

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan BRICKLAYERS LOCAL 8 & PLASTERERS LOCAL 233 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/01/1966
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) BRICKLAYERS LOCAL 8 & PLASTERERS LOCAL 233 PENSION FUND TRUSTEES C/O BENEFIT PROCESSING, INC. 20 BRACE ROAD, SUITE 114 CHERRY HILL, NJ 08034	2b Employer Identification Number (EIN) 23-6477536 2c Plan Sponsor's telephone number 856-616-2090 2d Business code (see instructions) 237990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	CLIFFORD MECKES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	CLIFFORD MECKES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 213
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) 52 6a(2) 55 6b 84 6c 49 6d 188 6e 25 6f 213 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 41

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB

(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

BRICKLAYERS LOCAL 8 & PLASTERERS LOCAL 233 PENSION PLAN

B Three-digit plan number (PN)

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

BRICKLAYERS LOCAL 8 & PLASTERERS LOCAL 233 PENSION FUND TRUSTEES

D Employer Identification Number (EIN)

23-6477536

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	17672308
(2) Actuarial value of assets for funding standard account	1b(2)	18173765
(c) (1) Accrued liability for plan using immediate gain methods	1c(1)	18988863
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	18988863
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	30510359
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	291012
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1567079
(3) Expected plan disbursements for the plan year	1d(3)	1667079

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

BORIS VAYNBLAT

RAE GROUP LLC

601 DRESHER ROAD, STE 201
HORSHAM, PA 19044-2203

Signature of actuary

Type or print name of actuary

Firm name

Address of the firm

10/08/2025

23-07445

Most recent enrollment number

215-773-0900

Telephone number (including area code)

Date

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule MB (Form 5500) 2024 v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	17672308
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	113	18437813
(2) For terminated vested participants	50	5949356
(3) For active participants:		
(a) Non-vested benefits		75692
(b) Vested benefits		6047498
(c) Total active	52	6123190
(4) Total	215	30510359
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	57.92 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	431724				
Totals ►			3(b)	431724	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	95.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	☒ Yes ☐ No	
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?	☒ Yes ☐ No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	654176
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2033

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	3.29 %
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	AF	AF	
d Valuation liability interest rate	6d	7.25 %	7.25 %	
e Salary scale	6e	% ☒ N/A		
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.7 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	17.6 %		
i Expense load included in normal cost reported in line 9b	6i	☒ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	100000		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-106273	-11052
4	-654176	-68031

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☐ Yes ☒ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☐ Yes ☒ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	787465

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	229418

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	4817744	958334
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 86112**e** Total charges. Add lines 9a through 9d.....**9e** 1273864**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 1647412**g** Employer contributions. Total from column (b) of line 3.....**9g** 431724**h** Amortization credits as of valuation date.....

Outstanding balance

9h 2355234 316058**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 157728**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	3421217
9j(2)	9434969

9j(3)**k (1)** Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 2552922**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 1279058**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year.....**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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

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

A Name of plan BRICKLAYERS LOCAL 8 & PLASTERERS LOCAL 233 PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS LOCAL 8 & PLASTERERS LOCAL 233 PENSION FUND TRUSTEES	D Employer Identification Number (EIN) 23-6477536

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BENEFIT PROCESSING, INC.

20 BRACE ROAD STE 114
CHERRY HILL, NJ 08034

23-2204388

(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?
	CONTRACT ADMINISTRATOR	43454	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUCKNO LISICKY & COMPANY

645 HAMILTON ST. STE 204
ALLENTOWN, PA 18101

23-2426656

(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?
	PLAN AUDITOR	29500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAE GROUP LLC

601 DRESHER ROAD, STE 201
HORSHAM, PA 19044

83-4646394

(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?
	PLAN ACTUARY	28976	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

E&M INSURANCE

418 STUMP ROAD STE 202
MONTGOMERYVILLE, PA 18936

47-3588504

(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?
	PLAN FIDUCIARY INSURANCE	9589	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE RIDGE INVESTMENT MANAGEMENT

5 HIGH RIDGE PARK 2ND FL
STAMFORD, CT 06905

26-2730112

(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?
	PLAN INVESTMENT ADVISOR	89473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARKOWITZ & RICHMAN

123 S. BROAD ST STE 2020
PHILADELPHIA, PA 19109

23-2111581

(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?
	PLAN ATTORNEY	12883	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PENSION BENEFIT GUARANTY CORP.

1200 K. STREET NW
WASHINGTON, DC 20005

(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?
	PBGC SERVICES	7955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
	A Name of plan BRICKLAYERS LOCAL 8 & PLASTERERS LOCAL 233 PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS LOCAL 8 & PLASTERERS LOCAL 233 PENSION FUND TRUSTEES	D Employer Identification Number (EIN) 23-6477536	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	101134	117998
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	13953	13598
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	242828	337525
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	11073058	11037246
(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)	6282789	6535584
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	17713762	18041951
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	41454	56323
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	41454	56323
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17672308	17985628

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)	845632	
(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)		845632
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	9756	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	254056	
(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)		263812
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	208224	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		208224
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	5414146	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5022137	
(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)	765170	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2474847

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1525370	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	413908	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1939278
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	33258	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	29500	
(5) Investment advisory and investment management fees	2i(5)	89473	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	28976	
(8) Legal fees	2i(8)	12883	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	28159	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		222249
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2161527

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		313320
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: **BUCKNO LISICKY & COMPANY**

(2) EIN: **23-2426656**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 589899.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan BRICKLAYERS LOCAL 8 & PLASTERERS LOCAL 233 PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS LOCAL 8 & PLASTERERS LOCAL 233 PENSION FUND TRUSTEES				D Employer Identification Number (EIN) 23-6477536	
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 0	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **CARETTI RESTORATION & PRESERVATION**

b EIN **87-0788142**

c Dollar amount contributed by employer **139570**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2027**

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) **7.90**

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

a Name of contributing employer **TWK CONSTRUCTION CO.**

b EIN **23-2343380**

c Dollar amount contributed by employer **120437**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2027**

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) **7.90**

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

a Name of contributing employer **DUGGAN & MARCON, INC**

b EIN **23-1567518**

c Dollar amount contributed by employer **79063**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2027**

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) **7.90**

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

a Name of contributing employer **CEMENT MASONS LOCAL 592-233**

b EIN **23-1972409**

c Dollar amount contributed by employer **67533**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2027**

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) **7.90**

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

a Name of contributing employer **LMB INDUSTRIAL SERVICES**

b EIN **26-1367237**

c Dollar amount contributed by employer **46259**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2027**

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) **7.90**

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

a Name of contributing employer **B.A.C. 54 PA**

b EIN **23-2469568**

c Dollar amount contributed by employer **42485**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2027**

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) **7.90**

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

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

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

14a

0

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

14b

0

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

14c

0

- 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_____.

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
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Name of Plan	BRICKLAYERS LOCAL 8 & PLASTERERS LOCAL 233 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	23-6477536	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25	3			2		
25 to 29				3		
30 to 34	6			1		
35 to 39				6		
40 to 44						
45 to 49				1		
50 to 54				1		
55 to 59				1		
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29	5					
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54	2			1		
55 to 59				1		
60 to 64				1		
65 to 69						
70 & Up						

Name of Plan	BRICKLAYERS LOCAL 8 & PLASTERERS LOCAL 233 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	23-6477536	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	3			2		
45 to 49	1					
50 to 54	1			1		
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49				2		
50 to 54						
55 to 59	1					
60 to 64	1					
65 to 69						
70 & Up						

Name of Plan	BRICKLAYERS LOCAL 8 & PLASTERERS LOCAL 233 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	23-6477536	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	4			2		
60 to 64						
65 to 69						
70 & Up						

**BRICKLAYERS LOCAL #8 AND
PLASTERERS LOCAL #233 PENSION PLAN**

FINANCIAL REPORT

December 31, 2024



A Professional Corporation

Certified Public Accountants | Business Consultants

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN

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December 31, 2024 and 2023

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Certified Public Accountants | Business Consultants

INDEPENDENT AUDITORS' REPORT

To the Trustees of the Bricklayers Local #8 and
Plasterers Local #233 Pension Plan
Cherry Hill, New Jersey

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of the Bricklayers Local #8 and Plasterers Local #233 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Bricklayers Local #8 and Plasterers Local #233 Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Bricklayers Local #8 and Plasterers Local #233 Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Bricklayers Local #8 and Plasterers Local #233 Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Bricklayers Local #8 and Plasterers Local #233 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Bricklayers Local #8 and Plasterers Local #233 Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

The supplemental schedules of Schedule H line 4i - schedule of assets held for investment purposes 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion -

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report. The schedule of income from contractors is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Allentown, Pennsylvania
October 14, 2025

