

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: BRICKLAYERS LOCAL NO. 8 AND EMPLOYERS PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1975
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF BRICKLAYERS LOCAL NO. 8 AND EMPLOYERS PENSION PLA
2b Employer Identification Number (EIN): 37-1043440
2c Plan Sponsor's telephone number: 314-367-6555
2d Business code (see instructions): 236200

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and 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	1010
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)	526
	6a(2)	512
	6b	19
	6c	480
	6d	1011
	6e	10
	6f	1021
	6g(1)	1020
6g(2)	1021	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	98

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

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 0
- (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 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 **07/01/2024** and ending **06/30/2025**

A Name of plan BRICKLAYERS LOCAL NO. 8 AND EMPLOYERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF BRICKLAYERS LOCAL NO. 8 AND EMPLOYERS PENSION PLA	D Employer Identification Number (EIN) 37-1043440	

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

GREAT GRAY TRUST COMPANY, LLC	ONE EAST PRATT STREET 5TH FLOOR E MAIL STOP C3-C411-5C BALTIMORE, MD 21202
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BNY MELLON	815 CONNECTICUTE AVE SUITE 320 WASHINGTON, DC 20006
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ALLIANCE BERNSTEIN LARGE CAP GROWTH	1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUND WASHINGTON MUTUAL INV	5300 ROBIN HOOD ROAD NORFOLK, VA 28513
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY BLUE CHIP GROWTH FUND

PO BOX 770001
CINCINNATI, OH 45277

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

FRANKLIN SMALL CAP VALUE FUND

100 FOUNTAIN PARKWAY N
ST. PETERSBURG, FL 33716

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

GREAT GRAY TRUST COMPANY LLC

6725 VIA AUSTI PARKWAY
SUITE 260
LAS VEGAS, NV 89119

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

INVESCO S&P 500 INDEX FUND

225 LIBERTY STREET
NEW YORK, NY 10281

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

LORD ABBETT CORE FIXED INCOME FUND

90 HUDSON STREET
JERSEY CITY, NJ 07302

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

LORD ABBETT CORE PLUS BOND

90 HUDSON STREET
JERSEY CITY, NJ 07302

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

LORD ABBETT INCOME FUND

90 HUDSON STREET
JERSEY CITY, NJ 07302

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

SEI TRUST COMPANY

1 FREEDOM VALLE DR
PO BOX 1100
OAKS, PA 19456

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

PRINCIPAL GLOBAL INVESTORS TR	1300 SW FIFTH AVE SUITE 3300 PORTLAND, PA 97201
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEW TOWER TRUST	7315 WISCONSIN AVE SUITE 350W BETHESDA, MD 20814
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NUVEEN SYMPHONY FLOATING RATE FUND	333 WEST WACKER DRIVE CHICAGO, IL 60606
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO INCOME FUND	PO BOX 55060 BOSTON, MA 02205
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO STOCKSPPLUS SMALL FUND	PO BOX 55060 BOSTON, MA 02205
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD S&P 400 MID-CAP GRWTH INX	PO BOX 2900 VALLEY FORGE, PA 19482-1100
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD SMALL CAP VALUE FUND	PO BOX 2900 VALLEY FORGE, PA 19482-1100
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD WELLESLEY INCOME FUND	PO BOX 2900 VALLEY FORGE, PA 19482-1100
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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)

EKON BENEFITS

4940 WASHINGTON BLVD
ST. LOUIS, MO 63108

(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?
15 50 38	NONE	67776	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)

MARQUETTE & ASSOCIATES

180 NORTH LASALLE STREET
STE 3500
CHICAGO, IL 60601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	43500	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)

PARAMETRIC PORTFOLIO ASSOC, LLC

3600 MINNESOTA DRIVE
SUITE 325
MINNEAPOLIS, MN 55435

(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?
51 28	NONE	33635	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)

FIRST MIDWEST/OLD NATIONAL

27 NORTH VERMILION STREET
DAVILLE, IL 61832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	24651	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)

HAMMOND AND SHINNERS, PC

13205 MANCHESTER ROAD SUITE 210
ST. LOUIS, MO 63131

(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	20071	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)

RICHARD J WOLF AND COMPANY, INC.

