

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

- 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
 - special extension (enter description)
 - the DFVC program
- 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 <u>INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFTSMEN LOCAL #8 PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
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) <u>INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFTSMEN LOCAL #8 PENSI</u> <u>605 WEST STATE STREET</u> <u>ITHACA, NY 14850-3309</u>	1c Effective date of plan <u>05/01/1970</u> 2b Employer Identification Number (EIN) <u>16-1077912</u> 2c Plan Sponsor's telephone number <u>607-272-3853</u> 2d Business code (see instructions) <u>238100</u>

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.	11/25/2025	ASHLEY TILEBEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	250
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)	107
	6a(2)	101
	6b	81
	6c	56
	6d	238
	6e	13
	6f	251
	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	37

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

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

- a Pension Schedules**
- (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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

▶ **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 <u>INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFTSMEN LOCAL #8 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFTSMEN LOCAL #8 PENSI</u>	D Employer Identification Number (EIN) <u>16-1077912</u>	

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

1a Enter the valuation date: Month 05 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	<u>19146717</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>19639837</u>

c (1) Accrued liability for plan using immediate gain methods

1c(1)	<u>20559879</u>
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(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)	<u>20559879</u>

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)	<u>33664960</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>1060850</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	
(3) Expected plan disbursements for the plan year	1d(3)	<u>1195676</u>

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	
Signature of actuary <u>VINCENT REGALBUTO</u> Type or print name of actuary <u>O'SULLIVAN ASSOCIATES, INC.</u> Firm name <u>1236 BRACE ROAD, UNIT E</u> <u>CHERRY HILL, NJ 08034</u> Address of the firm	<u>11/17/2025</u> Date <u>23-08116</u> Most recent enrollment number <u>856-795-7777</u> Telephone number (including area code)

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	19146717
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	95	16669224
(2) For terminated vested participants	49	4815791
(3) For active participants:		
(a) Non-vested benefits		856611
(b) Vested benefits		11323334
(c) Total active	107	12179945
(4) Total	251	33664960
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.87 %

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	
11/01/2024	1240164					
Totals ▶			3(b)	1240164	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	95.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • 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 <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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	3.05 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9
(2) Females	6c(2)	9F
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	5.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.8 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	155040
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	221838	22153

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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	579419

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)	5526562	872423
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	94370
9e	1546212

e Total charges. Add lines 9a through 9d.....
Credits to funding standard account:

- f** Prior year credit balance, if any.....
- g** Employer contributions. Total from column (b) of line 3.....

9f	3699177
9g	1240164

h Amortization credits as of valuation date.....

	Outstanding balance	
9h	907343	138362

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i	285967
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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)	6061723	
9j(2)	11597160	
9j(3)		

- k (1)** Waived funding deficiency
- (2)** Other credits

9k(1)	
9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	5363670
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	3817458
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the current plan year.....
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
 - (a) Reconciliation outstanding balance as of valuation date
 - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....
- (3) Total as of valuation date.....

9o(1)	
9o(2)(a)	
9o(2)(b)	
9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFTSMEN LOCAL #8 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFTSMEN LOCAL #8 PENSI	D Employer Identification Number (EIN) 16-1077912	

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)

PEIRCE PARK GROUP

51-0311895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	110544	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

O'SULLIVAN ASSOCIATES INC

20-8199367

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	20865	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRONCONI SEGARRA & ASSOCIATES LLP

04-3728817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19480	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LIPSITZ GREEN SCIME CAMBRIA

16-0905097

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	17531	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ARCARA LENDA EUSANIO & STACEY CPAS

47-1793720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	13850	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025			
A Name of plan INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFTSMEN LOCAL #8 PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFTSMEN LOCAL #8 PENSI	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 16-1077912</td> </tr> </table>	D Employer Identification Number (EIN) 16-1077912	
D Employer Identification Number (EIN) 16-1077912			

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	125030	140778
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	210232	229552
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	37839	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	346221	734835
(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)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	917895	753960
(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)	17517774	18838969
(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	51357	78212
f Total assets (add all amounts in lines 1a through 1e).....	1f	19206348	20776306
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	59631	79289
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	59631	79289
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19146717	20697017

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)	1240164	
(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)		1240164
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	817627	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	155853	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	160886	
(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)	-5453	
(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)		941840
c Other income	2c		4344
d Total income. Add all income amounts in column (b) and enter total	2d		2993489

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1133384	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1133384
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)	50694	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	33330	
(5) Investment advisory and investment management fees	2i(5)	110544	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	20865	
(8) Legal fees	2i(8)	17531	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	76841	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		309805
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1443189

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1550300
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: **TRONCONI SEGARRA & ASSOCIATES LLP**

(2) EIN: **04-3728817**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 567186.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFTSMEN LOCAL #8 PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFTSMEN LOCAL #8 PENSI	D Employer Identification Number (EIN) 16-1077912	

Part I	Distributions
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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	0
---	----------	----------

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
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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.)
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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
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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

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 **WELLIVER MCGUIRE INC**

b EIN **16-1303633** **c** Dollar amount contributed by employer **108861**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **ALLIANCE MASONRY CORP.**

b EIN **61-1533342** **c** Dollar amount contributed by employer **315402**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **LUPINI CONSTRUCTION INC.**

b EIN **16-1192030** **c** Dollar amount contributed by employer **209488**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **CASLER MASONRY INC**

b EIN **16-1044312** **c** Dollar amount contributed by employer **118243**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **MARTINO TILE**

b EIN **16-1026759** **c** Dollar amount contributed by employer **88959**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **THE RUG SHOP INC**

b EIN **16-0903772** **c** Dollar amount contributed by employer **79508**

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	0
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 _____.