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN**Statements of Net Assets Available for Benefits****December 31, 2024 and 2023**

	2024	2023
ASSETS		
INVESTMENTS		
Investments, at fair value	<u>\$ 17,910,355</u>	<u>\$ 17,598,675</u>
	<u>17,910,355</u>	<u>17,598,675</u>
RECEIVABLES		
Employer contributions	117,998	101,134
Accrued interest	978	783
Accrued dividends	<u>12,620</u>	<u>13,170</u>
	<u>131,596</u>	<u>115,087</u>
TOTAL ASSETS	<u>18,041,951</u>	<u>17,713,762</u>
LIABILITIES		
ACCRUED EXPENSES	<u>56,323</u>	<u>41,454</u>
TOTAL LIABILITIES	<u>56,323</u>	<u>41,454</u>
TOTAL NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 17,985,628</u>	<u>\$ 17,672,308</u>

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN**Statements of Changes in Net Assets Available for Benefits****Years Ended December 31, 2024 and 2023**

	2024	2023
ADDITIONS		
Investment Income		
Net appreciation in fair value of investments	\$ 1,157,179	\$ 2,366,901
Interest	263,812	233,371
Dividends	208,224	211,047
	<u>1,629,215</u>	<u>2,811,319</u>
Less: investment expenses	<u>89,473</u>	<u>81,948</u>
	<u>1,539,742</u>	<u>2,729,371</u>
 Contributions		
Employer	845,632	938,234
Less: reciprocal agreement payments	<u>413,908</u>	<u>455,526</u>
	<u>431,724</u>	<u>482,708</u>
 TOTAL ADDITIONS	<u>1,971,466</u>	<u>3,212,079</u>
 DEDUCTIONS		
Benefits paid to participants	<u>1,525,370</u>	<u>1,520,005</u>
Administrative Expenses		
Actuary services	28,976	12,625
Administrator fees	33,258	34,351
Auditing fees	29,500	26,000
Fees and commissions	4,004	4,299
Insurance premiums	9,589	10,744
Insurance, P.B.G.C.	7,955	7,735
Legal fees	12,883	12,565
Membership dues	1,275	1,195
Reimbursements	<u>5,336</u>	<u>6,286</u>
	<u>132,776</u>	<u>115,800</u>
 TOTAL DEDUCTIONS	<u>1,658,146</u>	<u>1,635,805</u>
 NET INCREASE	313,320	1,576,274
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>17,672,308</u>	<u>16,096,034</u>
End of year	<u>\$ 17,985,628</u>	<u>\$ 17,672,308</u>

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

NOTE 1. PLAN DESCRIPTION

The following brief description of the Bricklayers Local #8 and Plasterers Local #233 Pension Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit pension plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Under the Plan arrangements, contributing employers make contributions to the Plan in accordance with collective bargaining agreements.

Funding Policy

The Plan's funding policy is for the employers to make contributions to the Plan as determined by the Plan's actuary in amounts necessary to provide the Plan with assets sufficient to fund participants' benefits by the time they retire. Participant contributions are not permitted.

The Plan was formed under a trust agreement between the Bricklayers and Allied Craftsmen, Local #5 PA and Cement Masons and Plasterers Union #592 and the Lehigh Valley Contractors Association, acting on behalf of participating employers. The amount of the contribution is determined from time to time under a collective bargaining agreement or other written agreement between the Union and Association. The employer contribution rate for the Plan was increased from a \$7.40 blended rate to a \$7.90 blended rate for each hour worked by Plan participants effective May 1, 2024.

Although they have not expressed any intent to do so, the employers have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

Participants with 5 or more years of credited service are entitled to monthly pension benefits beginning at the normal retirement age which, for benefits accrued prior to May 22, 2007, is the earliest of (i) age 62 and the completion of 10 years of service, (ii) the later of age 65 and the 5th anniversary of joining the Plan, or (iii) the later of age 55 and the completion of 30 years of service. For benefits accrued on or after May 22, 2007, normal retirement age is the earlier of (i) age 62 and the completion of 10 years of service, or (ii) the later of age 65 and the 5th anniversary of joining the Plan.

The Plan permits early retirement with a reduced benefit on or after age 55 provided the participant has completed 10 years of credited service. However, for retirements on and after May 22, 2007, if the participant has attained age 55

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

and has completed at least 30 years of service, the normal retirement benefit is not reduced for early retirement. The Plan also provides for disability retirement.

A participant may elect to have his pension paid in any of the following forms: (1) Life annuity, benefit ceases upon the retiree's death; (2) Life annuity, with 5, 10, 15, or 20 years of payment guaranteed; (3) Joint and Survivor annuity, with 50%, 75% or 100% of the retiree's pension payable for the life of the surviving spouse.

As a result of the Pension Protection Act of 2006, the Plan was certified as being in "Critical Status" effective with the Plan Year beginning January 1, 2023. As a result, future contributions and early retirement benefits after entering Critical Status are determined in accordance with the Rehabilitation Plan that was adopted effective May 31, 2023. See Note 13 for details of the Rehabilitation Plan.

Death Benefits

The Plan provides a pre-retirement death benefit in the event of death before retirement. A 50% survivor pension is payable to the spouse for any member (active or inactive) who is vested, married for at least one year, and dies before retirement.

Benefit Accrual and Vesting

For benefit accrual (prior to July 1, 2009) and vesting, a full year of credited service is earned for each plan year in which a participant earns 1,000 hours of service. However, for benefit accrual only, a full year of credited service is earned for each plan year on or after July 1, 2009 in which a participant earns 1,400 hours of service. Prior to January 1, 1997, one-tenth of a year of credited service was credited for each 100 hours up to 1,800 hours in a plan year.

Effective January 1, 1997, one-hundredth of a year of credited service is earned for each 10 hours of service with no cap on hours in 1997 and later plan years.

Effective July 1, 2009, for benefit accrual only, one-hundredth of a year of credited service is earned for each 14 hours of service with no cap on hours. In addition, the Plan was amended to decrease the benefit accrual rate from \$82 to \$59 per month for each year of credited service earned on or after July 1, 2009.

In addition, a member receives full vesting after completion of 5 years of credited service.

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion on fair value measurements.

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

Contributions Receivable

Employer contributions receivable represent amounts due as of December 31, 2024 and 2023 under terms of the collective bargaining agreement.

Contributions receivable and income from employers are stated net of amounts deemed uncollectible by the Plan administrator. There were no amounts deemed uncollectible at December 31, 2024 and 2023.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

Administrative Expenses

The Plan's expenses are paid by the Plan, as provided by the Plan document, and are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in investment income in the accompanying statements of changes in net assets available for benefits.

NOTE 3. INFORMATION CERTIFIED BY CUSTODIAN

Certain information related to investments disclosed in the accompanying financial statements and ERISA required supplemental schedule, including investments held as of December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments and interest and dividends for the years ended December 31, 2024 and 2023, was obtained or derived from information supplied to the plan administrator who has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA as of and for the years ended December 31, 2024 and 2023 and certified as complete and accurate by Bank of America, N.A., the custodian of the Plan.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and the supplemental Schedule H, line 4i – schedule of assets held for investment purposes (held as of December 31, 2024).

NOTE 4. FAIR VALUE MEASUREMENTS

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

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;

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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.

- *Cash and equivalents*: Valued at cost, which approximates fair value.
- *Corporate 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 following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash and equivalents	\$ 337,525	\$ -	\$ -	\$ 337,525
Corporate stocks	11,037,246	-	-	11,037,246
Mutual funds	6,535,584	-	-	6,535,584
	<u>\$ 17,910,355</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 17,910,355</u>

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN**Notes to the Financial Statements****December 31, 2024 and 2023**

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash and equivalents	\$ 242,828	\$ -	\$ -	\$ 242,828
Corporate stocks	11,073,058	-	-	11,073,058
Mutual funds	6,282,789	-	-	6,282,789
	<u>\$ 17,598,675</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 17,598,675</u>

NOTE 5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' hours worked during each year of credited service. The accumulated plan benefits for active employees will equal the sum of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The actuarial present value of accumulated benefits to participants of the Plan as of January 1, 2024 is as follows:

(a) Retired participants and beneficiaries receiving payment	\$ 12,709,388
(b) Other participants	<u>6,256,516</u>
(c) Total present value of vested benefits	18,965,904
(d) Present value of nonvested benefits	<u>22,959</u>
(e) Total actuarial present value of accumulated plan benefits	<u>\$ 18,988,863</u>
Net assets available for benefits	<u>\$ 17,672,308</u>
Deficit of net assets available for benefits under actuarial present value of vested plan benefits	<u>\$ 1,293,596</u>

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN

Notes to the Financial Statements**December 31, 2024 and 2023**

Changes in actuarial present value from January 1, 2023 to January 1, 2024 consist of the following:

Actuarial present value of accumulated plan benefits as of January 1, 2023		\$ 19,713,659
Change during the year due to:		
Change in actuarial assumptions	(654,176)	
Benefits accumulated and actuarial (gains)/losses	74,281	
Increase for interest due to the decrease in the discount period	1,375,104	
Benefits paid	<u>(1,520,005)</u>	
Net decrease		<u>(724,796)</u>
Actuarial present value of accumulated plan benefits as of January 1, 2024		<u>\$ 18,988,863</u>

The actuarial assumptions and methods used as of January 1, 2024 and 2023 are as follows:

(A) Actuarial cost method

Unit credit method is used.

