | N/A | 26,959 | 66,113 |
| PNC Financial Svcs | 191 | N/A | N/A | 27,564 | 36,834 |
| PPL Corporation | 1,002 | N/A | N/A | 27,530 | 32,525 |
| PPL Corporation | 591 | N/A | N/A | 15,984 | 19,184 |
| Procter & Gamble | 253 | N/A | N/A | 31,357 | 42,415 |
| Procter & Gamble | 222 | N/A | N/A | 12,313 | 37,218 |
| Progressive Corp | 66 | N/A | N/A | 8,052 | 15,860 |
| Public Service Enterprise | 290 | N/A | N/A | 14,220 | 24,502 |
| Puma Se Adr | 5 | N/A | N/A | 2,942 | 2,844 |
| Qualcomm Inc | 91 | N/A | N/A | 10,568 | 14,035 |
| Quanta Services Inc | 50 | N/A | N/A | 1,641 | 15,936 |
| Recruit Holdings Co Ltd | 273 | N/A | N/A | 1,781 | 3,872 |
| Relx Plc | 322 | N/A | N/A | 7,266 | 14,625 |
| Renasas Electronics Corp | 438 | N/A | N/A | 2,823 | 2,852 |
| RTX Corp | 81 | N/A | N/A | 7,855 | 9,418 |
| RTX Corp | 220 | N/A | N/A | 4,507 | 25,458 |
| Ryanair Holdings | 133 | N/A | N/A | 3,914 | 5,797 |
| Sampo Oyj | 268 | N/A | N/A | 6,014 | 5,464 |
| Sap Ag | 25 | N/A | N/A | 3,521 | 6,171 |
| Sempra | 326 | N/A | N/A | 18,572 | 28,597 |
| Sempra | 275 | N/A | N/A | 20,952 | 24,123 |
| Sempra | 696 | N/A | N/A | 45,291 | 61,053 |
| Sherwin Williams Co | 49 | N/A | N/A | 13,286 | 16,745 |
| Shin Etsu Chem Co Ltd | 267 | N/A | N/A | 5,404 | 4,499 |
| Siemens Healthineers Ag Adr | 75 | N/A | N/A | 7,126 | 7,238 |
| South Bow Corp | 349 | N/A | N/A | 7,582 | 8,226 |
| Southern Co | 392 | N/A | N/A | 30,608 | 32,269 |
| Starbucks Corp | 87 | N/A | N/A | 8,457 | 7,928 |

See Independent Auditors' Report.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO. 003
PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b) | (c) | | (d) | (e) | |
|-----|--|---|-----|-------------|--------------------------|----------------------|
| | <u>Identity of Issue, Borrower, Lessor, or Similar Party</u> | <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u> | | <u>Cost</u> | <u>Current Value</u> | |
| | Stryker Corp | 81 | N/A | N/A | 17,165 | 29,202 |
| | Suncor Energy Inc | 151 | N/A | N/A | 3,505 | 5,388 |
| | Sunoco | 481 | N/A | N/A | 26,932 | 24,743 |
| | Suzuki Mtr Corp | 104 | N/A | N/A | 4,769 | 4,738 |
| | Symrise Ag Adr | 168 | N/A | N/A | 5,142 | 4,464 |
| | Synopsys Inc | 62 | N/A | N/A | 31,920 | 30,240 |
| | Targa Resources Corp | 231 | N/A | N/A | 15,708 | 41,234 |
| | Tc Energy Corp | 564 | N/A | N/A | 19,894 | 26,243 |
| | Techtronic Ind Ltd Adr | 80 | N/A | N/A | 5,248 | 5,273 |
| | Texas Instruments | 152 | N/A | N/A | 9,900 | 28,502 |
| | Thales Adr | 192 | N/A | N/A | 4,966 | 5,513 |
| | Thermo Fisher Scientific | 59 | N/A | N/A | 31,823 | 30,740 |
| | TJX Cos Inc | 35 | N/A | N/A | 10,795 | 52,552 |
| | T-Mobile Us Inc | 60 | N/A | N/A | 6,604 | 13,154 |
| | Tokyo Electron Ltd Adr | 67 | N/A | N/A | 6,151 | 5,135 |
| | Travelers Companies Inc | 158 | N/A | N/A | 28,500 | 38,061 |
| | Travelers Companies Inc | 158 | N/A | N/A | 7,328 | 38,061 |
| | Unilever Plc | 257 | N/A | N/A | 13,534 | 14,572 |
| | Union Pacific Corp | 75 | N/A | N/A | 16,930 | 17,189 |
| | United Parcel Service Inc | 56 | N/A | N/A | 9,539 | 7,107 |
| | UnitedHealth Group | 60 | N/A | N/A | 17,039 | 30,312 |
| | Universal Music Group Nv | 425 | N/A | N/A | 4,622 | 5,440 |
| | Us Bancorp | 546 | N/A | N/A | 20,042 | 26,115 |
| | Vat Group Ag-Adr | 45 | N/A | N/A | 2,203 | 1,696 |
| | Visa Inc | 180 | N/A | N/A | 3,233 | 56,887 |
| | Vulcan Materials Co | 93 | N/A | N/A | 17,159 | 23,974 |
| | Walt Disney Co | 246 | N/A | N/A | 7,642 | 27,392 |
| | Waste Mgmt Inc | 2,146 | N/A | N/A | 8,662 | 43,183 |
| | WEC Energy Group Inc | 258 | N/A | N/A | 20,693 | 24,262 |
| | WEC Energy Group Inc | 133 | N/A | N/A | 7,678 | 12,507 |
| | Westlake Chemical Partners LP | 870 | N/A | N/A | 17,391 | 20,132 |
| | Williams Co Inc | 302 | N/A | N/A | 4,948 | 16,344 |
| | Williams Co Inc | 863 | N/A | N/A | 30,927 | 46,706 |
| | Xcel Energy Inc | 361 | N/A | N/A | 19,392 | 24,375 |
| | Total Common Stock | | | | <u>3,114,270</u> | <u>5,273,869</u> |
| | Mutual Funds: | | | | | |
| | Lazard Global Listed Infrastructure Port. | 23,321 | N/A | N/A | 371,620 | 364,501 |
| | MSIF Ultra Short Income Fund | 65,098 | N/A | N/A | 651,989 | 650,333 |
| | Total Mutual Funds | | | | <u>1,023,609</u> | <u>1,014,834</u> |
| | Total Investments - Non Participant Directed | | | | <u>\$ 17,183,002</u> | <u>\$ 19,122,905</u> |