Bricklayers Local 8 Pension Fund

**Financial Statements and
Supplemental Information**

April 30, 2025 and 2024

Bricklayers Local 8 Pension Fund

Financial Statements

Table of Contents

	<u>Page</u>
Report of Independent Auditors	
Financial Statements	
Statements of Net Assets Available for Benefits	1
Statements of Changes in Net Assets Available for Benefits	2
Statement of Accumulated Plan Benefits	3
Statement of Changes in Accumulated Plan Benefits	4
Notes to Financial Statements	5-16
Supplemental Information	
Schedules of Administrative Expenses	17
Schedule of Assets (Held at End of Year)	18

Report of Independent Auditors

To the Board of Trustees of
Bricklayers Local 8 Pension Fund
Ithaca, New York

Opinion

We have audited the accompanying financial statements of Bricklayers Local 8 Pension Fund (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), which comprise the statements of net assets available for benefits as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of April 30, 2024, the related statement of changes in accumulated plan benefits for the year then ended and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of April 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, the accumulated plan benefits as of April 30, 2024, and the changes in its accumulated plan benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore it 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expenses, assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules of assets (held at end of year) and reportable transactions is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Trombone Segarra & Associates LLP

Williamsville, New York
October 22, 2025

Bricklayers Local 8 Pension Fund
Statements of Net Assets Available for Benefits
as of April 30, 2025 and 2024

	2025	2024
<i>Assets</i>		
Investments, at fair value	\$ 20,327,764	\$ 18,781,890
Receivables		
Employer contributions	229,552	210,232
Due from affiliated funds	0	37,839
	229,552	248,071
Cash, non-interest bearing	140,778	125,030
Office equipment, net	78,212	51,357
Total assets	20,776,306	19,206,348
<i>Liabilities</i>		
Accounts payable	26,416	25,647
Reciprocals payable	52,873	33,984
Total liabilities	79,289	59,631
Net assets available for benefits	\$ 20,697,017	\$ 19,146,717

See independent auditors' report and notes to financial statements.

Bricklayers Local 8 Pension Fund
Statements of Changes in Net Assets Available for Benefits
for the years ended April 30, 2025 and 2024

	2025	2024
<i>Additions to Net Assets</i>		
Investment income		
Interest and dividends	\$ 817,627	\$ 460,252
Net appreciation in fair value of investments	933,758	1,024,163
	1,751,385	1,484,415
Less investment fees	110,544	95,071
	1,640,841	1,389,344
Employer contributions, net	1,240,164	1,234,841
Other income	1,940	863
	2,882,945	2,625,048
<i>Deductions from Net Assets</i>		
Benefits paid to participants	1,133,384	1,109,676
Administrative expenses	199,261	150,871
	1,332,645	1,260,547
Total deductions	1,332,645	1,260,547
Net increase	1,550,300	1,364,501
<i>Net Assets Available for Benefits</i>		
Beginning of year	19,146,717	17,782,216
End of year	\$ 20,697,017	\$ 19,146,717

See independent auditors' report and notes to financial statements.

Bricklayers Local 8 Pension Fund

Statement of Accumulated Plan Benefits

as of April 30, 2024

Actuarial Present Value of Accumulated Plan Benefits

Vested Benefits

Participants Currently Receiving Benefits	\$ 11,667,090
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Other Vested Benefits	<u>7,910,500</u>
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<i>Total Vested Benefits</i>	19,577,590
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Non-Vested Benefits	<u>982,289</u>
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<i>Total Actuarial Present Value of Accumulated Plan Benefits</i>	<u><u>\$ 20,559,879</u></u>
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See independent auditors' report and notes to financial statements.

Bricklayers Local 8 Pension Fund
Statements of Changes in Accumulated Plan Benefits
for the year ended April 30, 2024

<i>Actuarial Present Value of Accumulated Plan Benefits at May 1</i>	\$	19,988,296
Increase (Decrease) During the Year Attributable to:		
Benefits Accumulated and Net Gains		418,084
Benefits Paid		(1,109,676)
Passage of Time		<u>1,263,175</u>
Net Increase		<u>571,583</u>
<i>Actuarial Present Value of Accumulated Plan Benefits at April 30</i>	\$	<u><u>20,559,879</u></u>

See independent auditors' report and notes to financial statements.

Bricklayers Local 8 Pension Fund

Notes to Financial Statements

1. Description of Plan

The following brief description of the Bricklayers Local 8 Pension Fund (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General – The Plan is a defined benefit multiemployer pension plan, administered by a Joint Board of Trustees (the “Trustees”), whose participating employers contribute to the Plan under terms of a collective bargaining agreement between the Local 3 New York of the International Union of Bricklayers and Allied Craftworkers AFL-CIO (the “Union”) and the Construction Trades Employers of South Central New York, Inc. The Plan’s basic benefits are insured through the Pension Benefit Guaranty Corporation (PBGC).

Participation – Members who work in covered employment are eligible to participate in the Plan. A member becomes a participant in the Plan upon working 300 or more hours in covered employment in a plan year.

Contributions – The Plan is primarily funded by contributions from participating employers in the construction industry in the South Central New York area and are based on an hourly rate for hours worked for covered employment under the collective bargaining agreement.

Credited Service – A full year of service is credited for a member who has worked over 1,200 hours of covered employment in the Plan year (each May 1 – April 30). During any Plan year in which a member works less than 1,200 hours, but at least 300 hours, he or she will receive 1/1,200 of a year of service for each hour worked. A break in service occurs when a member works less than 300 hours in each of two consecutive Plan years.

Effective May 1, 2013, a member may receive credited service for all covered employment, with no limit on the amount of credited service in a Plan Year.

Vesting – Prior to January 1, 1999, vesting occurs when a participant either (a) accumulates ten years of vesting service or (b) reaches normal retirement age (60) during active participation.

Effective January 1, 1999, vesting occurs when a participant either (a) accumulates five years of vesting service on or after January 1, 1999, (b) has one or more hours of service on or after January 1, 1999, and has accumulated five or more years of vesting service or (c) reaches normal retirement age (60) during active participation. During any plan year in which a member works less than 1,000 hours but at least 300 hours he or she will receive 1/1,000 of a vesting credit for each hour worked.

Bricklayers Local 8 Pension Fund

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Normal Pension Benefit – Vested participants are entitled to a normal pension benefit at age 60. The benefit is determined by multiplying the participant's years of credited service by \$74.

Early Pension Benefit – Participants may take an early pension benefit if they have attained age 55 and have at least 10 years of vesting service. The benefit is reduced by 1/3 of 1% for each month prior to normal retirement age. For participants that have attained age 55 and have 15 years of vesting service, the benefit is reduced by 1/6 of 1% for each month prior to normal retirement age.