(B) Asset valuation method

For the purpose of determining the funding levels, the actuarial value of assets is determined by using an actuarial value in which the investment gains and losses are recognized evenly over five years. The resulting actuarial value of assets must not be less than 80% nor more than 120% of market value.

(C) Persons included

Based on data provided, all persons entitled to coverage under the Plan as of the valuation date are included in the calculations.

(D) Significant actuarial assumptions**Investment return**

7.25% compounded annually, net of investment expenses.

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

Retirement age

For active employees, age 61 with 5 years of vesting service. For terminated vested participants, assumed at age 65, age 62 with 10 years of Credited Service or age 55 with 30 years of Credited Service.

Withdrawal from service

Rates which vary with attained age. Annual rates at sample ages are:

<u>Age</u>	<u>Percentage</u>
20	10.0%
25	10.0%
30	10.0%
35	7.5%
40	5.0%
45	2.5%
50	1.0%
55	0.0%

Disability

A disability rates table reflecting 200% of the rates developed in the 1955 study of experience among several large industrial employee groups is used.

Healthy lives mortality rates

The SOA Pri-2012 Amount-Weighted Blue Collar Mortality Non-Annuitant/Annuitant/Survivor Tables, projected from 2012 to 2030 with Scale MP-2021 Mortality Table was used for the Plan.

Disabled lives mortality rates

SOA Pri-2012 Amount Weighted Disabled Mortality, projected from 2012 to 2030 with Scale MP-2021 was used for the Plan.

Hours of work

It is assumed that each active participant will work the same number of hours in each future year that he worked in the most recent plan year.

Allowance for other expenses

Administrative expenses payable from the Plan are assumed to be covered by a \$100,000 addition to the normal cost.

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

Expected employer contribution

52 active participants are assumed to earn 65,000 credited hours during 2024 at an average rate of \$7.73 per credited hour (\$7.40 per hour up to May 1, 2024 and \$7.90 thereafter) to yield contributions of \$464,000. This calculation reflects the proration of any hours at less than the \$7.40 (and \$7.90 effective May 1, 2024) hourly contribution rates for certain participants.

Marriage

80% of the active and terminated vested participants are assumed to be married, with females three years younger than males.

Pre-retirement death benefits

The loading factor on the retirement liabilities of future terminated vested participants for pre-retirement death benefits is 1.50%.

Missing data

Active participants with missing birth dates are assumed to be age 30 on date of hire. If the date of hire was missing, the date is determined from Credited Service.

(E) Change in actuarial methods and assumptions

The actuarial methods and assumptions changed from the prior year as follows:

- Current liability interest rate was changed from 2.55% to 3.29% since the prior year, to reflect the changes in the prescribed IRS rates
- Current liability mortality rates were updated to the current year IRS prescribed rates.
- Mortality rates were updated to SOA Pri-2012 Amount Weighted Blue Collar Non-Annuitant/Annuitant/Survivor Tables and SOA Pri-2012 Amount-Weighted Disabled Tables, projected from 2012 to 2030 with Scale MP-2021.

(F) Basis for selection of demographic assumptions

Demographic assumptions are based on national tables, as periodically updated, which are determined by the actuary to be appropriate for this Plan. In the case of assumptions for which the experience of the Plan is credible, Plan experience is used. For example, administrative expenses are determined from recent experience, per the Plan audit. The retirement assumption is determined from

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN**Notes to the Financial Statements****December 31, 2024 and 2023**

Plan experience and recognizes an increased probability of retirement when benefits are unreduced. These assumptions are periodically adjusted in light of developing experience.

(G) Basis for selection of economic assumptions

Interest assumptions are based on reasonable expectations of future returns on Plan assets, net of investment expenses. Considerations include the types of investments held by the Plan, general economic conditions and expected duration of the liabilities, as well as actual investment performance over time. Hours worked in the coming year are assumed to be the same as the previous year. These assumptions are periodically adjusted in light of developing experience.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 6. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Bank of America, N.A. Bank of America, N.A. is the custodian for the Plan and, therefore, these transactions qualify as party-in-interest transactions.

In addition, the following amounts were paid to parties-in-interest as of December 31, 2024 and 2023:

	2024	2023
Bank of America, N.A. (custodian)	\$ 4,004	\$ 4,299
Benefit Processing, Inc. (third party administrator)	33,258	34,351
Buckno Lisicky & Company (auditor)	29,500	26,000
Eagle Ridge Investment Management, LLC (investment advisor)	89,473	81,948
Markowitz & Richman (attorney)	12,883	12,565
RAE Group, LLC (actuary)	28,976	12,625

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN**Notes to the Financial Statements****December 31, 2024 and 2023****NOTE 7. MAJOR TRANSACTIONS**

The following employers and union reciprocals provided in excess of 10% of the income from employers and union reciprocals for 2024 and 2023:

	2024	
	Income	Receivable
Caretti Restoration & Pres	\$ 139,570	\$ 17,491
TWK Construction Co.	120,437	30,435
	2023	
	Income	Receivable
Caretti Restoration & Pres	\$ 120,594	\$ 17,697
Duggan & Marcon, Inc - 233	130,383	3,093
TWK Construction Co.	100,835	13,875

NOTE 8. BENEFIT CLAIMS

There are no benefit claims that have been processed and approved for payment prior to December 31, but not yet paid as of December 31, 2024 and 2023.

NOTE 9. PLAN 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) Certain Benefits Payable Three Years Prior to Termination. First, to provide benefits that become payable three or more years before the date of termination of the Plan, or would have become payable as of the beginning of such three-year period had the Participant retired prior to the beginning of such three-year period, provided that:
- the portion of the Retirement Benefits payable to a Participant or the Beneficiary of a Participant (or that would have been payable) shall be based on the provisions of the Plan in effect during the five year period immediately preceding the date of termination or the Plan under which such Retirement Benefits would be the least: and further provided that,
 - the lowest benefit payable during such three-year period in accordance with subparagraph (i) shall be considered the benefit payable for purposes of this category (a).

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

- (b) Other Benefits Eligible for Termination Insurance. Second, to the extent that the amount of a Retirement Benefit has not been provided in the foregoing category (a), the remaining assets shall be allocated to provide any Retirement Benefit provided under the Plan for Participants and Beneficiaries to the extent guaranteed by the Pension Benefit Guaranty Corporation pursuant to Title IV of ERISA.
- (c) Other Benefits. To the extent that the amount of a Retirement Benefit has not been provided in the foregoing categories, the remaining assets shall be allocated to provide all other non-forfeitable benefits under the Plan and, finally, to provide all other benefits under the Plan.

If the assets of the Trust Fund applicable to any of the above categories are insufficient to provide full benefits for all persons in such group, the benefits otherwise payable to such persons shall be allocated pro rata on the basis of the present value of benefits as of the termination date. The Trustees are authorized to set up subcategories within the above categories of priority of payment. The Actuary shall calculate the allocation of the assets of the Trust Fund in accordance with the above priority categories, and certify his calculations to the Trustees.

NOTE 10. CONCENTRATION OF CREDIT RISK

Financial instruments which potentially subject the Plan to concentration of credit risk consist of employer contributions receivable. Employer contributions receivable are due primarily from employers within the Lehigh Valley and surrounding communities. All employers are required to sign an agreement with the Plan stating that they will remit contributions by a specified date. Delinquent employers are subject to fines until payment is rendered. Plan trustees have the right to pursue any and all legal proceedings, including prosecution, settlement, adjustment and arbitration, necessary for the collection of contributions. If employers owing contributions failed to completely perform according to the terms of the collective bargaining agreement, the maximum accounting loss the Plan would incur is limited to the recorded amount of contributions receivable.

NOTE 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 statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates,

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 12. TAX STATUS

The Internal Revenue Service has determined and informed the Plan administrator by a letter dated January 14, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

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 Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 13. REHABILITATION PLAN

On May 31, 2023, the Plan adopted a Rehabilitation Plan pursuant to Internal Revenue Code ("IRC") Sec. 432 and Sec. 305 of the Employee Retirement Income Security Act.