P.O. BOX 591
PALOS PARK, IL 60464

(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	13985	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)

ROMOLO & ASSOCIATES LLC

1700 W LUTHY DRIVE
PEORIA, IL 61615

(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	13000	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"/>

(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>BRICKLAYERS LOCAL NO. 8 AND EMPLOYERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF BRICKLAYERS LOCAL NO. 8 AND EMPLOYERS PENSION PLA</u>	D Employer Identification Number (EIN) <u>37-1043440</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6168856</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-EMPLOYER PROPERTY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>NEWTOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4356878</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PARAMETRIC DEFENSIVE EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>PARAMETRIC DEFENSIVE EQUITY FUND LLC</u>		
c EIN-PN <u>45-2531297-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10994357</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2481362</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TROWEL TRADES LARGE CAP EQUITY INDEX</u>		
b Name of sponsor of entity listed in (a): <u>COMERICA BANK</u>		
c EIN-PN <u>38-3558170-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25524481</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MACKAY SHIELDS HIGH YIELD BOND CIT</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>81-2926592-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7337356</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAY TRUST COLLECTIVE INVEST</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>26-0142858-094</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>169672</u>

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan BRICKLAYERS LOCAL NO. 8 AND EMPLOYERS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF BRICKLAYERS LOCAL NO. 8 AND EMPLOYERS PENSION PLA	D Employer Identification Number (EIN) 37-1043440

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	638770	651859
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	117323	149376
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1900798	959053
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	44038235	46038605
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	9778363	10994357
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	39965936	45254164
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	96439425	104047414
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	261850	337368
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	2273	762
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	264123	338130
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	96175302	103709284

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)	5926600	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	60260	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5986860
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	50841	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		50841
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1761938	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1761938
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(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)		4274099
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		999629
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1110080
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		14183447

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6395459	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6395459
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	68226	
(3) Recordkeeping fees	2i(3)	10935	
(4) IQPA audit fees	2i(4)	13000	
(5) Investment advisory and investment management fees	2i(5)	101916	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	24887	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	9817	
(11) Other expenses	2i(11)	25225	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		254006
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6649465

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7533982
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: ROMOLO & ASSOCIATES, LLC

(2) EIN: 84-2885766

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>BRICKLAYERS LOCAL NO. 8 AND EMPLOYERS 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 <u>BOARD OF TRUSTEES OF BRICKLAYERS LOCAL NO. 8 AND EMPLOYERS PENSION PLA</u>	D Employer Identification Number (EIN) <u>37-1043440</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		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): 04-3628498

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		0
---	--	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>5926600</u>
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>5926600</u>
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	<u>0</u>

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**BRICKLAYERS LOCAL #8
AND EMPLOYERS PENSION PLAN
FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
the Bricklayers Local #8
and Employers Pension Plan
St. Louis, Missouri

Opinion

We have audited the accompanying financial statements of Bricklayers Local #8 and Employers Pension 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 June 30, 2025 and 2024, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Bricklayers Local #8 and Employers Pension Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Bricklayers Local #8 and Employers Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Bricklayers Local #8 and Employers Pension 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.

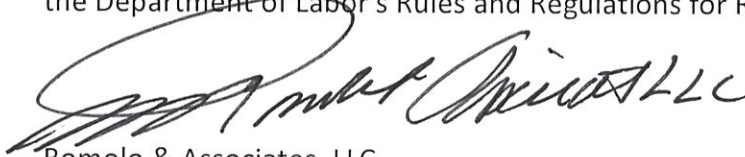
Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of 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 but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional

procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

A handwritten signature in black ink, appearing to read "Romolo & Associates, LLC". The signature is fluid and cursive, with a large, sweeping initial letter.