Disability Pension Benefit – Disability benefits under the Plan are restricted to participants who have 10 years of vesting service and are entitled to a Social Security disability benefit. There is no reduction if the participant has attained age 45. If the participant is under age 45, the benefit is reduced by 4% for each year that the pension commences prior to age 45.

Death Benefit – If death occurs while an active member, a lump sum benefit equal to 100% of the contributions made on the participant's behalf is payable. If the member has a spouse eligible for a pre-retirement surviving spouse option, no benefits are payable until the death of the participant, and the lump sum amount will be reduced by any benefits paid to the spouse.

The normal retirement benefit for members who are married shall be the actuarially reduced benefit provided under the 50% joint survivor pension option, unless the member and spouse elect another form of payment as approved by the Plan administrator. If a single life annuity is elected, a death benefit of 100% of contributions made will be paid, reduced by pension payments. If a 100% joint and survivor benefit option is elected, the actuarially reduced monthly pension continues for the life of the surviving spouse.

Plan Termination – In the event the Trustees determine to terminate the Plan, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. The rights of all affected participants to their accrued benefits as of the date of such termination are nonforfeitable.

The Pension Benefit Guaranty Corporation ("PBGC") insures certain benefits under the Plan if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Only those benefits that are nonforfeitable prior to termination of the Plan are guaranteed. Benefits or benefit improvements in effect fewer than 60 months prior to termination are not guaranteed. The guaranteed limit is 100% of the first \$11.00 of the monthly accrual rate and 75% of the next \$33.00 for each year of service or a maximum of \$35.75 per year of credited service.

Bricklayers Local 8 Pension Fund

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Tax Status – The Plan obtained its latest determination letter dated February 13, 2015 from the Internal Revenue Service indicating that it continues to qualify under Section 401(a) of the Internal Revenue Code (the “Code”). The Plan has been amended since receiving the determination letter; however, the Plan Administrator and the Plan’s legal counsel believe that the Plan is currently designed and operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the gains and losses on investments bought and sold as well as held during the year. Realized gains and losses on disposition of investments are based upon actual costs and selling prices.

Investment Risks and Uncertainties – The Plan invests in various investment securities, which 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 value 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.

Cash – Consists of demand deposits at financial institutions.

Employer Contributions Receivable – Contributions receivable from participating employers are recorded at net realizable value. Management closely monitors outstanding balances and estimates collectability based on specific existing economic conditions. Upon management’s determination of collectability, the specific outstanding balance or the portion of outstanding balance of such account deemed uncollectible is written off through the allowance for potentially uncollectible employer contributions. At April 30, 2025 and 2024, Plan management believes no allowance is necessary.

Bricklayers Local 8 Pension Fund
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Office Equipment, net – Office equipment (including leasehold improvements and software) is stated at cost, net of accumulated depreciation. Depreciation is computed using the straight-line method over the approximate economic useful lives of the assets, which is five to fifteen years.

Office equipment as of April 30 is summarized as follows:

	2025	2024
Cost		
Leasehold improvements	\$ 0	\$ 7,215
Office equipment	83,754	71,330
	83,754	78,545
Less accumulated depreciation	5,542	27,188
Net	\$ 78,212	\$ 51,357

Depreciation charged to operations totaled \$3,911 in year ended April 30, 2025 and \$481 in year ended April 30, 2024.

Benefit Costs – Benefit costs are recorded as a deduction from net assets available for benefits when paid.

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 retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. Benefits under the Plan are based on provisions as described in Note 1 to the financial statements. 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 date as of which the benefit information is presented (the valuation date.)

Bricklayers Local 8 Pension Fund
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

The actuarial present value of accumulated Plan benefits is determined by an actuary from O'Sullivan Associates, Inc. and is that amount which results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirements) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of May 1, 2024 are as follows:

Actuarial Assumptions													
Mortality Rates													
Pre-Decrement	Pri-2012 Blue Collar Employee												
Post-Decrement	Pri-2012 Blue Collar Retiree												
Post-Disablement	Pri-2012 Disabled Annuitant												
Beneficiaries	Pri-2012 Blue Collar Contingent Annuitant												
Retirement Rates	<table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">Age 55</td> <td style="text-align: right;">10%</td> </tr> <tr> <td style="padding-left: 20px;">Age 56</td> <td style="text-align: right;">5%</td> </tr> <tr> <td style="padding-left: 20px;">Age 57</td> <td style="text-align: right;">5%</td> </tr> <tr> <td style="padding-left: 20px;">Age 58</td> <td style="text-align: right;">5%</td> </tr> <tr> <td style="padding-left: 20px;">Age 59</td> <td style="text-align: right;">5%</td> </tr> <tr> <td style="padding-left: 20px;">Age 60+</td> <td style="text-align: right;">100%</td> </tr> </table>	Age 55	10%	Age 56	5%	Age 57	5%	Age 58	5%	Age 59	5%	Age 60+	100%
Age 55	10%												
Age 56	5%												
Age 57	5%												
Age 58	5%												
Age 59	5%												
Age 60+	100%												
Annual Employment	130,000 base units												
Percent Married	85%												
Age of Spouse	Females three years younger than their spouse												
Costing Method	Unit credit actuarial cost method												
Interest Rate	6.50%												
Administration Expense	\$155,040												
Actuarial Assumption Changes from Previous Valuation	Administration expense was \$152,000 in prior year.												

Bricklayers Local 8 Pension Fund

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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

Use of Estimates – The trustees use estimates and assumptions in preparing financial statements. These estimates and assumptions affect the reported amounts of assets and liabilities, actuarial values, disclosure of contingent assets and liabilities, and the reported additions and deductions from Plan net assets available for benefits. Actual results could differ from these estimates.

Subsequent Events – Plan management has evaluated subsequent events through October 22, 2025, the date these financial statements were available to be issued and determined that no additional recognition or disclosure was necessary.

3. Fair Value Measurements

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

- **Level 1** – Inputs to the valuation methodology are unadjusted quoted prior 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; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- **Level 3** – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Bricklayers Local 8 Pension Fund

Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of April 30, 2025 and 2024.

Money Market Funds: Valued at amortized cost, which approximates fair value. Under the amortized cost valuation method, discount or premium is accreted or amortized on a constant basis to the maturity of the security.