The Rehabilitation Plan contains the following changes to the plan of benefits and other changes for the Rehabilitation Period which is scheduled to end on December 31, 2035:

- No reductions in future pension benefit accruals.
- Early retirement reductions for terminated vested participants increased effective July 1, 2023 as follows:
 - From: 5/9ths of 1% for each of the first 60 months preceding normal retirement date and 5/18ths of 1% for each additional month preceding normal retirement date
 - To: 5/9ths of 1% for each month preceding normal retirement date.
- Contribution rate increases of \$0.50 per hour effective May 1, 2024, \$0.20 effective May 1, 2025, and \$0.20 effective May 1, 2026, in conformance with existing collective bargaining agreements.

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN

Notes to the Financial Statements

December 31, 2024 and 2023

- Annual contribution rate increases of \$0.40 per hour starting May 1, 2027 through April 30, 2035.

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN**EIN 23-6477536, Plan Number 001****Form 5500, Schedule H, Line 4i****Schedule of Assets Held For Investment Purposes****December 31, 2024**

(a)	(b) Issuer, Borrower, or Similar	(c) Description	(d) Cost	(e) Current Value
	Adobe Inc	Corporate stock	\$ 296,047	\$ 354,410
	Alliant Energy Corp	Corporate stock	383,180	441,894
	Alphabet Inc	Corporate stock	19,639	551,810
*	Bank of America Money Market Savings	Cash and equivalent	337,525	337,525
	Broadcom Inc	Corporate stock	9,616	609,507
	Chubb LTD	Corporate stock	237,766	330,455
	CME Group Inc	Corporate stock	73,718	428,464
	CSL Ltd	Corporate stock	40,398	199,199
	Deutsche Post AG	Corporate stock	173,513	177,990
	Donaldson Co Inc	Corporate stock	372,007	341,397
	Grupo Aero Delspon Adr Pacifico	Corporate stock	134,171	264,760
	Hologic Inc.	Corporate stock	198,920	378,112
	iShares MBS ETF	Mutual fund	1,113,706	1,053,312
	iShares 0-3 Month Treasury	Mutual fund	647,282	647,766
	Keysight Technologies	Corporate stock	335,228	373,947
	Komatsu New New SPNSDADR	Corporate stock	289,253	298,772
	Meta Platforms Inc.	Corporate stock	153,503	463,724
	Microsoft Corp	Corporate stock	435	465,336
	Nordea Bank	Corporate stock	267,867	314,340
	Norfolk Southern Corp.	Corporate stock	327,427	313,559
	O'Reilly Automotive, Inc	Corporate stock	22,471	464,834
	Public Storage, Inc.	Corporate stock (REIT)	254,035	351,842
	Relx PLC	Corporate stock	110,146	436,032
	Schwab Charles Corp	Corporate stock	211,168	395,583
	Schwab U.S. Tips	Mutual fund	590,680	600,858
	Sonova Hldg Ag	Corporate stock	82,827	226,664
	Southern Co	Corporate stock	161,684	436,296
	Spdr Portfolio Short Term Corp Bd	Mutual fund	1,342,604	1,381,194
	Stryker Corp	Corporate stock	50,983	356,089
	Thor Inds Inc	Corporate stock	217,949	272,774
	Toronto Dominion Bk	Corporate stock	160,249	196,988
	Unitedhealth Group, Inc.	Corporate stock	187,877	422,393
	Ulta Beauty Inc.	Corporate stock	360,303	382,738
	Vanguard Malvern Fds ST Inflat. Prot.	Mutual fund	642,412	596,292
	Vanguard Short Term Treasury ETF	Mutual fund	2,347,517	2,256,162
	Verizon Communications Com	Corporate stock	306,969	335,716
	Visa Inc	Corporate stock	27,145	451,621
			<u>\$ 12,488,220</u>	<u>\$ 17,910,355</u>

* Party-in-interest as defined by ERISA

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN

EIN 23-6477536, Plan Number 001

Form 5500, Schedule H, Line 4j

Schedule of Reportable Transactions

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
Series Transactions:						
*Bank of America	Money Market Savings Account	\$ - 2,399,630	\$ 2,293,954 -	\$ 2,293,954 -	\$ 2,293,954 2,399,630	\$ - -
*Bank of America	Temporary Overnight Deposit	- 842,223	853,202 -	853,202 -	853,202 842,223	- -

* Party-in-interest as defined by ERISA

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN**Schedule of Income from Contractors****Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Alliance Masonry	\$ 37,960	\$ 237
Armor Max Construction	-	3,881
B.A.C. Local #1 DE	2,883	-
B.A.C. Local #5	3,310	2,233
B.A.C. Local #4 NJ	-	8,247
B.A.C. Local #5 NJ	-	1,748
Building Trade Pension	978	621
Bricklayers Local #1 PA	1,505	2,480
Bricklayers Local #15 PA	35,354	91,713
Bricklayers Local #21 PA	7,385	2,845
Bricklayers Local #47 PA	20,626	6,497
Bricklayers Local #54 PA	42,485	7,127
BW Industrial, LLC	-	3,733
Byrne, Sean Construction	27,026	19,123
C & D Waterproofing Corporation	79	15,508
Caretti, Inc.	-	2,268
Caretti Restoration & Preservation Services	139,570	120,593
Cement Masons Local #592-233	67,533	76,580
Cement Masons Union #592-592	17,356	15,256
Duggan & Marcon, Inc.	79,063	130,383
Eastern Exterior Wall	518	27,374
Eshbach Brothers, Inc.	12,946	23,770
Fabcon Precast, LLC	-	466
G & B Construction Group, Inc.	4,858	3,197
G.C. Zarnas & Co.	1,808	-
Gibble Construction, Inc.	-	4,111
H. J. Deitz, Inc.	-	1,184
Houck and Co. Inc.	4,086	118
J. Dylan Concrete	58	1,015
J. T. Thorpe & Son	-	5,596
Joseph Dugan, Inc.	21,414	9,504
LMB Industrial Services	46,259	60,085
Macri Concrete Co., Inc.	3,772	7,562
Mara Restoration	13,315	18,289
Masonry Preservation Service	28,285	19,204
Merut Construction	6,117	-
National Plastering Industry	31,975	30,512
Nicholson Corp.	59	-
Panzitta Enterprises, Inc.	22,180	21,799
Philadelphia D & M, Inc.	-	474
Plasterers #8 P&W-Philadelphia	605	1,646
Preferred Masonry Restoration	8,358	29,728
Pullman SST, Inc.	-	3,108

BRICKLAYERS LOCAL #8 AND PLASTERERS LOCAL #233 PENSION PLAN**Schedule of Income from Contractors****Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Resource New Jersey	-	829
Setag Construction	-	10,515
Troianiello Masonry, Inc.	22,918	10,504
TWK Construction Company	120,437	100,835
Wilmer R. Schultz, Inc.	8,826	15,882
Wisconsin Masons Pen.	3,725	-
Yorie Tile & Terazzo	-	19,854
	<u>\$ 845,632</u>	<u>\$ 938,234</u>

SCHEDULE MB

(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2024

This Form is Open to Public
Inspection

For calendar plan year 2024 or fiscal plan year beginning

01/01/2024

and ending

12/31/2024

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

Bricklayers Local 8 & Plasterers Local 233 Pension Plan

B Three-digit plan number (PN)

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Bricklayers Local 8 & Plasterers Local 233 Pension Fund Trustees

D Employer Identification Number (EIN)

23-6477536

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	17,672,308
(2) Actuarial value of assets for funding standard account	1b(2)	18,173,765
c (1) Accrued liability for plan using immediate gain methods	1c(1)	18,988,863
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	18,988,863
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	30,510,359
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	291,012
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1,567,079
(3) Expected plan disbursements for the plan year	1d(3)	1,667,079

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Boris Vaynblat

10/08/2025

Boris Vaynblat

Signature of actuary

Date

2307445

Rae Consulting

Type or print name of actuary

Most recent enrollment number

215-773-0900

Firm name

Telephone number (including area code)

601 Dresher Road, Suite 201

Horsham PA 19044-2203

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	17,672,308
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	113	18,437,813
(2) For terminated vested participants	50	5,949,356
(3) For active participants:		
(a) Non-vested benefits		75,692
(b) Vested benefits		6,047,498
(c) Total active	52	6,123,190
(4) Total	215	30,510,359
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	57.92 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	431,724				
Totals ▶			3(b)	431,724	3(c)
					0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	95.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☒ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	654,176
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		2033

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

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

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P30+3
(2) Females	6c(2)	9FP30+3
d Valuation liability interest rate	6d	7.25 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	17.6 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	100,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-106,273	-11,052
4	-654,176	-68,031

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☐ Yes ☒ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☐ Yes ☒ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☒ Yes ☐ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... ☒ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)** 5

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☒ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	787,465
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	229,418
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	4,817,744 958,334
(2) Funding waivers.....	9c(2)	
(3) Certain bases for which the amortization period has been extended.....	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	86,112
e Total charges. Add lines 9a through 9d.....	9e	1,273,864
Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	1,647,412
g Employer contributions. Total from column (b) of line 3.....	9g	431,724
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	2,355,234 316,058
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	157,728
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	3,421,217
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	9,434,969
(3) FFL credit.....	9j(3)	
k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits.....	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	2,552,922
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	1,279,058
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....		☒ Yes ☐ No

Bricklayers' Local 8 and Plasterers' Local 233 Pension Plan

EIN: 23-6477536

Plan Number: 001

Schedule MB, line 4c – Documentation Regarding Progress Under Rehabilitation Plan

In the plan year in which the Schedule MB is filed, a certification was not required to be made under Code section 432(b)(3)(A)(ii) and ERISA section 305(b)(3)(A)(ii) with respect to scheduled progress during the plan year for which the Schedule MB is filed.