* Party-in-interest, as defined by ERISA

See Independent Auditors' Report.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO. 003
PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u> | (c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u> | (d) <u>Cost</u> | (e) <u>Current Value</u> |
|--|---|--|------------------------|-------------------------------------|
| Participant Directed Investments: | | | | |
| | American Funds Am Balanced | 4,206 | ** | \$ 203,519 |
| | American Funds Growth Fund | 1,561 | ** | 271,553 |
| | American Funds Wash Mutual | 1,100 | ** | 170,721 |
| | Baron Growth Fund | 1,360 | ** | 100,558 |
| | Blackrock Equity Dividend Fund | 286 | ** | 16,542 |
| | Fidelity Vip Contrafund Portfolio | 3,436 | ** | 242,014 |
| | Lord Abbett Small Cap Value Fund | 1,516 | ** | 90,134 |
| | PGIM Jennison Growth Fund | 1,394 | ** | 113,678 |
| | Templeton Growth Fund | 2,386 | ** | 63,752 |
| | Virtus NFJ Dividend Value Fund | 2,396 | ** | 59,173 |
| | * Voya Fixed Account | 52,455 | ** | 1,179,735 |
| | * Voya Fixed Account A | 27,118 | ** | 299,333 |
| | * Voya Global High Div.Low Volatility Fd | 3,679 | ** | 62,972 |
| | * Voya GNMA Income Fund | 1,216 | ** | 20,417 |
| | * Voya Gov't Money Market Portfolio | 28,228 | ** | 317,649 |
| | * Voya Index Plus Large Cap Portfolio | 3,707 | ** | 157,430 |
| | * Voya Intermediate Bond Fund | 2,355 | ** | 45,345 |
| | * Voya Solution 2025 Portfolio | 1,428 | ** | 34,748 |
| | * Voya Solution 2035 Portfolio | 781 | ** | 22,575 |
| | * Voya Solution 2040 Portfolio | 1,293 | ** | 24,470 |
| | * Voya Solution 2055 Portfolio | 1,128 | ** | 35,080 |
| | * Voya T Rowe Price Divr Mid Cap Port | 784 | ** | 55,033 |
| | * Voya T Rowe Price Equity Income Port | 878 | ** | 39,073 |
| | * Voya T Rowe Price Growth Equity Port. | 1,187 | ** | 65,833 |
| | * Voya T Rowe Price Mid-Cap Growth Fund | 1,938 | ** | 188,286 |
| | Total Participant Directed Investments | | | <u>\$ 3,879,623</u> |

*Party-in-Interest, as defined by ERISA.

** Cost omitted for participant directed investments

See Independent Auditors' Report.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO.003
PLAN NO. 003 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4j - Schedule of Reportable Transactions

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|-----------------------------------|-----------------------------|-----------------------|----------------------|---------------------|--|----------------------|---|---------------------------|
| <u>Identity of Party Involved</u> | <u>Description of Asset</u> | <u>Purchase Price</u> | <u>Selling Price</u> | <u>Lease Rental</u> | <u>Expense Incurred with Transaction</u> | <u>Cost of Asset</u> | <u>Current Value of Asset on Transaction Date</u> | <u>Net Gain or (Loss)</u> |
| United State Treasury | 4.375%, 07/15/27 | \$ 1,381,176 | \$ -- | N/A | N/A | \$1,381,176 | \$ 1,381,176 | \$ -- |
| United State Treasury | 4.625%, 04/30/29 | 1,543,027 | \$ -- | N/A | N/A | 1,543,027 | 1,543,027 | -- |

See Independent Auditors' Report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form Is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning and ending

- 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) _____
- C If the plan is a collectively-bargained plan, check here: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)
- D Check box if filing under: Form 5558 automatic extension the DFVC program special extension (enter description)
- E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

| | |
|--|--|
| <p>1a Name of plan OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL 29 ANNUITY PLAN</p> | <p>1b Three-digit plan number (PN) 003</p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OPERATIVE PLASTERERS & CEMENT MASONS LOCAL 29 ANNUITY FUND BOARD OF TRUSTEES 1149 BLOOMFIELD AVE SUITE E CLIFTON NJ 07012-2314</p> | <p>1c Effective date of plan 06/15/1984</p> <p>2b Employer Identification Number (EIN) **-***7478</p> <p>2c Plan Sponsor's telephone number 201-653-2065</p> <p>2d Business code (see Instructions) 238100</p> |