Mutual Funds: Closed-end mutual funds are valued at the closing price reported on the active market on which the individual securities are traded. Open-end mutual funds are registered with the Securities and Exchange Commission and are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Real Estate Investment Trust ("REIT"): The REIT values its underlying real estate investments giving consideration to the income, cost and sales comparison approaches of estimate property values. The income approach estimates an income stream for a property (typically 10 years) and discounts this income, plus a reversion (presumed sale) into a present value at a risk-adjusted rate. The cost approach estimates the replacement cost of the building less physical depreciation, plus the land value. Generally, this approach provides a validation on the value derived using the income approach. The sales comparison approach compares recent transactions to the appraised property. Unobservable inputs to the income approach include terminal and growth rate assumptions (typically 0% to 5%) which are derived from market transactions, as well as other financial and industry market data.

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

Bricklayers Local 8 Pension Fund
Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of April 30, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Level 1		
Money market funds	\$ 734,835	\$ 346,221
Mutual funds	<u>18,838,969</u>	<u>17,517,774</u>
	19,573,804	17,863,995
Level 3		
RREEF America REIT II, Inc.	<u>753,960</u>	<u>917,895</u>
Total investments at fair value	<u>\$ 20,327,764</u>	<u>\$ 18,781,890</u>

The following table provides a summary of changes in fair value of the Plan's level 3 investments for years ended April 30, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
RREEF America REIT II, Inc.		
Balance, beginning of year	\$ 917,895	\$ 1,268,866
Purchases, including reinvested dividends	0	(37,862)
Redemptions	(155,853)	(180,533)
Unrealized gain (loss)	<u>(8,082)</u>	<u>(132,576)</u>
Balance, end of year	<u>\$ 753,960</u>	<u>\$ 917,895</u>

Gains and losses (realized and unrealized) included in changes in net assets for the previous period are reported in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

RREEF America REIT II, Inc. ("the REIT") is a Maryland corporation classified as a real estate investment trust. The REIT is an open-ended core fund organized to serve as a collective investment vehicle through which eligible investors may invest in a professionally managed real estate portfolio consisting of multi-family, industrial, retail and office properties in targeted metropolitan areas within the continental United States. The primary investment objective is to generate predictable investment returns from a target portfolio of low-risk equity investments in income-producing real estate while maximizing the total return to shareholders through cash dividends and appreciation in the value of REIT shares. RREEF America LLC serves as investment advisor to REIT.

Bricklayers Local 8 Pension Fund

Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

The REIT issues and redeems shares at the traded net asset value per share. It also maintains a dividend reinvestment plan whereby shareholders may automatically reinvest cash distributions in additional shares of the REIT at the most recently traded net asset value per share. The Plan participates in this dividend reinvestment plan. The REIT maintains a redemption plan whereby shareholders may redeem shares quarterly with a 45-day written notice.

4. Related Party Transactions

The Plan's office facilities are shared with two affiliated funds, Bricklayers Local 8 Welfare Fund ("Local 8 Welfare Fund") and Bricklayers and Allied Craftworkers Local 3, New York, Individual Account Retirement Fund (the "Individual Account Retirement Fund"). The Plan is related to these organizations through common management and membership. The Plan leased its office facilities from an unrelated party for \$600 per month under a month-to-month lease. The lease was terminated in year ended April 30, 2025, and the Plan relocated to new office facilities. The Local 8 Welfare Fund entered into a five year lease for the Plan's new office facilities, commencing February 2025 for \$1,200 per month. The Plan's allocated portion of rent years ended April 30, 2025 and 2024 was \$2,806 and \$2,700, respectively.

The Plan shares employees, office space and other applicable expenses with the affiliated funds and has an agreement with the affiliated funds whereby the Plan is reimbursed by such affiliates for shared office and administrative expenses incurred on behalf of each fund based on management estimates. The Plan has an agreement with the affiliated funds whereby the Plan reimbursed the Local 8 Welfare Fund shared office and administrative expenses incurred on behalf of the Plan based on management estimates. Reimbursements paid by the Plan for shared expenses amounted to \$134,713 and \$80,750, respectively for years ended April 30, 2025 and 2024.

The Local 8 Welfare Plan also receives contributions on behalf of the Plan and other affiliated funds. Such funds are then remitted to each affiliated organization. Amount due from the Local 8 Welfare Fund as of April 30, 2024 totaled \$37,839. There were no amounts owed as of April 30, 2025.

5. Parties-in-Interest

Certain plan investments are managed by Fidelity. Fidelity is custodian of the Plan's publicly traded investments and, therefore, transactions involving these investments are considered party-in-interest transactions.

Bricklayers Local 8 Pension Fund

Notes to Financial Statements (continued)

6. Actuarial Data

Actuarial Valuation – The latest actuarial valuation of the Plan is as of May 1, 2024. The actuarial present value of accumulated Plan benefits as of May 1, 2024 totaled \$20,559,879 and is reported in the statement of accumulated plan benefits and the changes therein since the previous valuation are reported in statement of changes in accumulated plan benefits. As disclosed in the statement of changes in accumulated plan benefits, the actuarial present value of accumulated Plan benefits increased by \$571,583 in Plan year ended April 30, 2025.

The actuarial cost method used in establishing the normal cost and actuarial accrued liability for participants is known as the “Unit Credit Actuarial Cost Method.” The actuarial study showed that, on May 1, 2024, the actuarial accrued liability exceeded the market value of Plan assets by \$1,413,162. The study also disclosed the funded percentage for the Plan’s accumulated benefits liability, which is the ratio of current market value of the Plan’s net assets to the present value of benefits earned as of the valuation date, was 93.1% compared to 89.0% as of the prior year.

The “Minimum Funding Standards” requirements of ERISA have been met by the Plan. As of April 30, 2024, there was a credit balance in the “Funding Standards Account” under ERISA. The actuarial study states that under the current assumptions, the credit balance will remain positive, assuming assumptions are met and there are no future changes in Plan provisions or actuarial assumptions.

Significant actuarial assumptions used in the valuation are disclosed in Note 2.

Funded Status – As required by the Pension Protection Act of 2006, the Plan’s actuary completed the actuarial certification under Internal Revenue Code Section 432(b)(3) as of May 1, 2024 and determined that the Plan is not Endangered, Seriously Endangered, Critical, or Critical and Declining, (the “Green Zone”). The certification reflected that the Plan is not projected to have an accumulated funding deficiency in any of the six succeeding Plan years.