The Plan's rehabilitation period begins January 1, 2026 and ends December 31, 2035.

Documentation comparing the current status of the plan to the scheduled progress under the applicable rehabilitation plan will be included with the Schedule MB for the 2025 plan year (i.e., filed in 2026).

Bricklayers' Local 8 and Plasterers' Local 233 Pension Plan
EIN: 23-6477536/PN: 001
Schedule MB, Line 4b - Illustration Supporting Actuarial Certification of Status

Form 15315 (December 2022)	Department of the Treasury - Internal Revenue Service Annual Certification for Multiemployer Defined Benefit Plans	OMB Number 1545-2111
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This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)

Complete all entries in accordance with the instructions

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

Part I – Basic Plan Information

1a. Name of plan Bricklayers Local 8 and Plasterers Local 233 Pension Plan		1b. Three-digit plan number (PN) 001
1c. Plan sponsor's name Board of Trustees - Bricklayers Local 8 and Plasterers Local 233 Pension Plan		1d. Employer identification number (EIN) 23-6477536
1e. Plan sponsor's telephone number 856-616-2090	1f. Plan sponsor's address, city, state, ZIP code 20 Brace Road, Suite 114, Cherry Hill NJ 08034	

Part II – Plan Actuary's Information

2a. Plan actuary's name Boris Vaynblat	2b. Plan actuary's firm name RAE Consulting
2c. Plan actuary's firm address, city, state, ZIP code 601 Dresher Road, Suite 201, Horsham, PA 19044-2203	
2d. Plan actuary's enrollment number 23-07445	2e. Plan actuary's telephone number 215-773-0900

Part III – Plan Status

3. Check the appropriate box to indicate the plan's IRC Section 432 status

- | | |
|--|---|
| ☐ Neither endangered nor critical | ☐ Not endangered due to special rule in IRC Section 432(b)(5) |
| ☐ Endangered | ☐ Critical due to election under IRC Section 432(b)(4) |
| ☐ Seriously endangered | ☐ Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v) |
| ☒ Critical | |
| ☐ Critical and declining | |

Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan

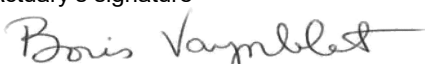
4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

	Yes	No	N/A
Funding Improvement Plan	☐	☐	☒
Rehabilitation Plan	☐	☐	☒

Part V – Sign Here

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

Actuary's signature 	Date <u>March 25, 2024</u>
--	-------------------------------

Bricklayers' Local 8 and Plasterers' Local 233 Pension Plan
EIN: 23-6477536 / PN: 001
Schedule MB, Line 4b - Illustration Supporting Actuarial Certification of Status



March 25, 2024

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (TEGE:EP:EPCU)
230 S. Dearborn St, Room 1700, 17th Fl.
Chicago, IL 60604

To whom it may concern:

This is an actuarial certification for a multiemployer pension plan, as required by ERISA Section 305 and IRC Section 432, and in conformance with the Pension Protection Act of 2006, as amended.

Plan:	Bricklayers' Local 8 and Plasterers' Local 233 Pension Plan ("Plan")
EIN/PN:	23-6477536 / 001
Plan Sponsor Info:	20 Brace Road, Suite 114, Cherry Hill NJ 08034 856-616-2090

I hereby certify to the following results for the plan year beginning January 1, 2024 ("Certification Year"):

- ❖ The Plan is in Critical Status for the Certification Year.
- ❖ The Plan is not in Critical and Declining Status for the Certification Year.
- ❖ The Plan is projected to be in Critical Status for any of the succeeding 5 plan years.
- ❖ The Plan is not required to report on scheduled progress with a rehabilitation plan, since the rehabilitation period begins January 1, 2026.

The enclosed exhibits document the assumptions, methods, plan provisions, and results used to support the actuarial certification.

In my opinion, the calculations are based on reasonable actuarial assumptions and methods and offer the best estimate of anticipated experience under the Plan, except for projected industry experience which is based on input by the Plan Sponsor. The measurements and assumptions used to prepare this certification may not be appropriate for other purposes.

I am a member of the American Academy of Actuaries and meet the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States and I am qualified to render the actuarial opinion herein.

A handwritten signature in black ink, appearing to read 'Boris Vaynblat', is written over a horizontal line.

Boris Vaynblat, FSA, EA, MAAA, Consulting Actuary

Enrolled Actuary No. 23-07445
RAE Consulting
601 Dresher Road, Suite 201
Horsham, PA 19044
215-773-0900

Bricklayers' Local 8 and Plasterers' Local 233 Pension Plan
EIN: 23-6477536 / PN: 001
Schedule MB, Line 4b - Illustration Supporting Actuarial Certification of Status



Bricklayers' Local 8 and Plasterers' Local 233 Pension Plan
PPA Zone Status Certification
Plan Year Beginning January 1, 2024

Actuarial Assumptions, Methods and Plan Provisions

The actuarial assumptions, methods and plan provisions used in this certification are the same as those used in the most recent actuarial valuation, for the plan year beginning January 1, 2023, except as noted below. The items listed below apply to the regular zone status tests, as well as the critical and declining zone status test, the projection of critical status within the next five years, and in testing scheduled progress with a funding improvement or rehabilitation plan (if applicable), unless noted below.

- All liabilities as of the beginning of the certification year were projected from the most recent actuarial valuation, for the plan year beginning January 1, 2023, assuming all plan demographic assumptions were met, including expected benefit accruals for active participants, except that preliminary (unaudited) benefit payments for retirees were used.
- One change in the plan of benefits occurred since the most recent actuarial valuation, for the plan year beginning January 1, 2023, and the change was reflected for certification purposes on an estimated basis. Specifically, early retirement reductions for Participants who commence their pension on or after October 1, 2023 with less than 30 years of Credited Service, after experiencing a Temporary Break in Service (e.g., completing less than 500 Hours of Service in a Plan year) without returning to Employment, were increased from 5/9^{ths} to 5/18^{ths} of 1% for each additional month beyond the first 60 months preceding the normal retirement date.
- Market value of assets as of the beginning of the certification year is equal to estimated (unaudited) invested value of assets as provided by the Plan administrator or investment consultant, plus the balance in the Plan's operating account as provided by the Plan administrator, plus an adjustment for estimated receivables and payables.
- Contributions, benefits, and administrative expenses for the year preceding the Certification Year are estimated values, based on information provided by the Plan administrator. Assumed contributions, benefits, and administrative expenses for the following ten years are documented in the attached exhibits.
- Future contribution rates reflect the rates as of May 1, 2024, as allocated in conformance with the existing collectively bargained agreements as of the date of this certification. While the collectively bargaining agreements do not expire until 2026/2027, such future increases were not reflected for certification purposes. This approach is also used for testing scheduled progress with the rehabilitation plan, if applicable.
- Future industry activity is based on input from Board of Trustees and is equal to 60,000 hours in covered employment in the Certification Year and in each future plan year.