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

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

| | | | |
|-----------|------------------------------------|---------|--|
| SIGN HERE | <i>Marc I Gallo</i> | 10/6/25 | MARC GALLO |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | PETER NATALE |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

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

Form 5500 (2024)

| | | | |
|--|-------|-------------------------------------|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | | 3b Administrator's EIN | |
| | | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | | 4b EIN | |
| a Sponsor's name | | 4d PN | |
| c Plan Name | | | |
| 5 Total number of participants at the beginning of the plan year | 5 | 458 | |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). | | | |
| a(1) Total number of active participants at the beginning of the plan year | 6a(1) | 458 | |
| a(2) Total number of active participants at the end of the plan year | 6a(2) | 326 | |
| b Retired or separated participants receiving benefits | 6b | 0 | |
| c Other retired or separated participants entitled to future benefits | 6c | 0 | |
| d Subtotal. Add lines 6a(2), 6b, and 6c. | 6d | 326 | |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 6e | 0 | |
| f Total. Add lines 6d and 6e. | 6f | 326 | |
| g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 6g(1) | | |
| g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g(2) | 326 | |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | 45 | |

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

2H 2E

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

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

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

a Pension Schedules

(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 _____

| | | |
|---|---|--|
| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500. | OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form Is Open to Public Inspection |
|---|---|--|

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

| | | |
|---|---|--|
| 1a Name of plan OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL 29 ANNUITY PLAN | 1b Three-digit plan number (PN) | <input type="checkbox"/> 003 |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OPERATIVE PLASTERERS & CEMENT MASONS LOCAL 29 ANNUITY FUND BOARD OF TRUSTEES 1149 BLOOMFIELD AVE SUITE E CLIFTON NJ 07012-2314 | 1c Effective date of plan 06/15/1984 | 2b Employer Identification Number (EIN) **-***7478 |
| | 2c Plan Sponsor's telephone number 201-653-2065 | 2d Business code (see instructions) 238100 |

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 | | | MARC GALLO |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| (X) SIGN HERE | <i>Peter Natale</i> | 10/6/2025 | PETER NATALE |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | | |
|--|-------|-------------------------------------|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | | 3b Administrator's EIN | |
| | | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | | 4b EIN | |
| a Sponsor's name | | 4d PN | |
| c Plan Name | | | |
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|---|--|---|---|
| 9a Plan funding arrangement (check all that apply) | | 9b Plan benefit arrangement (check all that apply) | |
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| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust | (4) <input type="checkbox"/> General assets of the sponsor |
| (3) <input checked="" type="checkbox"/> Trust | (4) <input type="checkbox"/> General assets of the sponsor | | |
| (4) <input type="checkbox"/> General assets of the sponsor | | | |

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- (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 _____

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO. 003
PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u> | (c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u> | | (d) <u>Cost</u> | (e) <u>Current Value</u> |
|-------------------------------------|---|--|--------|--------------------|---------------------------------|
| Short Term Investments: | | | | | |
| | Federated Hermes Govt Oblig. Fd | 14,449 | Varies | N/A \$ 14,449 | \$ 14,449 |
| | * Morgan Stanley Bank NA | 738,073 | Varies | N/A 1,417,202 | 1,417,202 |
| | * MSBNA Preferred Savings | 18,808 | Varies | N/A 19,015 | 19,015 |
| Total Short Term Investments | | | | <u>1,450,666</u> | <u>1,450,666</u> |
| U.S. Government Securities: | | | | | |
| | FHLMC Pool SD8243 | 327,759 | 3.500% | 08/01/52 295,793 | 290,321 |
| | FHLMC Pool SD8349 | 232,537 | 5.500% | 08/01/53 230,611 | 229,744 |
| | FHLMC Pool SD8382 | 351,000 | 5.000% | 12/01/53 326,578 | 322,300 |
| | FNMA Pool MA4580 | 352,560 | 3.500% | 04/01/52 350,455 | 312,365 |
| | FNMA Pool MA4600 | 224,050 | 3.500% | 05/01/52 217,005 | 198,493 |
| | FNMA Pool MA4761 | 224,973 | 5.000% | 09/01/52 218,980 | 217,778 |
| | FNMA Pool MA5294 | 511,904 | 5.000% | 03/01/54 496,814 | 494,106 |
| | US Treasury Bill | 177,000 | Varies | 02/06/25 174,956 | 176,275 |
| | US Treasury Note | 1,313,000 | 4.250% | 04/30/29 1,337,530 | 1,326,335 |
| | US Treasury Note | 619,000 | 4.500% | 05/15/27 627,695 | 622,289 |
| | US Treasury Note | 812,000 | 4.375% | 07/15/27 818,226 | 814,379 |
| | US Treasury Note | 333,000 | 4.375% | 11/30/28 334,180 | 333,260 |
| | US Treasury Note | 860,000 | 4.125% | 11/15/27 856,274 | 856,439 |
| | US Treasury Note | 439,000 | 3.875% | 08/15/33 415,424 | 418,113 |
| | US Treasury Note | 239,000 | 3.750% | 05/31/30 235,054 | 231,438 |
| | US Treasury Note | 426,000 | 3.250% | 06/30/29 414,772 | 406,664 |
| | US Treasury Note | 481,000 | 1.875% | 02/15/32 423,993 | 404,829 |
| | US Treasury Note | 283,000 | 1.375% | 11/15/31 262,069 | 231,353 |
| Total U.S. Government Bonds | | | | <u>8,036,409</u> | <u>7,886,481</u> |
| Corporate Bonds: | | | | | |
| | AbbVie Inc | 240,000 | 2.950% | 11/21/26 241,428 | 233,228 |
| | Airlease Corp. | 183,000 | 3.250% | 10/01/29 179,063 | 168,789 |
| | American Electric Power Co Inc | 164,000 | 5.625% | 03/01/33 169,162 | 165,791 |
| | Amgen Inc | 165,000 | 5.250% | 03/02/30 167,572 | 166,571 |
| | Bank of America Corp | 245,000 | 1.730% | 07/22/27 227,017 | 233,586 |
| | Bank of America Corp | 276,000 | 2.299% | 07/21/32 261,341 | 230,250 |
| | Capital One Fin'l Corp | 229,000 | 5.700% | 02/01/30 236,268 | 232,130 |
| | Charles Schwab Corp | 89,000 | 4.000% | 06/20/26 81,490 | 86,171 |
| | Citigroup Inc | 357,000 | 3.887% | 01/10/28 365,954 | 349,981 |
| | Edison International | 83,000 | 5.750% | 06/15/27 84,703 | 84,424 |
| | Energy Transfer Operating LP | 168,000 | 5.250% | 04/15/29 169,484 | 168,765 |
| | Goldman Sachs Group Inc | 238,000 | 4.223% | 05/01/29 236,248 | 231,557 |
| | Kroger Co | 171,000 | 5.000% | 09/15/34 172,504 | 165,825 |
| | Sabine Pass Liquefacton LLC | 168,000 | 5.000% | 03/15/27 168,084 | 168,344 |
| | Toronto-Dominion Bank | 233,000 | 4.693% | 09/15/27 230,183 | 232,480 |