7. Contingencies

Whether all participants receive their benefits, should the Plan terminate at some future time it will depend on the sufficiency, at that time, of the Plan’s net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Bricklayers Local 8 Pension Fund

Notes to Financial Statements (continued)

8. Retirement Benefits

The Plan currently participates in this pension fund, the Bricklayers Local 8 Pension Fund (“Local 8 Pension Fund”), which is a multi-employer defined benefit pension plan. The Plan’s participation in this plan is outlined in the table below as of the Pension Plan’s year end, which is the most recently available information.

The EIN/Pension Plan Number column provides the Employer Identification Number (“EIN”) and the three-digit Plan number. The Pension Protection Act (“PPA”) zone status is for the Pension Plan’s year-end, unless otherwise noted. The zone status is based on information that the Plan received from the Pension Plan and is certified by the Pension Plan’s actuary. Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are less than 80% funded and plans in the green zone are at least 80% funded. The FIP/RP Status column indicates plans for which a funding improvement plan (“FIP”) or a rehabilitation plan (“RP”) is either pending, has been implemented or if a FIP or RP is not required and, therefore, not applicable (“N/A”). A surcharge is imposed on the participating employers of a plan if the plan experienced a funding deficiency. The last column lists the expiration date of the collective bargaining agreement (“CBA”) to which the Pension Plan is subject.

Based upon the information available, details of the multiemployer plan are as follows:

Plan Name	EIN/PN	Plan Year End	PPA Zone Status	FIP/ RP Status	Contributions to Plan*	Surcharge Imposed	Expiration Date of CBA
Local 8 Pension Plan	16-1077912/001	4/30/25	Green	N/A	\$5,924	No	4/30/25
Local 8 Pension Plan	16-1077912/001	4/30/24	Green	N/A	\$6,076	No	4/30/25

* Does not exceed 5% of total contributions to the Plan

The risk of fully funding a multiemployer pension plan’s benefit is spread among numerous employers, while single-employer plans are funded by one employer.

Risks of participating in multi-employer plans include the prospect of the pool of active participants shrinking, causing the contribution base of plans to decline while ongoing benefit accruals continue at previous levels; a reduction in plan asset values causing minimum contribution requirements to increase well above contribution rates specified in the collective bargaining agreement; and dependency on economic improvement in the industry to lead to increased contributions.

Bricklayers Local 8 Pension Fund

Notes to Financial Statements (continued)

8. Retirement Benefits (continued)

The Plan also contributes to the Individual Account Retirement Fund, which is a multiemployer defined contribution profit sharing plan. Payments to the Individual Account Retirement Fund totaled \$3,068 and \$2,754 for the years ended April 30, 2025 and 2024, respectively.

9. Reconciliation with Form 5500

The accompanying financial statements, which are prepared in accordance with GAAP, calculate realized gains and losses on sales of securities and unrealized gains and losses (change in market value on securities held at year end) using historical cost. However, Form 5500, Annual Return/Report of Employee Benefit Plan, requires the calculation of such gains and losses to be measured on the basis of revalued cost on Schedule H. Revalued cost is calculated based on the market value of a security on the first day of the fiscal year plus the cost of any current year purchases, less the beginning market value of any current year sales. In total, however, the financial statement calculation of gains and losses and the calculation for Form 5500 are the same.

In the statements of changes in net assets available for benefits, investment fees are offset against investment income. On Form 5500 Schedule H, such fees are included as administrative expenses.

Supplemental Information

Bricklayers Local 8 Pension Fund

Schedules of Administrative Expenses for the years ended April 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Compensation and payroll taxes	\$ 31,893	\$ 30,389
Depreciation	3,911	481
Employee benefits	18,801	19,614
Insurance	14,793	14,520
Office and other	23,011	11,894
Professional services		
Accounting and audit	33,330	29,737
Actuary	20,865	23,490
Legal	17,531	13,640
Rent	2,806	2,700
Travel, conferences and meetings	504	4,406
Write-offs	31,816	0
	<u>\$ 199,261</u>	<u>\$ 150,871</u>

See independent auditors' report.

Bricklayers Local 8 Pension Fund

EIN: 16-1077912 Plan Number: 001

Form 5500 Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

as of April 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	* Fidelity Government Cash Reserves	Money Market Fund	\$ 734,835	\$ 734,835
	Artisan Global Opportunities Adv	Mutual Fund	474,820	484,773
	Baird Core Plus Bond Institutional	Mutual Fund	2,705,354	2,759,894
	Cohen & Steers GI Infrastructure CI I	Mutual Fund	884,322	1,018,800
	DFA Emerging Markets Core Eq Portfolio	Mutual Fund	446,014	459,823
	Dodge & Cox Global Stock CI I	Mutual Fund	927,873	1,063,093
	Eaton Vance Atlanta Capital Smid Cap R6	Mutual Fund	341,917	399,867
	* Fidelity U.S. Bond Index Fund	Mutual Fund	2,710,707	2,753,296
	* Fidelity 500 Index Fund	Mutual Fund	2,276,389	4,010,847
	* Fidelity Total Intl Index Fund	Mutual Fund	2,387,965	2,795,763
	First Trust WCM Focused Global GRWTH	Mutual Fund	518,000	492,486
	Mfs Low Volatility Global Equity CI R6	Mutual Fund	849,010	1,116,455
	Parametric Volatility Rsk Prem Defense CI I	Mutual Fund	835,321	1,011,484
	Vanguard Small-Cap Value Index Admiral	Mutual Fund	300,248	472,388
			<u>\$ 15,657,940</u>	<u>\$ 18,838,969</u>
	RREEF America REIT II, Inc.	REIT	786,223	753,960
	Total investments at fair value		<u>\$ 17,178,998</u>	<u>\$ 20,327,764</u>

* Party-in-interest

See independent auditor's report.