Bricklayers' Local 8 and Plasterers' Local 233 Pension Plan
EIN: 23-6477536 / PN: 001
Schedule MB, Line 4b - Illustration Supporting Actuarial Certification of Status



**Bricklayers Local 8 and Plasterers Local 233 Pension Plan
PPA Zone Status Certification
Plan Year Beginning January 1, 2024**

Critical Status Tests (Red Zone)	Result
1. Funding deficiency projected within four years (without 431(d) extension)	Yes
2. Funding deficiency projected within five years (without 431(d) extension), and Present value of vested benefits for inactives more than for actives, and Contributions less than normal cost plus interest on unfunded actuarial accrued liability	No
3. Market value plus 5-year present value of contributions less than 5-year present value of benefit payments and administrative expenses	No
4. Funded percentage is less than 65%, and Funding deficiency projected within five years (without 431(d) extension), or Market value plus 7-year present value of contributions less than 7-year present value of benefit payments and administrative expenses	No
Plan in Critical Status, prior to Emergence Tests (Yes to either 1,2,3, or 4)	Yes
Critical Status Emergence Tests	
Plan in Critical Status the Prior Year	Yes
Plan Emerged from Critical Status in a Prior Year	No
1. In Critical Status the prior year, and Not in Critical Status based on tests above, and No funding deficiency projected within ten years (with 431(d)(2) extension, if any), and No plan insolvency projected within 31 years Plan Emerged from Critical Status?	No
2. In Critical Status the prior year or Emerged from Critical Status in a prior year, and Received 431(d)(1) extension, and No funding deficiency projected within ten years (with 431(d)(1) extension), and No plan insolvency projected within 31 years Plan Emerged from Critical Status?	No
Plan in Critical Status, after Emergence Tests	Yes
Critical and Declining Status Tests	
1. Plan in Critical Status, and	Yes
2. Projected insolvency within 15 years, or	No
3. Projected insolvency within 20 years, and Ratio of inactives to actives is at least 2 to 1, or Funded percentage is less than 80%	No
Plan is in Critical and Declining Status (Yes to 1 and 2 or Yes to 1 and 3)	No
Projection of Critical Status	
Plan Projected to be in Critical Status in Any of 5 Succeeding Years	Yes



Bricklayers Local 8 and Plasterers Local 233 Pension Plan
PPA Zone Status Certification
Plan Year Beginning January 1, 2024

Endangered Status Tests (Yellow / Orange Zone)

1. Not in Critical Status, and Funded percentage is less than 80%	No
2. Not in Critical Status, and Funding deficiency projected within 7 years (with 431(d) extension, if any)	No
Plan in Endangered Status (Yes to either 1 or 2)	No
Plan in Seriously Endangered Status (Yes to both 1 and 2)	No

Neither Critical Status nor Endangered Status Test (Green Zone)

Plan not in Critical Status nor in Endangered Status	No
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Bricklayers' Local 8 and Plasterers' Local 233 Pension Plan
 EIN: 23-6477536 / PN: 001
 Schedule MB, Line 4b - Illustration Supporting Actuarial Certification of Status



Bricklayers Local 8 and Plasterers Local 233 Pension Plan
PPA Zone Status Certification
Plan Year Beginning January 1, 2024

Projected Values as of Beginning of Certification Year

Market Value of Assets	17,783,000
Actuarial Value of Assets (AVA)	18,246,666
Actuarial Accrued Liability (AAL)	19,684,199
Funded Percentage (AVA ÷ AAL)	92.7%
Interest on Unfunded AAL	104,221
Normal Cost	207,637
Present Value of Vested Benefits for Active Participants	3,277,342
Present Value of Vested Benefits for Inactive Participants	16,345,553
Number of Active Participants	47
Number of Inactive Participants	162

Other Information

Zone Status for Prior Year	Red
IRC 431(d)(1) Extension Effective Year	2012

Numerical Values

Plan Year Beginning	Credit Balance without 431(d) Ext's	Credit Balance with 431(d)(1) Ext	Market Value	Contributions	Benefits	Expenses
2023	(826,098)	1,998,936	16,096,034	537,287	1,520,005	109,109
2024	(1,503,333)	1,703,934	17,783,000	463,998	1,554,000	103,562
2025	(1,331,594)	1,320,735	17,836,195	474,000	1,552,000	105,633
2026	(1,154,559)	902,598	17,903,530	474,000	1,524,000	107,745
2027	(995,908)	422,928	18,002,557	474,000	1,501,000	109,900
2028	(879,792)	(145,559)	18,130,350	474,000	1,480,000	112,098
2029	(681,359)	(681,359)	18,286,880	474,000	1,500,000	114,340
2030	(526,057)	(526,057)	18,431,725	474,000	1,499,000	116,627
2031	(413,803)	(413,803)	18,585,738	474,000	1,453,000	118,960
2032	(304,526)	(304,526)	18,796,140	474,000	1,408,000	121,339
2033	(199,465)	(199,465)	19,065,935	474,000	1,408,000	123,766
2034	(31,459)	(31,459)	19,352,776	474,000	1,408,000	126,241

Bricklayers' Loc 8 & Plasterers' Loc 233 Pension Plan

Valuation for Year Beginning Jan 1, 2024

Detailed Summary Summary of Plan Provisions

The summary below primarily applies to benefits for active employees and future retirement dates. Plan benefits for terminated vested and retired participants may be different from those summarized below.

Eligibility	Description
Normal Retirement	For benefits earned prior to May 22, 2007, first day of the month coincident with or next following the earliest of (1) age 65 with 5 years of plan participation, (2) age 62 with 10 years of Credited Service or (3) age 55 with 30 years of Credited Service. For benefits earned on or after May 22, 2007, first day of the month coincident with or next following the earlier of (1) age 65 with 5 years continuous service or plan participation, or (2) age 62 with 10 years of Credited Service.
Early Retirement	Age 55 with 10 years of Credited Service.
Vested Termination Retirement	Termination of employment for reasons other than death, disability, or retirement, with 5 years of Vesting Service.
Disability Retirement	Total and permanent disability while an active participant and after completion of 10 years of Credited Service. Participant must be receiving a SS Disability benefit.
Pre-Ret Spousal Death Benefit	Death of vested participant married for at least one year prior to death.
Pre-Ret Non-Spousal Death Benefit	Death of vested non-married participant or participant married less than one year prior to death.
Post-Ret Death Benefit	Death of vested participant.

Bricklayers' Loc 8 & Plasterers' Loc 233 Pension Plan Valuation for Year Beginning Jan 1, 2024

Detailed Summary Summary of Plan Provisions

Benefit Amounts

Description

Normal Retirement

Pension Benefit

Monthly benefit equal to benefit rate multiplied by Credited Service.

Benefit rates for one year of credited service are determined below:

Credited Service Period	Benefit Rate
Jan 1, 1973 to Dec 31, 1978	\$ 11.88
Jan 1, 1979 to Dec 31, 1980	\$ 14.07
Jan 1, 1981 to Dec 31, 1983	\$ 28.14
Jan 1, 1984 to Dec 31, 1988	\$ 28.72
Jan 1, 1989 to Dec 31, 1989	\$ 45.15
Jan 1, 1990 to Dec 31, 1990	\$ 50.40
Jan 1, 1991 to Dec 31, 1995	\$ 57.00
Jan 1, 1996 to Dec 31, 1997	\$ 65.00 *
Jan 1, 1998 to Dec 31, 1999	\$ 70.00 *
Jan 1, 2000 to Dec 31, 2000	\$ 75.00
Jan 1, 2001 to Jun 30, 2009	\$ 82.00
July 1, 2009 and later	\$ 59.00

* Each participant who worked in excess of 500 hours during 1995 received a 10% increase in the Dec. 31, 1995 accrued benefit.

* Each participant who worked in excess of 500 hours during 1997 received a 5% increase in the Dec. 31, 1997 accrued benefit.

Early Retirement

Pension Benefit

Accrued benefit reduced by 5/9ths of 1% per month for the first 60 months that retirement precedes normal retirement age and 5/18ths of 1% per month for the next 60 months that retirement precedes the normal retirement age. The accrued benefit is not reduced if the participant has attained age 55 and completed 30 years of Credited Service

Vested Termination Ret.

Pension Benefit

Accrued benefit reduced by 5/9ths of 1% per each month that retirement precedes the normal retirement age.

Disability Retirement

Pension Benefit

Accrued benefit payable as of the effective date of SS Disability, with no reduction for early commencement and subject to a \$100.00 minimum monthly benefit, with a maximum of 12 months retroactive payments.

Bricklayers' Loc 8 & Plasterers' Loc 233 Pension Plan Valuation for Year Beginning Jan 1, 2024

Detailed Summary Summary of Plan Provisions

Benefit Amounts

Description

Pre-Ret Spousal Death Benefit

Spouses receive a monthly pension for life equal to 50% of the normal retirement pension, reduced for early commencement (limited to the maximum early retirement reduction) and assuming a joint & 50% survivor form of payment election.

Pre-Ret Non-Spousal Death Benefit

Pension Benefit Non-spousal beneficiaries receive a monthly payment equal to 50% of the accrued retirement pension. The benefit is payable to the named beneficiary only as a 60-month certain annuity beginning on the earliest eligible retirement date, or death, if later.