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

March 9, 2026

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****STATEMENT A****JUNE 30, 2025 AND 2024**

	ASSETS	
	<u>2025</u>	<u>2024</u>
Investments, at Fair Value		
Registered Investment Companies	\$ 45,254,164	\$ 39,965,936
Collective Investment Funds	46,038,605	44,038,235
Hedge Fund of Funds	10,994,357	9,778,363
Money Market Funds	959,053	1,900,798
Total Investments	<u>\$ 103,246,179</u>	<u>\$ 95,683,332</u>
Receivables		
Contributions Receivable	\$ 651,859	\$ 638,770
Interest Receivable	115,405	85,875
Withholding Tax Receivable	9,000	-
Due From Affiliates	3,977	11,646
Total Receivables	<u>\$ 780,241</u>	<u>\$ 736,291</u>
Prepaid Expenses	<u>\$ 20,994</u>	<u>\$ 19,802</u>
TOTAL ASSETS	<u>\$ 104,047,414</u>	<u>\$ 96,439,425</u>
	LIABILITIES	
Accounts Payable	\$ 247,762	\$ 178,547
Due to Affiliates	5,326	2,916
Delinquency Reserve	78,531	48,876
Unsettled Contributions	5,749	31,511
Employer Credits Available	762	2,273
TOTAL LIABILITIES	<u>\$ 338,130</u>	<u>\$ 264,123</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 103,709,284</u>	<u>\$ 96,175,302</u>

The accompanying notes are an integral part of these financial statements.

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JUNE 30, 2025 AND 2024****STATEMENT B**

	<u>2025</u>	<u>2024</u>
ADDITIONS:		
Investment Income (Loss)		
Net Appreciation (Depreciation) in Investments	\$ 6,312,157	\$ 7,347,903
Interest Income	50,841	67,725
Dividend Income	1,761,938	1,648,804
Capital Gains	71,651	40,469
Total Investment Income (Loss)	\$ 8,196,587	\$ 9,104,901
Less Investment Expenses	(58,583)	(54,426)
Net Investment Income (Loss)	\$ 8,138,004	\$ 9,050,475
Contributions from Employers	5,926,600	5,584,268
Delinquency Fees	60,260	15,900
Other Income	-	31,305
TOTAL ADDITIONS	<u>\$ 14,124,864</u>	<u>\$ 14,681,948</u>
DEDUCTIONS:		
Benefits Paid Directly to Participants	\$ 6,395,459	\$ 3,418,866
Administrative Expenses	195,423	170,552
TOTAL DEDUCTIONS	<u>\$ 6,590,882</u>	<u>\$ 3,589,418</u>
Net Increase (Decrease)	\$ 7,533,982	\$ 11,092,530
Net Assets Available for Benefits:		
Beginning of Year	<u>96,175,302</u>	<u>85,082,772</u>
END OF YEAR - STATEMENT A	<u>\$ 103,709,284</u>	<u>\$ 96,175,302</u>

The accompanying notes are an integral part of these financial statements.

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 1: DESCRIPTION OF THE PLAN

The following description of Bricklayers Local #8 and Employers Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined contribution plan. The Plan was established July 1, 1975, for the purpose of providing participants with retirement, death and disability benefits. To be eligible, an employee must be working for a participating employer who is subject to the CBA or for a participating employer subject to a trustee-approved participation agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Administration of the Plan is the responsibility of the joint board of trustees. The Plan has met the minimum funding requirements of ERISA.

Contributions

The Plan collects employer contributions from participating employers. A participating employer is any employer who is a member of the Central Illinois Builders of the Association of General Contractors or other contractors' associations. These employers adopt the trust agreement and are bound by a collective bargaining agreement with the Bricklayers and Allied Craftsmen International Union #8 of Illinois. Participants may contribute amounts representing distributions from other qualified defined contribution plans (rollover).

Participant Accounts

The plan administrator will establish and maintain a separate account for each participant into which employers' contributions and investment earnings or losses from the Fund will be allocated. Procedures have been established to permit retirees to direct the investment of contributions made on their behalf. If a participant elects to self-direct his (her) investments, those accounts are segregated for purposes of determining gains and earnings or losses on those investments and that participant does not share in the investment performance of those who have chosen not to self-direct their investments. Additionally, for those participants who do not choose to self-direct their investments, the trustees are responsible for investing the participants' accounts in a prudent manner.

The total of all participant account balances is equal to the net assets available for benefits as of June 30, 2025 and 2024.

Vesting

Prior to July 1, 2017, participants must have worked at least 100 hours in a plan year to be 100% vested. Effective July 1, 2017, participants are immediately vested in their accounts.