7.5. Summary of Plan Provisions (Line 6)

Plan Year:	May 1 through April 30.
Participation	300 or more hours in a plan year.
Vesting Service	One year of Vesting Service is credited for any plan year in which at least 1,000 hours are worked.
Credited Service	A full year of service is credited for a member who has worked over 1,200 union hours in the plan year. During any plan year in which a member works less than 1,200 hours, he/she will receive 1/1,200 of a year of service for each hour worked. Effective May 1, 2013 a member may receive credited service for all covered employment, with no limit on the amount of Credited Service in a Plan Year.
Vesting	5 years of Vesting Service
Break Year	Any plan year with less than 300 hours. Two consecutive break years result in a break in service.
Normal Retirement:	
Eligibility	Age 60
Amount	\$74.00 per month for each year of service (rounded to the next dollar amount)
Early Retirement:	
Eligibility	Age 55 and 10 years of Vesting Service
Amount	For 55 and 10: Normal Retirement amount, reduced by 1/3 of 1% for each month prior to Normal Retirement For 55 and 15: Normal retirement amount, reduced by 1/6 of 1% for each month prior to Normal Retirement
Rule of 80:	
Eligibility	Age plus years of Credited Service (limited to 1.25 per year) must equal or exceed 80
Amount	Same as Normal
Disability:	
Eligibility	10 years of Vesting Service and eligible for a Social Security disability benefit
Amount	Same as Normal except 4% reduction for each year that the pension starts prior to age 45

Pre-Retirement Death:

Surviving Spouse

Eligibility	Death of a vested participant with a surviving spouse of one year
Amount	The Qualified Joint & Survivor option
Start Date	When the participant would have attained the earliest pension age (or immediately if already such age)
Duration	For the life of the surviving spouse

Non-Married

Eligibility	Death of an active member
Amount	Lump sum equal to 100% of employer contributions made on his behalf

Post-Retirement Death

Eligibility	Death of a pensioner
Amount	Lump sum equal to 100% of employer contributions made on his behalf less any pension payments made.

Optional Forms of Benefit:

50% J&S with Pop-Up & 100% J&S with Pop-Up

The Joint & Survivor Factors are as follows:

<u>J&S Survivor Percent</u>	<u>Same age Factor</u>	<u>Age Adjustment</u>
50%	90.00%	0.400%
100%	81.90%	0.700%

Suspension of Benefits

Early Pension	Pension will cease if Participant becomes re-employed. Pension may resume after termination of such employment and upon approval of application for resumption of Pension. Additional credit earned shall be used to increase the Pension amount.
Normal Pension	Pension shall continue if Participant continues to work or becomes re-employed. Credited Service cannot be accrued after their date of retirement.
Delayed Retirement	Participant may choose not to retire on their Normal Retirement Date and continue to work and accrue Credited Service.

Recent Plan Changes

<u>Effective</u>	<u>Description</u>
5/1/2016	Actives: The monthly benefit rate is increased from \$70 to \$74.
5/1/2015	Actives: The monthly benefit rate is increased from \$60 to \$70.
5/1/2014	Actives: The monthly benefit rate is increased from \$56 to \$60.
5/1/2013	Actives: The monthly benefit rate is increased from \$52 to \$56. A member may receive credited service for all covered employment, with no limit on the amount of credited service in a Plan Year. Retirees: All retirees receiving a monthly payment as of 5/1/2013 will receive a 2% increase in their pension.
5/1/2011	Actives: The monthly benefit rate is increased from \$47 to \$52. Retirees: All retirees receiving a monthly payment as of 5/1/2011 will receive a 3% increase in their pension.

Bricklayers Local 8 Pension Fund

EIN: 16-1077912 Plan Number: 001

Form 5500 Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

as of April 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	* Fidelity Government Cash Reserves	Money Market Fund	\$ 734,835	\$ 734,835
	Artisan Global Opportunities Adv	Mutual Fund	474,820	484,773
	Baird Core Plus Bond Institutional	Mutual Fund	2,705,354	2,759,894
	Cohen & Steers GI Infrastructure CI I	Mutual Fund	884,322	1,018,800
	DFA Emerging Markets Core Eq Portfolio	Mutual Fund	446,014	459,823
	Dodge & Cox Global Stock CI I	Mutual Fund	927,873	1,063,093
	Eaton Vance Atlanta Capital Smid Cap R6	Mutual Fund	341,917	399,867
	* Fidelity U.S. Bond Index Fund	Mutual Fund	2,710,707	2,753,296
	* Fidelity 500 Index Fund	Mutual Fund	2,276,389	4,010,847
	* Fidelity Total Intl Index Fund	Mutual Fund	2,387,965	2,795,763
	First Trust WCM Focused Global GRWTH	Mutual Fund	518,000	492,486
	Mfs Low Volatility Global Equity CI R6	Mutual Fund	849,010	1,116,455
	Parametric Volatility Rsk Prem Defense CI I	Mutual Fund	835,321	1,011,484
	Vanguard Small-Cap Value Index Admiral	Mutual Fund	300,248	472,388
			<u>\$ 15,657,940</u>	<u>\$ 18,838,969</u>
	RREEF America REIT II, Inc.	REIT	786,223	753,960
	Total investments at fair value		<u>\$ 17,178,998</u>	<u>\$ 20,327,764</u>

* Party-in-interest

See independent auditor's report.

7.9. Schedule of Active Participant Data (Line 8b(2))

Age	Years of Pension Credit																			
	0-1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40+	
	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.
<25	2	\$ 30	8	\$ 160	2	\$ 378	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -
25-29	1	24	7	241	7	562	1	744	-	-	-	-	-	-	-	-	-	-	-	-
30-34	1	52	3	196	8	585	2	931	3	1,267	-	-	-	-	-	-	-	-	-	-
35-39	-	-	7	216	2	419	5	994	2	1,235	2	1,301	-	-	-	-	-	-	-	-
40-44	-	-	4	180	3	579	2	1,012	3	1,203	1	1,686	-	-	-	-	-	-	-	-
45-49	-	-	3	168	4	622	3	967	1	1,269	1	1,658	-	-	-	-	-	-	-	-
50-54	-	-	1	186	-	-	-	-	2	1,280	1	1,718	1	2,217	-	-	2	2,802	1	3,098
55-59	1	57	-	-	-	-	1	883	-	-	-	-	-	-	-	-	1	2,194	-	-
60-64	-	-	1	283	1	423	3	1,014	1	1,187	-	-	1	1,431	-	-	-	-	-	-
65-69	-	-	-	-	-	-	-	-	1	1,325	-	-	-	-	-	-	-	-	-	-
70+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unknown	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -

7. Government (5500) Reporting

7.1. Illustration Supporting Actuarial Certification of Status (Line 4b)

Based on the following actuarial measures, the Bricklayers Local 8 Pension Fund is not in “Critical” or Endangered” status as per the Pension Protection Act.