See Independent Auditors' Report.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO. 003
PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u> | (c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u> | | | (d) <u>Cost</u> | (e) <u>Current Value</u> |
|----------------------|---|--|--------|----------|--------------------|---------------------------------|
| | US Bankcorp | 284,000 | 2.491% | 11/03/36 | 224,827 | 230,049 |
| | Wells Fargo & Co | 360,000 | 3.526% | 03/24/28 | 342,720 | 349,114 |
| | Total Corporate Bonds | | | | <u>3,558,048</u> | <u>3,497,055</u> |
| Common Stock: | | | | | | |
| | 3I Group | 176 | N/A | N/A | 3,515 | 3,928 |
| | Abb Ltd Adr | 176 | N/A | N/A | 4,071 | 9,530 |
| | AbbVie Inc | 28 | N/A | N/A | 19,616 | 49,756 |
| | AbbVie Inc | 186 | N/A | N/A | 28,927 | 33,052 |
| | Adidas Ag | 55 | N/A | N/A | 5,748 | 6,750 |
| | Adobe Inc | 61 | N/A | N/A | 15,216 | 27,084 |
| | ADP Inc | 103 | N/A | N/A | 12,919 | 30,151 |
| | ADP Inc | 130 | N/A | N/A | 5,084 | 38,055 |
| | Aia Group Ltd | 182 | N/A | N/A | 6,371 | 5,276 |
| | Air Liquide Adr | 280 | N/A | N/A | 7,645 | 9,099 |
| | Air Product & Chemicals Inc | 8 | N/A | N/A | 11,003 | 22,571 |
| | Allete Inc | 127 | N/A | N/A | 8,191 | 8,230 |
| | Alliant Energy Corp | 411 | N/A | N/A | 20,129 | 24,307 |
| | Alphabet Inc Cl A | 441 | N/A | N/A | 10,097 | 83,481 |
| | Altagas Ltd | 704 | N/A | N/A | 10,817 | 16,426 |
| | Amazon.Com Inc | 441 | N/A | N/A | 49,033 | 96,751 |
| | Ameren Corp | 91 | N/A | N/A | 6,982 | 8,127 |
| | American Electric Power Co | 353 | N/A | N/A | 26,954 | 32,557 |
| | Aon Plc | 33 | N/A | N/A | 5,747 | 11,746 |
| | Apple Inc | 402 | N/A | N/A | 25,364 | 100,669 |
| | Archrock Inc | 830 | N/A | N/A | 6,378 | 20,659 |
| | Arista Networks Inc | 236 | N/A | N/A | 13,554 | 26,085 |
| | Asics Corp Adr | 232 | N/A | N/A | 1,038 | 4,591 |
| | ASM International | 5 | N/A | N/A | 1,935 | 2,970 |
| | ASML Holding | 12 | N/A | N/A | 8,731 | 8,498 |
| | ASML Holding | 50 | N/A | N/A | 34,007 | 34,975 |
| | AstraZeneca Plc Adr | 87 | N/A | N/A | 6,847 | 5,677 |
| | Atco Ltd | 743 | N/A | N/A | 21,657 | 24,623 |
| | Atmos Energy Cp | 204 | N/A | N/A | 21,051 | 28,411 |
| | Bank of America Corp | 1,029 | N/A | N/A | 33,603 | 45,225 |
| | Bankinter | 466 | N/A | N/A | 3,767 | 3,687 |
| | Berkshire Hathaway Cl B | 15 | N/A | N/A | 10,330 | 71,165 |
| | BJ's Wholesale Club Hldgs Inc | 116 | N/A | N/A | 11,248 | 10,365 |
| | Broadcom Inc | 458 | N/A | N/A | 11,536 | 106,183 |
| | Broadcom Inc | 203 | N/A | N/A | 29,965 | 47,064 |
| | Bureau Veritas Sa | 107 | N/A | N/A | 6,398 | 6,502 |
| | Canadian Pacific Kansas City | 193 | N/A | N/A | 12,920 | 13,967 |
| | Capgemini S E Adr | 202 | N/A | N/A | 7,593 | 6,557 |
| | CenterPoint Energy Inc | 761 | N/A | N/A | 21,056 | 24,147 |
| | Cheniere Energy Inc | 97 | N/A | N/A | 8,939 | 20,878 |
| | Cheniere Energy Partners LP | 538 | N/A | N/A | 20,950 | 28,579 |