Post-Ret Death Benefit Payable to the named beneficiary based on years of Credited Service.

<u>Years of Credited Service</u>	<u>Benefit Amount</u>
5 but less than 10 years	\$ 2,500
10 but less than 15 years	\$ 5,000
15 or more years	\$ 10,000

Bricklayers' Loc 8 & Plasterers' Loc 233 Pension Plan

Valuation for Year Beginning Jan 1, 2024

Detailed Summary Summary of Plan Provisions

Benefit Amounts	Description
Payment Forms	
Normal - Married	Qualified joint & 50% survivor annuity, including a pop-up benefit should the spouse predecease the participant within the first year of retirement.
Normal - Unmarried	Single life annuity with 60 monthly payments guaranteed. Upon the retiree's death, the remaining discounted value of guaranteed payments will be paid as a lump sum.
Optional Forms	Optional forms are available for married and non-married participants. (i) Joint & 75% or 100% survivor annuity, including a pop-up benefit should the joint annuitant predecease the participant within the first year of retirement. (ii) Certain and life annuity with either 120, 180, or 240 monthly payments guaranteed. Upon the retiree's death the remaining discounted value of the guaranteed payments will be paid as a lump sum. (iii) Single life annuity.
Actuarial Equivalence	
Optional Forms	
Healthy	6.50% interest and mortality rates in UP 1984 Unisex Mortality Table, with a 5 year age set back for beneficiaries.
Disabled	Same as for Healthy
Conversion	Conversion from Normal (unmarried) form.
Lump Sums	IRC 417(e)(3)(B) mortality and 417(e)(3) interest rate (second month preceding the plan year)
Plan Effective Date	Effective July 1, 1966; last restated effective January 1, 2014; last amended effective October 1, 2023.
EIN / Plan Number	Plan EIN: 23-6477536 / Plan Number: 001
Union	Bricklayers and Allied Craftsmen, Local 5 PA and Cement Masons and Plasterers Union No. 592, or their successors
Changes in Provisions since Prior Year	The early retirement reduction for terminated vested participants was changed to 5/9ths of 1% for each month retirement precedes the normal retirement date.

Bricklayers' Loc 8 & Plasterers' Loc 233 Pension Plan Valuation for Year Beginning Jan 1, 2024

Detailed Summary Summary of Plan Provisions

Definitions	Description										
Covered Employment	Employment in any capacity for which employer contributions are payable to Plan in accordance with a collective bargaining or other agreement.										
Covered Employer	Business entity having a collective bargaining agreement, participation agreement, or other agreement with the Union, which requires contributions to the Plan.										
Credited and Vesting Service	Credited Service is awarded based on the following schedule: <table> <tr> <td>Effective Jan 1, 1987</td><td>1/10th of a year of service for each 100 hours up to 1,800 hours</td></tr> <tr> <td>Effective Jan 1, 1997</td><td>1/100th of a year of service for each 10 hours, with no cap</td></tr> <tr> <td>Effective July 1, 2009</td><td>1/100th of a year of service for each 14 hours, with no cap</td></tr> </table>	Effective Jan 1, 1987	1/10th of a year of service for each 100 hours up to 1,800 hours	Effective Jan 1, 1997	1/100th of a year of service for each 10 hours, with no cap	Effective July 1, 2009	1/100th of a year of service for each 14 hours, with no cap				
Effective Jan 1, 1987	1/10th of a year of service for each 100 hours up to 1,800 hours										
Effective Jan 1, 1997	1/100th of a year of service for each 10 hours, with no cap										
Effective July 1, 2009	1/100th of a year of service for each 14 hours, with no cap										
Credited Hours	Effective January 1, 2001, the hours are prorated if the employer's hourly contribution rate is different from the rate currently in effect under the collective bargaining agreement. <table> <tr> <th>Effective Date</th><th>Contribution Rate</th></tr> <tr> <td>5/1/2021</td><td>\$7.00</td></tr> <tr> <td>5/1/2022</td><td>\$7.20</td></tr> <tr> <td>5/1/2023</td><td>\$7.40</td></tr> <tr> <td>5/1/2024</td><td>\$7.90</td></tr> </table>	Effective Date	Contribution Rate	5/1/2021	\$7.00	5/1/2022	\$7.20	5/1/2023	\$7.40	5/1/2024	\$7.90
Effective Date	Contribution Rate										
5/1/2021	\$7.00										
5/1/2022	\$7.20										
5/1/2023	\$7.40										
5/1/2024	\$7.90										
Initial Participation	Initial participation commences immediately upon contributions being made on the employee's behalf by a participating employer.										
Active Participant	Participant continues as an Active Participant or re-enters Active status at end of Plan Year with 500 or more Credited Hours.										
Inactive Participant (break in service)	Participant becomes Inactive at earliest of (i) end of Plan Year with less than 500 Credited Hours, (ii) date as of which participant is not working in Covered Employment, or (iii) death.										

Bricklayers' Loc 8 & Plasterers' Loc 233 Pension Plan Valuation for Year Beginning Jan 1, 2024

Executive Summary

Changes in Assumptions, Methods and Provisions

Description of Change

Assumptions

The following assumption changes were reflected since the prior year:

1. Current liability interest rate was changed from 2.55% to 3.29% since the prior year, to reflect the changes in the prescribed IRS rates.
2. Current liability mortality rates were updated to the current year IRS prescribed rates.
3. Mortality rates were updated to SOA Pri-2012 Amount Weighted Blue Collar Non-Annuitant/Annuitant/Survivor Tables and SOA Pri-2012 Amount-Weighted Disabled Tables, projected from 2012 to 2030 with Scale MP-2021 and set forward 3 years.

Methods

There were no changes in funding methods since prior year.

Plan Provisions

Effective October 1, 2023, the early retirement reduction factors for terminated vested participants were changed from 5/9% for the first 5 years and 5/18% for the next 2 years to 5/9% for all years prior to the Normal Retirement Date.

Bricklayers' Loc 8 & Plasterers' Loc 233 Pension Plan

Valuation for Year Beginning Jan 1, 2024

Appendix

Funding Standard Account Amortization Charges

Type	Date Established	Original Amort Yrs	Original Balance	Remaining Amort Yrs	Remaining Balance	Amort Payment
Combined Bases	1/1/2012	17	\$ 7,521,080	5.000	\$ 3,207,272	\$ 734,233
Actuarial Loss	1/1/2013	15	\$ 327,532	4.000	\$ 123,560	\$ 34,204
Assmp Change	1/1/2015	15	\$ 67,602	6.000	\$ 35,754	\$ 7,048
Actuarial Loss	1/1/2018	15	\$ 61,538	9.000	\$ 44,244	\$ 6,400
Assmp Change	1/1/2018	15	\$ 457,029	9.000	\$ 328,605	\$ 47,529
Actuarial Loss	1/1/2019	15	\$ 475,506	10.000	\$ 368,232	\$ 49,450
Actuarial Loss	1/1/2020	15	\$ 179,866	11.000	\$ 148,577	\$ 18,705
Actuarial Loss	1/1/2023	15	\$ 584,308	14.000	\$ 561,500	\$ 60,765

Total - Charges

\$ 4,817,744 \$ 958,334

Bricklayers' Loc 8 & Plasterers' Loc 233 Pension Plan

Valuation for Year Beginning Jan 1, 2024

Appendix

Funding Standard Account Amortization Credits

Type	Date Established	Original Amort Yrs	Original Balance	Remaining Amort Yrs	Remaining Balance	Amort Payment
Actuarial Gain	1/1/2014	15.000	\$ 493,264	5.000	\$ 224,810	\$ 51,464
Actuarial Gain	1/1/2015	15.000	\$ 532,158	6.000	\$ 281,422	\$ 55,475
Actuarial Gain	1/1/2016	15.000	\$ 77,883	7.000	\$ 46,485	\$ 8,112
Actuarial Gain	1/1/2017	15.000	\$ 86,669	8.000	\$ 57,214	\$ 9,020
Actuarial Gain	1/1/2021	15.000	\$ 289,196	12.000	\$ 252,815	\$ 30,075
Actuarial Gain	1/1/2022	15.000	\$ 796,473	13.000	\$ 732,039	\$ 82,829
Actuarial Gain	1/1/2024	15.000	\$ 106,273	15.000	\$ 106,273	\$ 11,052
Assumption Change	1/1/2024	15.000	\$ 654,176	15.000	\$ 654,176	\$ 68,031

Total - Credits

\$ 2,355,234 \$ 316,058

Bricklayers' Loc 8 & Plasterers' Loc 233 Pension Plan Valuation for Year Beginning Jan 1, 2024

Detailed Summary Summary of Assumptions

Assumption	Description
Interest Rates	
Funding	7.25%, net of investment expenses
Current Liability	3.29%, net of investment expenses, per IRC 431(c)(6)(E)
Withdrawal Liab.	7.25%, net of investment expenses
Mortality Rates	
Funding	
Healthy Lives	SOA Pri-2012 Amount-Weighted Blue Collar Mortality Non-Annuitant/Annuitant/ Survivor Tables, projected from 2012 to 2030 with Scale MP-2021 and set forward 3 years
Disabled Lives	SOA Pri-2012 Amount Weighted Disabled Mortality, projected from 2012 to 2030 with Scale MP-2021 and set forward 3 years
Current Liability	
Healthy Lives	RP-2014 Blue Collar Healthy Annuitant (Male/Female) Mortality Projected to 2023 with Scale MP-2014
Disabled Lives	150% of the RP-2014 Disabled Retiree (Male/Female) Mortality Table
Admin. Expenses	Expenses assumed to be \$100,000, payable as of beginning of the year.
Contribution Timing	Employer contributions are typically made throughout the year at regular intervals, and are therefore assumed to be made in the middle of the year.