- | | | |
|---|--|---------------------------------|
| 1 | Funded Percentage..... | Greater than 80% |
| 2 | Date of projected funded deficiency..... | Not within the next seven years |

Below is a ten year projection of the Plan’s Funded Percentage and Credit Balance supporting the Actuarial Certification.

As of May. 1	Funded %	Credit Balance
2024	97.7%	\$ 3,599,353
2025	97.3%	3,507,768
2026	98.5%	3,350,767
2027	100.7%	3,165,182
2028	102.6%	3,162,771
2029	104.7%	3,168,973
2030	106.8%	3,286,999
2031	108.9%	3,562,741
2032	111.2%	3,858,229
2033	113.6%	\$ 4,211,173

7.2. Documentation Regarding Progress under Funding Improvement or Rehabilitation Plan (Line 4c)

For the Plan Year the Plan was not in “Critical” or “Endangered Status” and therefore was not subject to a Funding Improvement or Rehabilitation Plan.

**7.11. Schedule of Funding Standard Account Bases (Lines 9c and 9h)
 Amortization Charges as of 5/1/2024**

Year Established	Base Type	Outstanding Balance	Years Remaining	Amortization Amount
2013	Initial Unfunded Base	\$ 239,561	4	\$ 65,661
2013	Assumption Change	301,559	4	82,653
2013	Plan Amendment	121,471	4	33,294
2014	Actuarial Loss*	43,871	5	9,913
2015	Assumption Change	81,453	6	15,799
2015	Plan Amendment	530,143	6	102,827
2016	Actuarial Loss	795,106	7	136,125
2016	Assumption Change	281,721	7	48,232
2016	Plan Amendment	184,194	7	31,535
2017	Actuarial Loss	108,042	8	16,662
2018	Actuarial Loss	264,896	9	37,369
2018	Assumption Change	2,074	9	293
2019	Actuarial Loss	71,673	10	9,362
2020	Actuarial Loss	452,618	11	55,273
2021	Assumption Change	1,114,393	12	128,253
2022	Assumption Change	513,515	13	56,068
2022	Actuarial Loss	55,747	13	6,087
2023	Actuarial Loss	142,687	14	14,864
2024	Actuarial Loss	221,838	15	22,153
Total Charges		\$ 5,526,562		\$ 872,423

Amortization Credits as of 5/1/2024

Year Established	Base Type	Outstanding Balance	Years Remaining	Amortization Amount
2015	Actuarial Gain*	\$ (63,472)	6	\$ (12,311)
2016	Method Change	(428,097)	7	(73,292)
2017	Assumption Change	(85,742)	8	(13,223)
2019	Assumption Change	(83,878)	10	(10,956)
2020	Assumption Change	(35,714)	11	(4,361)
2021	Actuarial Gain	(210,440)	12	(24,219)
Total Credits		\$ (907,343)		\$ (138,362)
Net Charge/(Credit)		\$ 4,619,219		\$ 734,061

*Base established per Revenue Ruling 81-213

7.4. Justification for Change in Actuarial Assumptions (Line 11)

There were no changes from the prior actuarial valuation.

7.3. Statement of Actuarial Assumptions/Methods (Line 6)

These are the assumptions used for the ongoing valuation calculations, unless otherwise noted.

Measurement Date April 30, 2024

Mortality
 Pre-Decrement: PRI-2012 Blue Collar Employee
 Post-Decrement: PRI-2012 Blue Collar Retiree
 Post-Disablement: PRI-2012 Disabled Annuitant
 Beneficiaries: PRI-2012 Blue Collar Contingent Annuitant

All tables are amount-weighted and use Scale MP-2021 generational mortality improvement.

Withdrawal and Disability Sample Rates per 100 Participants

<u>Age</u>	<u>Disability</u>	<u>Withdrawal</u>
20	0.26	5.33
30	0.28	2.93
40	0.33	1.56
50	0.59	0.72
60	1.36	0.00

Retirement Age
 Actives

We assume the following baseline retirement rates with an injection of 100% retirement upon eligibility for the Rule of 80 pension.

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
50	0%	56	5%
51	0	57	5
52	0	58	5
53	0	59	5
54	0	60+	100%
55	10%		

Terminated Vested Age 60, or present age if greater

Definition of an Active Must work at least 300 hours in most recent Plan Year

Annual Employment 130,000 base units

Percent Married 85%

Age of Spouse Females are 3 years younger than their spouses.

Net Investment Return 6.50%

Withdrawal Liability Interest Rate 5.50%

Administrative Expenses \$155,040 annually, payable at the beginning of the year, increasing by 3% annually through 2023, increasing by 2% annually through 2028, and increasing by 1% annually thereafter, including a scheduled increase in PBGC premiums in 2031.

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

Actuarial Cost Method Unit Credit

RPA '94 Current Liability Assumptions

Interest 3.05%, last year 2.36% was used.
 Mortality As per IRS Regulation §1.430(h)(3)-1

Rationale for Assumptions

Demographic The demographic rates utilized are standard tables that approximate recent historical demographic experience, and adjusted to reflect anticipated future experience and professional judgment. A comparison of actual vs. expected decrements, and aggregate liability gain/loss analysis were used to validate the demographic assumptions.

Administrative Expense and Employment The Administrative Expense and Employment assumptions approximate recent historical experience, and adjusted to reflect anticipated future experience and professional judgment. When appropriate we include the expectations of Trustees and co-professionals for these assumptions.

Investment Return The investment return assumption is a long-term estimate that is based on historical experience, future market expectations, and professional judgment. We have utilized the investment manager's capital market expectations, and have compared those expectations with a broader market survey.

Schedule MB (2024)
Statement by Enrolled Actuary

Bricklayers Local No. 8 Pension Plan
EIN: 16-1077912 PN: 001

Employer Contributions (line 3)

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year and were assumed to be paid at the end of the month. There were no withdrawal liability payments in the year.

Illustration Supporting Actuarial Certification of Status (line 4a)

Based on the following actuarial measures, the Plan was not in a troubled (“Critical” or “Endangered”) zone as per the Pension Protection Act.