See Independent Auditors' Report.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO. 003
PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b) | (c) | | (d) | (e) | |
|-----|--|---|-----|-------------|--------------------------|---------|
| | <u>Identity of Issue, Borrower, Lessor, or Similar Party</u> | <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u> | | <u>Cost</u> | <u>Current Value</u> | |
| | Chevron Corp | 199 | N/A | N/A | 20,605 | 28,823 |
| | Chevron Corp | 108 | N/A | N/A | 15,731 | 15,643 |
| | Chubb Ltd | 17 | N/A | N/A | 3,673 | 4,598 |
| | Cisco Systems Inc | 127 | N/A | N/A | 3,703 | 7,518 |
| | Clearway Energy Inc | 997 | N/A | N/A | 22,643 | 24,377 |
| | CME Group Inc | 77 | N/A | N/A | 16,175 | 17,931 |
| | CME Group Inc | 62 | N/A | N/A | 7,310 | 14,385 |
| | CMS Energy Cp | 243 | N/A | N/A | 13,672 | 16,196 |
| | Coca Cola Co | 198 | N/A | N/A | 11,789 | 12,327 |
| | Comcast Corp | 561 | N/A | N/A | 6,832 | 21,054 |
| | Compagnie Fin Richemontag Adr | 510 | N/A | N/A | 6,725 | 7,761 |
| | Compass Group Plc | 252 | N/A | N/A | 5,226 | 8,401 |
| | ConocoPhillips | 126 | N/A | N/A | 14,093 | 12,495 |
| | Contl Ag Spons Adr | 356 | N/A | N/A | 2,695 | 2,389 |
| | Corning Inc | 394 | N/A | N/A | 13,848 | 18,723 |
| | CRH Plc | 28 | N/A | N/A | 2,160 | 2,596 |
| | Croda Int'l Plc Adr | 145 | N/A | N/A | 3,951 | 3,074 |
| | Crown Holdings Inc | 191 | N/A | N/A | 15,472 | 15,794 |
| | DBS Group Holdings | 35 | N/A | N/A | 2,231 | 4,463 |
| | Dell Technologies Inc | 164 | N/A | N/A | 12,545 | 18,899 |
| | Diploma Plc Adr | 27 | N/A | N/A | 4,818 | 5,817 |
| | Disco Corp Adr | 98 | N/A | N/A | 2,876 | 2,653 |
| | Dominion Energy Inc | 303 | N/A | N/A | 15,942 | 16,320 |
| | DSV As Adr | 25 | N/A | N/A | 2,665 | 2,637 |
| | Dt Midstream Inc | 247 | N/A | N/A | 11,834 | 24,559 |
| | DTE Energy Co | 202 | N/A | N/A | 22,167 | 24,392 |
| | Duke Energy Corp | 150 | N/A | N/A | 14,618 | 16,161 |
| | Eaton Corp | 99 | N/A | N/A | 9,764 | 32,803 |
| | Eaton Corp | 108 | N/A | N/A | 15,801 | 35,842 |
| | Ecolab Inc | 110 | N/A | N/A | 8,273 | 25,775 |
| | Eli Lilly & Co | 73 | N/A | N/A | 7,866 | 56,452 |
| | Eli Lilly & Co | 69 | N/A | N/A | 52,833 | 53,198 |
| | Emerson Electric Co | 177 | N/A | N/A | 16,025 | 21,936 |
| | Enbridge Inc | 622 | N/A | N/A | 20,370 | 26,391 |
| | Energy Transfer LP | 6,748 | N/A | N/A | 70,967 | 132,192 |
| | Entergy Corp | 324 | N/A | N/A | 17,115 | 24,566 |
| | Enterprise Prod Prtnrs LP | 5,527 | N/A | N/A | 119,342 | 173,326 |
| | Epiroc Aktiebolag Adr | 288 | N/A | N/A | 5,407 | 5,019 |
| | EQT Corp | 341 | N/A | N/A | 11,963 | 15,724 |
| | Essential Utilities Inc | 447 | N/A | N/A | 15,922 | 16,235 |
| | Evergy Inc | 330 | N/A | N/A | 17,179 | 20,312 |
| | Experion Gp Ltd | 147 | N/A | N/A | 6,147 | 6,342 |
| | Exxon Mobil Corp | 137 | N/A | N/A | 15,270 | 14,737 |
| | Exxon Mobil Corp | 302 | N/A | N/A | 18,443 | 32,486 |
| | Fanuc Corp | 374 | N/A | N/A | 5,315 | 4,968 |
| | Fastenal Co | 110 | N/A | N/A | 5,971 | 7,910 |
| | Fortis Inc | 389 | N/A | N/A | 15,392 | 16,171 |