Bricklayers' Loc 8 & Plasterers' Loc 233 Pension Plan Valuation for Year Beginning Jan 1, 2024

Detailed Summary Summary of Assumptions

Assumption	Description
------------	-------------

Retirement Rates

Active Participants Retirement assumed at age 61 with 5 years of vesting service.

Terminated Vested Participants Retirement assumed at age 65, age 62 with 10 years of Credited Service, or age 55 with 30 years of Credited Service.

Withdrawal Rates

Rates based on age; sample rates are shown below:

Age	Rate	Age	Rate
20	0.100	40	0.050
25	0.100	45	0.025
30	0.100	50	0.010
35	0.075	55	0.000

Disability Rates

Disability rates are based on 200% of UAW 1955 M/F Rates of Disablement.
 Sample male rates are below:

Age	Rate	Age	Rate
25	0.0006	50	0.0036
30	0.0008	55	0.0072
35	0.0010	60	0.0180
40	0.0014	65	0.0000
45	0.0020	70	0.0000

Bricklayers' Loc 8 & Plasterers' Loc 233 Pension Plan Valuation for Year Beginning Jan 1, 2024

Detailed Summary
Summary of Assumptions

Assumption	Description
Active Participation	New employees are included as active participants upon becoming plan participants.
Form of Payment	Single life annuity with 60 monthly payments guaranteed.
Marital and Spouse Information	80% of non-retired participants are assumed to be married. Spouses of non-retired male/female participants are assumed to be 3 years younger/older than the participant.
Benefit Accruals	Active participants eligible for the pension benefit are assumed to work the same number of hours worked in the most recent plan year.
Data Qualifications	Active participants with missing birth dates are assumed to be age 30 on date of hire. If the date of hire was missing, the date is determined from Credited Service.

Bricklayers' Loc 8 & Plasterers' Loc 233 Pension Plan Valuation for Year Beginning Jan 1, 2024

Detailed Summary
Summary of Assumptions

Assumption	Description
Changes in Assumptions since Prior Year	1. Current liability interest rate was changed from 2.55% to 3.29% since the prior year, to reflect the changes in the prescribed IRS rates. 2. Current liability mortality rates were updated to the current year IRS prescribed rates. 3. Mortality rates were updated to SOA Pri-2012 Amount Weighted Blue Collar Non-Annuitant/ Annuitant/Survivor Tables and SOA Pri-2012 Amount-Weighted Disabled Tables, projected from 2012 to 2030 with Scale MP-2021 and set forward 3 years.

Bricklayers' Loc 8 & Plasterers' Loc 233 Pension Plan

Valuation for Year Beginning Jan 1, 2024

Detailed Summary
Summary of Methods

Method	Description
Funding Method	Unit Credit actuarial funding method used in calculating Normal Cost and Actuarial Accrued Liability.
Actuarial Value of Assets	The actuarial value is equal to the market value, reduced/increased by unrecognized gains/losses over the prior 5 year period, and then further adjusted to be within 20% of market value. Investment gains/losses are recognized at 20% per year and are calculated as the difference between the actual investment return and an expected investment return (based on the market value of assets and actual cash flows).
Withdrawal Liability	Determined in accordance with the presumptive method per ERISA Section 4211(b).
Changes in Methods since Prior Year	There were no changes in funding methods since prior year.

Bricklayers' Loc 8 & Plasterers' Loc 233 Pension Plan Valuation for Year Beginning Jan 1, 2024

Appendix
Active Participant Age Distribution - Expanded

Attained Age	Credited Service										Total
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	> 39	
Under 25	3	2	0	0	0	0	0	0	0	0	5
25-29	0	3	5	0	0	0	0	0	0	0	8
30-34	6	1	0	0	0	0	0	0	0	0	7
35-39	0	6	0	0	0	0	0	0	0	0	6
40-44	0	0	0	0	3	2	0	0	0	0	5
45-49	0	1	0	0	1	0	0	2	0	0	4
50-54	0	1	2	1	1	1	0	0	0	0	6
55-59	0	1	0	1	0	0	1	0	4	2	9
60-64	0	0	0	1	0	0	1	0	0	0	2
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & Over	0	0	0	0	0	0	0	0	0	0	0
Total	9	15	7	3	5	3	2	2	4	2	52

Average Age 41.1

Average Service 12.5

Credited Service is earned under the Plan in accordance with a schedule, as summarized in the Plan Provisions section of this report.

BRICKLAYERS' LOCAL 8 AND PLASTERERS' LOCAL 233 PENSION PLAN
EIN/PN: 23-6477536/001

ATTACHMENT TO 2024 SCHEDULE MB

Schedule MB, Lines 8e - IRC 431(d)(1) Extension of Amortization Bases

The Plan extended an amortization charge base effective January 1, 2012. Shown below is the minimum required contribution for the year with and without extending the amortization base.

	<u>With 431(d)(1) Extension</u>	<u>Without 431(d)(1) Extension</u>	<u>Difference</u>
Interest Rate	7.25%	7.25%	
Normal Cost	229,418	229,418	-
Total Amortization Charges	958,334	224,101	734,233
Interest	<u>86,112</u>	<u>32,880</u>	<u>53,232</u>
Total Charges	1,273,864	486,399	787,465
Amortization Credits	316,058	316,058	-
Interest	<u>22,914</u>	<u>22,914</u>	<u>-</u>
Total Amort Credits w/ Interest	338,972	338,972	-
Minimum Required Contribution, prior to applying Credit Balance	934,892	147,427	787,465

Bricklayers' Local 8 and Plasterers' Local 233 Pension Plan

EIN: 23-6477536

Plan Number: 001

Schedule MB, Line 3 Contributions & Line 9i Interest on Contributions

Employer contributions are received by the Plan on a regular and continuous basis throughout the year. As a reasonable approximation for Line 9i of Schedule MB, such contributions were assumed to all be made as of the middle of the plan year.

There were no contributions received during the plan year as a result of any assessed withdrawal liability.

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 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 5057(c) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB No. 1510-0110 1510-0003 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2024 or fiscal plan year beginning		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			
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☒ the DFEVC program
	☐ special extension (enter description)		
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐		

Part II Basic Plan Information enter all requested information	
1a Name of plan BRICKLAYERS LOCAL 0 & PLASTERERS LOCAL 233 PENSION FUND	1b Three-digit plan number (PH) 001
	1c Effective date of plan 07/01/1966
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) BRICKLAYERS LOCAL 0 & PLASTERERS LOCAL 233 PENSION FUND TRUSTEES C/O BENEFIT PROCESSING, INC. 20 BRACE ROAD, SUITE 114 CHERRY HILL NJ 08034	2b Employer Identification Number (EIN) 23-6477536 2c Plan Sponsor's telephone number 856-616-2030 2d Business code (see instructions) 237990

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>Clifford McKee</i>	10-13-25	CLIFFORD MCKEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Clifford McKee</i>	10-13-25	CLIFFORD MCKEE
	Signature of employer or 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 ☒ 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	213
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)	52
	6a(2)	55
	6b	84
	6c	49
	6d	188
	6e	25
	6f	213
	6g(1)	
	6g(2)	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	41
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:		

1B

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information - Small Plan)
(3) ☐ **A** (Insurance Information) - Number Attached _____
(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 _____

5076000 Bricklayers Local 8 & Plasterers

23-6477536

Federal Statements

FYE: 12/31/2024 **Bricklayers Local 8 & Plasterers Local 233 Pension**
Plan: 001

Assets Held for Investment

<u>Party in</u> <u>Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
		SEE AUDITED F/S	\$	\$