Payment of Benefits

During the plan years ended June 30, 2025 and 2024, participants met the plan requirements for distributions of their account balances in the amounts of \$6,395,459 and \$3,418,866, respectively. Distributions are made in accordance with the plan trust document which calls for a distribution based on the participant's account

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 1: DESCRIPTION OF THE PLAN (continued)

balance at the last valuation date plus any contributions received during the current year up to the date of the distribution. Participants who take a distribution before the end of the year that results in a zero-account balance, are not credited with any investment yield. Readers should refer to the summary plan description for more information regarding the qualifications for distributions.

Plan Termination

Although it has not expressed any intent to do so, the joint board of trustees has the right to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, each participant shall receive the balance in their account as of the final valuation date.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Accounts Receivable

The receivables for employer contributions at July 31, 2025 and 2024, consist of amounts collected in the succeeding months for work performed prior to July 31, 2025 and 2024. The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of July 31, 2025 and 2024, the allowance for credit losses was insignificant. The Plan does maintain an on-going audit program to collect these amounts.

Benefits

Benefits are recorded when paid.

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. The Plan's board of trustees determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 3 for a discussion of fair value measurements.

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

Use of Estimates

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

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. The Plan shares certain administrative expenses with a related apprenticeship fund and local union. In computing these allocated costs, various factors were considered, including the costs incurred, and volume of transactions relating to the Plan in relation to the other organizations (see related party note). Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Reciprocity Agreements

The Plan has entered into Reciprocity Agreements with various funds. In accordance with these agreements, the Plan is required to remit funds received and is entitled to receive funds from contributing employers on behalf of temporary employees to and from the employees' participating funds.

For the years ended June 30, 2025 and 2024, the Plan remitted \$1,024,828 and \$878,050 and received \$628,584 and \$771,700 of reciprocal cash payments in accordance with these agreements with the participating local unions. Reciprocal payments received are included in the employers' contributions in the Statements of Changes in Net Assets Available for Benefits. No allowance for credit losses as of June 30, 2025 or 2024, was necessary for reciprocal payments due to the Plan. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction in the employers' contributions in the Statements of Changes in Net Assets Available for Benefits. Amounts payable and receivable at year end are included in the respective employer contributions receivable and accounts payable in the Statements of Net Assets Available for Benefits.

NOTE 3: FAIR VALUE MEASUREMENTS

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

Level 1 Fair Value Measurements

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

Level 2 Fair Value Measurements

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.

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Level 3 Fair Value Measurements

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

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

Money Market Funds: Valued using amortized cost which approximates fair value.

Registered Investment Companies: Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to transact at their net asset value.

Collective Investment Funds: Collective investment funds are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The Net Asset Value (NAV) is based on the market value of its underlying investments. The NAV is not a publicly-quoted price in an active market. The collective investment funds are valued at estimated fair value based upon the fair value of the underlying investments as determined by the custodians.

Hedge Funds of Funds: Valued at the net asset value of shares held by the Plan at year end. Hedge funds of funds are made up of a wide variety of underlying investments with a wide arrangement of strategies, including hedging, distressed securities, arbitrage, and special situations. The NAV is based on the market value of its underlying investments. The NAV is not a publicly-quoted price in an active market.

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

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN**NOTES TO FINANCIAL STATEMENTS**

JUNE 30, 2025 AND 2024

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

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

	<u>Fair Value Measurements at Reporting Date Using:</u>			<u>Total</u>
	Quoted Prices in Active Markets <u>Level 1</u>	Significant Other Observable Inputs <u>Level 2</u>	Significant Unobservable Inputs <u>Level 3</u>	
Registered Investment Cos.	\$ 41,075,857	\$ -	\$ -	\$ 41,075,857
Money Market Funds	959,053	-	-	959,053
Total Assets in the Fair Value Hierarchy	<u>\$ 42,034,910</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 42,034,910</u>
Investments Measured at NAV	\$ -	\$ -	\$ -	\$ 61,211,269
Total Assets at Fair Value	<u><u>\$ 42,034,910</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 103,246,179</u></u>