See Independent Auditors' Report.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO. 003
PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b) | (c) | | (d) | (e) |
|--|---|-------------|--------------------------------|--------|---------|
| <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u> | <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u> | <u>Cost</u> | <u>Current</u> <u>Value</u> | | |
| Generac Holdings Inc | 79 | N/A | N/A | 12,191 | 12,231 |
| General Dynamics Corp | 36 | N/A | N/A | 9,968 | 9,552 |
| Gildan Activewear Inc | 47 | N/A | N/A | 5,286 | 6,587 |
| Halma Plc | 77 | N/A | N/A | 3,956 | 5,168 |
| Hess Midstream LP | 563 | N/A | N/A | 14,487 | 20,848 |
| Hexagon Ab Adr | 196 | N/A | N/A | 1,951 | 1,873 |
| Home Depot Inc | 87 | N/A | N/A | 11,723 | 33,826 |
| Honeywell Int'l Inc | 186 | N/A | N/A | 9,887 | 42,016 |
| Hoya Corp Adr | 47 | N/A | N/A | 4,895 | 5,934 |
| Hp Inc | 334 | N/A | N/A | 11,943 | 10,898 |
| Icon Plc | 20 | N/A | N/A | 4,478 | 4,245 |
| Idacorp Inc | 75 | N/A | N/A | 6,100 | 8,219 |
| Illinois Tool Works Inc | 65 | N/A | N/A | 8,146 | 16,612 |
| Imcd Group N V Adr | 73 | N/A | N/A | 5,349 | 5,390 |
| Ing Groep Nv Adr | 399 | N/A | N/A | 5,148 | 6,252 |
| Intercontinental Exchange Inc | 179 | N/A | N/A | 20,521 | 26,673 |
| James Hardie Inds Se | 108 | N/A | N/A | 4,218 | 3,327 |
| Johnson & Johnson | 145 | N/A | N/A | 22,373 | 20,970 |
| Johnson & Johnson | 268 | N/A | N/A | 17,635 | 38,758 |
| JP Morgan Chase & Co | 126 | N/A | N/A | 21,810 | 30,204 |
| JP Morgan Chase & Co | 247 | N/A | N/A | 8,314 | 59,208 |
| Kao Corp | 364 | N/A | N/A | 2,955 | 2,959 |
| KBC Group | 173 | N/A | N/A | 5,751 | 6,677 |
| Keurig Dr Pepper Inc | 506 | N/A | N/A | 17,358 | 16,253 |
| Keyera Corp | 818 | N/A | N/A | 19,065 | 24,871 |
| Kinder Morgan Inc | 483 | N/A | N/A | 8,423 | 13,234 |
| Kinder Morgan Incorp | 2,103 | N/A | N/A | 35,967 | 57,622 |
| Kinder Morgan Incorp | 833 | N/A | N/A | 16,542 | 22,824 |
| Linde Plc | 51 | N/A | N/A | 21,581 | 21,486 |
| Lockheed Martin Corp | 45 | N/A | N/A | 10,803 | 21,904 |
| London Stock Exchange Group | 181 | N/A | N/A | 4,762 | 6,395 |
| Marsh & McLennan Cos Inc | 157 | N/A | N/A | 12,522 | 33,348 |
| Marvell Technology Inc | 149 | N/A | N/A | 10,203 | 16,457 |
| McDonalds Corp | 124 | N/A | N/A | 19,980 | 35,946 |
| Merck & Co Inc | 440 | N/A | N/A | 32,166 | 43,771 |
| Merck & Co Inc | 205 | N/A | N/A | 8,760 | 20,393 |
| Meta Platforms Inc | 84 | N/A | N/A | 17,279 | 48,900 |
| Microsoft Corp | 86 | N/A | N/A | 13,302 | 36,157 |
| Microsoft Corp | 426 | N/A | N/A | 12,936 | 179,559 |
| Mitsui Fudosan Co Ltd Adr | 130 | N/A | N/A | 3,950 | 3,152 |
| Mizuho Fin'l Inc | 1,852 | N/A | N/A | 7,700 | 9,056 |
| Mondelez Intl Inc | 654 | N/A | N/A | 33,041 | 39,063 |
| Mondelez Int'l Inc | 214 | N/A | N/A | 9,085 | 12,782 |
| MPLX LP | 1,897 | N/A | N/A | 67,821 | 90,790 |
| MTU Aero Engines Sg | 46 | N/A | N/A | 5,147 | 7,620 |
| National Fuel Gas Co | 674 | N/A | N/A | 38,774 | 40,898 |
| Netflix Inc | 46 | N/A | N/A | 18,067 | 41,314 |