Funded percentage.....	Over 80%
Date of projected funded deficiency...	Indefinite

Therefore, per the instructions, no attachment is required.

The Actuarial Assumptions and Methods (line 6)

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation. The actuarial assumptions and methods used in this valuation may differ from those used in the prior valuation. Please refer to the Justification for Change in Actuarial Assumptions (line 11) section for any changes.

Plan Provisions (line 6)

Attached is a summary of the plan provisions valued. The Plan provisions used in this valuation do not differ from those used in the prior valuation.

Schedule of Expected Benefit Payments (line 8b(1))

Since the Plan has less than 500 total participants as of the valuation date, per the instructions, no attachment is required.

Schedule of Active Participant Data (line 8b(2))

Attached is a schedule of active participant data.

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments (line 8b(3))

Since the Plan has less than 500 total participants as of the valuation date, per the instructions, no attachment is required.

Amortization Bases (line 9)

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

Justification for Change in Actuarial Assumptions (line 11)

Attached is justification for the changes in actuarial assumptions.

Actuary’s Statement of Reliance

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the Plan administrator.

**International Union of Bricklayers and Allied
Craftsmen Local #8 Pension Plan
EIN: 16-1077912 Plan Number: 001
April 30, 2025**

Schedule R, line 13e- Information on Contribution Rates and Base Units

Welliver McGuire Inc

Journeyman	\$	8.00	Hourly
1st Year Apprentices	\$	7.00	Hourly
2nd Year Apprentices	\$	7.00	Hourly
3rd Year Apprentices	\$	8.00	Hourly
4th Year Apprentices	\$	8.00	Hourly

Alliance Masonry Corp.

Journeyman	\$	8.00	Hourly
1st Year Apprentices	\$	7.00	Hourly
2nd Year Apprentices	\$	7.00	Hourly
3rd Year Apprentices	\$	8.00	Hourly
4th Year Apprentices	\$	8.00	Hourly

Lupini Construction Inc.

Journeyman	\$	8.00	Hourly
1st Year Apprentices	\$	7.00	Hourly
2nd Year Apprentices	\$	7.00	Hourly
3rd Year Apprentices	\$	8.00	Hourly
4th Year Apprentices	\$	8.00	Hourly

Casler Masonry Inc.

Journeyman	\$	8.00	Hourly
1st Year Apprentices	\$	7.00	Hourly
2nd Year Apprentices	\$	7.00	Hourly
3rd Year Apprentices	\$	8.00	Hourly
4th Year Apprentices	\$	8.00	Hourly

Martino Tile Inc.

Journeyman	\$	8.00	Hourly
1st Year Apprentices	\$	7.00	Hourly
2nd Year Apprentices	\$	7.00	Hourly
3rd Year Apprentices	\$	8.00	Hourly
4th Year Apprentices	\$	8.00	Hourly

The Rug Shop Inc.

Journeyman	\$	8.00	Hourly
1st Year Apprentices	\$	7.00	Hourly
2nd Year Apprentices	\$	7.00	Hourly
3rd Year Apprentices	\$	8.00	Hourly
4th Year Apprentices	\$	8.00	Hourly

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning <u>05/01/2024</u> and ending <u>04/30/2025</u>			
A	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is:	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____
		<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
		<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>	
D	Check box if filing under:	<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension
		<input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>	

Part II Basic Plan Information - enter all requested information			
1a Name of plan	1b Three-digit plan number (PN)		001
INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFTSMEN LOCAL #8 PENSION PLAN	1c Effective date of plan	05/01/1970	
2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)	16-1077912	
Mailing address (include room, apt., suite no. and street, or P.O. Box)	2c Plan Sponsor's telephone number	607-272-3853	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2d Business code (see instructions)	238100	
INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFT			
605 WEST STATE STREET			
ITHACA NY 14850-3309			

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>Ashley Tilebein</i>	11/25/2025	ASHLEY TILEBEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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

5 Total number of participants at the beginning of the plan year	5	250
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	107
a (2) Total number of active participants at the end of the plan year	6a(2)	101
b Retired or separated participants receiving benefits	6b	81
c Other retired or separated participants entitled to future benefits	6c	56
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	238
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	13
f Total. Add lines 6d and 6e	6f	251
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	37

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

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

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

**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 05/01/2024 and ending 04/30/2025

▶ **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 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 Pension Plan	D Employer Identification Number (EIN) 16-1077912	

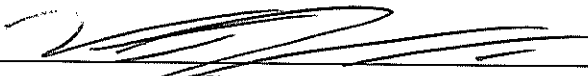
E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 5 Day 1 Year 2024

b Assets		
(1) Current value of assets	1b(1)	19,146,717
(2) Actuarial value of assets for funding standard account	1b(2)	19,639,837
c (1) Accrued liability for plan using immediate gain methods	1c(1)	20,559,879
(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)	20,559,879
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)	33,664,960
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1,060,850
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	0
(3) Expected plan disbursements for the plan year	1d(3)	1,195,676

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	
Vincent Regalbuto	Signature of actuary
O'Sullivan Associates	Type or print name of actuary
1236 Brace Road, Unit E Cherry Hill	Firm name NJ 08034 Address of the firm

11/17/2025
Date 23-08116
Most recent enrollment number (856) 795-7777
Telephone number (including area code)

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	19,146,717
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	95	16,669,224
(2) For terminated vested participants	49	4,815,791
(3) For active participants:		
(a) Non-vested benefits		856,611
(b) Vested benefits		11,323,334
(c) Total active	107	12,179,945
(4) Total	251	33,664,960
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.87%

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
11/01/2024	1,240,164				
Totals ▶			3(b)	1,240,164	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	95.5%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • 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 <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

- | | | | |
|--|--|--|---|
| a <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input checked="" type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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	3.05 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	5.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.2%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.8%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	155,040
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	221,838	22,153

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.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	579,419

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)	5,526,562	872,423
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		94,370
e Total charges. Add lines 9a through 9d.....	9e		1,546,212
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		3,699,177
g Employer contributions. Total from column (b) of line 3.....	9g		1,240,164
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	907,343	138,362
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		285,967
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	6,061,723	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	11,597,160	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		5,363,670
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		3,817,458
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No