See Independent Auditors' Report.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO. 003
PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b) | (c) | | (d) | (e) |
|--|---|-------------|--------------------------------|--------|--------|
| <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u> | <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u> | <u>Cost</u> | <u>Current</u> <u>Value</u> | | |
| NextEra Energy Inc | 226 | N/A | N/A | 8,681 | 16,202 |
| NextEra Energy Inc | 485 | N/A | N/A | 14,473 | 34,770 |
| NextEra Energy Inc | 183 | N/A | N/A | 9,415 | 13,119 |
| NextEra Energy Partners LP | 760 | N/A | N/A | 19,194 | 13,528 |
| Nippon Sanso Holdings Corp | 365 | N/A | N/A | 5,428 | 5,137 |
| Nitori Holdings Co Ltd Adr | 408 | N/A | N/A | 5,737 | 4,838 |
| Nomura Resh Inst Ltd Adr | 154 | N/A | N/A | 4,072 | 4,565 |
| Nordea Bank Adr | 289 | N/A | N/A | 3,459 | 3,142 |
| Novo Nordisk | 122 | N/A | N/A | 10,762 | 10,494 |
| Nvidia Corp | 709 | N/A | N/A | 76,303 | 95,212 |
| One Gas Inc | 234 | N/A | N/A | 14,434 | 16,205 |
| Oneok Inc | 808 | N/A | N/A | 47,509 | 81,123 |
| Oneok Inc | 144 | N/A | N/A | 11,418 | 14,458 |
| Oracle Corp | 259 | N/A | N/A | 10,387 | 43,160 |
| Paychex Inc | 141 | N/A | N/A | 7,518 | 19,771 |
| PepsiCo Inc | 249 | N/A | N/A | 27,099 | 37,863 |
| PepsiCo Inc | 175 | N/A | N/A | 10,265 | 26,611 |
| PG&E Corp | 408 | N/A | N/A | 8,228 | 8,233 |
| Phillips 66 | 169 | N/A | N/A | 15,200 | 19,254 |
| Plains Group Holdings LP | 3,597 | N/A | N/A | 26,959 | 66,113 |
| PNC Financial Svcs | 191 | N/A | N/A | 27,564 | 36,834 |
| PPL Corporation | 1,002 | N/A | N/A | 27,530 | 32,525 |
| PPL Corporation | 591 | N/A | N/A | 15,984 | 19,184 |
| Procter & Gamble | 253 | N/A | N/A | 31,357 | 42,415 |
| Procter & Gamble | 222 | N/A | N/A | 12,313 | 37,218 |
| Progressive Corp | 66 | N/A | N/A | 8,052 | 15,860 |
| Public Service Enterprise | 290 | N/A | N/A | 14,220 | 24,502 |
| Puma Se Adr | 5 | N/A | N/A | 2,942 | 2,844 |
| Qualcomm Inc | 91 | N/A | N/A | 10,568 | 14,035 |
| Quanta Services Inc | 50 | N/A | N/A | 1,641 | 15,936 |
| Recruit Holdings Co Ltd | 273 | N/A | N/A | 1,781 | 3,872 |
| Relx Plc | 322 | N/A | N/A | 7,266 | 14,625 |
| Renesas Electronics Corp | 438 | N/A | N/A | 2,823 | 2,852 |
| RTX Corp | 81 | N/A | N/A | 7,855 | 9,418 |
| RTX Corp | 220 | N/A | N/A | 4,507 | 25,458 |
| Ryanair Holdings | 133 | N/A | N/A | 3,914 | 5,797 |
| Sampo Oyj | 268 | N/A | N/A | 6,014 | 5,464 |
| Sap Ag | 25 | N/A | N/A | 3,521 | 6,171 |
| Sempra | 326 | N/A | N/A | 18,572 | 28,597 |
| Sempra | 275 | N/A | N/A | 20,952 | 24,123 |
| Sempra | 696 | N/A | N/A | 45,291 | 61,053 |
| Sherwin Williams Co | 49 | N/A | N/A | 13,286 | 16,745 |
| Shin Etsu Chem Co Ltd | 267 | N/A | N/A | 5,404 | 4,499 |
| Siemens Healthineers Ag Adr | 75 | N/A | N/A | 7,126 | 7,238 |
| South Bow Corp | 349 | N/A | N/A | 7,582 | 8,226 |
| Southern Co | 392 | N/A | N/A | 30,608 | 32,269 |
| Starbucks Corp | 87 | N/A | N/A | 8,457 | 7,928 |

See Independent Auditors' Report.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO. 003
PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b) | (c) | | (d) | (e) |
|--|---|----------------------|--------------------------------|-----|-----|
| <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u> | <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u> | <u>Cost</u> | <u>Current</u> <u>Value</u> | | |
| Stryker Corp | 81 N/A N/A | 17,165 | 29,202 | | |
| Suncor Energy Inc | 151 N/A N/A | 3,505 | 5,388 | | |
| Sunoco | 481 N/A N/A | 26,932 | 24,743 | | |
| Suzuki Mtr Corp | 104 N/A N/A | 4,769 | 4,738 | | |
| Symrise Ag Adr | 168 N/A N/A | 5,142 | 4,464 | | |
| Synopsys Inc | 62 N/A N/A | 31,920 | 30,240 | | |
| Targa Resources Corp | 231 N/A N/A | 15,708 | 41,234 | | |
| Tc Energy Corp | 564 N/A N/A | 19,894 | 26,243 | | |
| Techtronic Ind Ltd Adr | 80 N/A N/A | 5,248 | 5,273 | | |
| Texas Instruments | 152 N/A N/A | 9,900 | 28,502 | | |
| Thales Adr | 192 N/A N/A | 4,966 | 5,513 | | |
| Thermo Fisher Scientific | 59 N/A N/A | 31,823 | 30,740 | | |
| TJX Cos Inc | 35 N/A N/A | 10,795 | 52,552 | | |
| T-Mobile Us Inc | 60 N/A N/A | 6,604 | 13,154 | | |
| Tokyo Electron Ltd Adr | 67 N/A N/A | 6,151 | 5,135 | | |
| Travelers Companies Inc | 158 N/A N/A | 28,500 | 38,061 | | |
| Travelers Companies Inc | 158 N/A N/A | 7,328 | 38,061 | | |
| Unilever Plc | 257 N/A N/A | 13,534 | 14,572 | | |
| Union Pacific Corp | 75 N/A N/A | 16,930 | 17,189 | | |
| United Parcel Service Inc | 56 N/A N/A | 9,539 | 7,107 | | |
| UnitedHealth Group | 60 N/A N/A | 17,039 | 30,312 | | |
| Universal Music Group Nv | 425 N/A N/A | 4,622 | 5,440 | | |
| Us Bancorp | 546 N/A N/A | 20,042 | 26,115 | | |
| Vat Group Ag-Adr | 45 N/A N/A | 2,203 | 1,696 | | |
| Visa Inc | 180 N/A N/A | 3,233 | 56,887 | | |
| Vulcan Materials Co | 93 N/A N/A | 17,159 | 23,974 | | |
| Walt Disney Co | 246 N/A N/A | 7,642 | 27,392 | | |
| Waste Mgmt Inc | 2,146 N/A N/A | 8,662 | 43,183 | | |
| WEC Energy Group Inc | 258 N/A N/A | 20,693 | 24,262 | | |
| WEC Energy Group Inc | 133 N/A N/A | 7,678 | 12,507 | | |
| Westlake Chemical Partners LP | 870 N/A N/A | 17,391 | 20,132 | | |
| Williams Co Inc | 302 N/A N/A | 4,948 | 16,344 | | |
| Williams Co Inc | 863 N/A N/A | 30,927 | 46,706 | | |
| Xcel Energy Inc | 361 N/A N/A | 19,392 | 24,375 | | |
| Total Common Stock | | <u>3,114,270</u> | <u>5,273,869</u> | | |
| Mutual Funds: | | | | | |
| Lazard Global Listed Infrastructure Port. | 23,321 N/A N/A | 371,620 | 364,501 | | |
| MSIF Ultra Short Income Fund | 65,098 N/A N/A | 651,989 | 650,333 | | |
| Total Mutual Funds | | <u>1,023,609</u> | <u>1,014,834</u> | | |
| Total Investments - Non Participant Directed | | <u>\$ 17,183,002</u> | <u>\$ 19,122,905</u> | | |

* Party-in-interest, as defined by ERISA

See Independent Auditors' Report.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO. 003
PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u> | (c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u> | (d) <u>Cost</u> | (e) <u>Current Value</u> |
|--|---|--|------------------------|-------------------------------------|
| Participant Directed Investments: | | | | |
| | American Funds Am Balanced | 4,206 | ** | \$ 203,519 |
| | American Funds Growth Fund | 1,561 | ** | 271,553 |
| | American Funds Wash Mutual | 1,100 | ** | 170,721 |
| | Baron Growth Fund | 1,360 | ** | 100,558 |
| | Blackrock Equity Dividend Fund | 286 | ** | 16,542 |
| | Fidelity Vip Contrafund Portfolio | 3,436 | ** | 242,014 |
| | Lord Abbett Small Cap Value Fund | 1,516 | ** | 90,134 |
| | PGIM Jennison Growth Fund | 1,394 | ** | 113,678 |
| | Templeton Growth Fund | 2,386 | ** | 63,752 |
| | Virtus NFJ Dividend Value Fund | 2,396 | ** | 59,173 |
| | * Voya Fixed Account | 52,455 | ** | 1,179,735 |
| | * Voya Fixed Account A | 27,118 | ** | 299,333 |
| | * Voya Global High Div.Low Volatility Fd | 3,679 | ** | 62,972 |
| | * Voya GNMA Income Fund | 1,216 | ** | 20,417 |
| | * Voya Gov't Money Market Portfolio | 28,228 | ** | 317,649 |
| | * Voya Index Plus Large Cap Portfolio | 3,707 | ** | 157,430 |
| | * Voya Intermediate Bond Fund | 2,355 | ** | 45,345 |
| | * Voya Solution 2025 Portfolio | 1,428 | ** | 34,748 |
| | * Voya Solution 2035 Portfolio | 781 | ** | 22,575 |
| | * Voya Solution 2040 Portfolio | 1,293 | ** | 24,470 |
| | * Voya Solution 2055 Portfolio | 1,128 | ** | 35,080 |
| | * Voya T Rowe Price Divr Mid Cap Port | 784 | ** | 55,033 |
| | * Voya T Rowe Price Equity Income Port | 878 | ** | 39,073 |
| | * Voya T Rowe Price Growth Equity Port. | 1,187 | ** | 65,833 |
| | * Voya T Rowe Price Mid-Cap Growth Fund | 1,938 | ** | 188,286 |
| | Total Participant Directed Investments | | | <u>\$ 3,879,623</u> |

*Party-in-Interest, as defined by ERISA.

** Cost omitted for participant directed investments

See Independent Auditors' Report.

OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL NO. 29 ANNUITY FUND
EIN #22-1507478 PLAN NO.003
PLAN NO. 003 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4j - Schedule of Reportable Transactions

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|-----------------------------------|-----------------------------|-----------------------|----------------------|---------------------|--|----------------------|---|---------------------------|
| <u>Identity of Party Involved</u> | <u>Description of Asset</u> | <u>Purchase Price</u> | <u>Selling Price</u> | <u>Lease Rental</u> | <u>Expense Incurred with Transaction</u> | <u>Cost of Asset</u> | <u>Current Value of Asset on Transaction Date</u> | <u>Net Gain or (Loss)</u> |
| United State Treasury | 4.375%, 07/15/27 | \$ 1,381,176 | \$ -- | N/A | N/A | \$1,381,176 | \$ 1,381,176 | \$ -- |
| United State Treasury | 4.625%, 04/30/29 | 1,543,027 | \$ -- | N/A | N/A | 1,543,027 | 1,543,027 | -- |

See Independent Auditors' Report.