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

	<u>Fair Value Measurements at Reporting Date Using:</u>			<u>Total</u>
	Quoted Prices in Active Markets <u>Level 1</u>	Significant Other Observable Inputs <u>Level 2</u>	Significant Unobservable Inputs <u>Level 3</u>	
Registered Investment Cos.	\$ 36,010,130	\$ -	\$ -	\$ 36,010,130
Money Market Funds	1,900,798	-	-	1,900,798
Total Assets in the Fair Value Hierarchy	<u>\$ 37,910,928</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 37,910,928</u>
Investments Measured at NAV	\$ -	\$ -	\$ -	\$ 57,772,404
Total Assets at Fair Value	<u><u>\$ 37,910,928</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 95,683,332</u></u>

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of June 30, 2025 and 2024, respectively.

	Fair Value at <u>6/30/2025</u>	Fair Value at <u>6/30/2024</u>	Unfunded <u>Commitments</u>	Redemption Frequency <u>(if currently eligible)</u>	Redemption <u>Notice Period</u>
REGISTERED INVESTMENT COMPANIES					
AFL-CIO Housing Investment Trust	\$4,178,308	\$3,955,806	\$ -	See (a)	See (a)
COLLECTIVE INVESTMENT FUNDS					
AFL-CIO Building Investment Trust	\$2,481,362	\$2,388,801	\$ -	See (b)	See (b)
Multi-Employer Property Trust	4,356,878	4,276,187	\$ -	See (c)	1 year
Morley Stable Value Fund	6,168,856	6,011,171	\$ -	See (d)	See (d)
Trowel Trades Large Cap Equity Index	25,524,481	25,111,730	\$ -	Daily	Daily
Mackay Shields High Yield Bond	7,337,356	6,061,019	\$ -	See (f)	See (f)
Great Gray Collective Inv Trust III	169,672	189,327	\$ -	See (g)	See (g)
HEDGE FUND OF FUNDS					
Parametric Defensive Equity Fund, LLC	\$10,994,357	\$9,778,363	\$ -	See (h)	See (h)

Registered Investment Companies:

AFL-CIO Housing Investment Trust (a)

HIT'S investment strategy is to construct and manage a portfolio with greater yield and higher credit quality than the benchmark. It invests in government/agency quality multifamily MBS (mortgage-backed securities) with prepayment protection, in lieu of corporate debt and most treasury securities in the benchmark. Multifamily MBS generally provide higher yields than securities of similar credit quality and interest rate risk. The HIT is therefore designed to produce competitive risk-adjusted returns versus the benchmark. Further, with superior credit quality and no corporate debt, the HIT can offer diversification.

Participation in the HIT is limited to eligible pension plans, state public funds and labor organizations, including health and welfare, general, voluntary employees' benefit associations and other funds that have beneficiaries who are represented by labor organizations. Units of the HIT are redeemable.

The HIT has been granted an exemption by the SEC permitting it to value its assets and accept redemption requests on a quarterly basis. However, the HIT currently accepts and satisfies redemption requests on a monthly basis as of the last business day of each month. The Plan may not sell or transfer their units to anyone other than the HIT and they may not pledge their units. The Plan may redeem whole or fractional units. If they want to sell their units, they must submit a redemption request to the HIT by signed writing and it must be received at least 15 days before the last business day of the month, although the HIT may in its sole discretion waive the 15-day notice requirement. Absent a waiver, redemption requests received less than 15 days before the last business day of the month will be satisfied as of the last business day of the following month. Redemption requests may be submitted by facsimile.

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

The HIT will redeem units, without charge, at the NAV calculated as of the last business day of the applicable month. It usually takes five business days to calculate the HIT's NAV after the last business day of the month. The proceeds of any redemption request will be paid to redeeming participants by check or wire transfer as soon as practicable, but no later than seven business days after the last business day of the month.

Collective Investment Funds:

AFL-CIO Building Investment Trust (b)

Unit values are determined by the Trustee at the end of each calendar quarter. Participants are admitted to and withdrawn from the Trust on the basis of the preceding quarter's unit value. In May 2023, all redemptions were restricted pending the implementation of a three-phase strategy to evaluate and reposition the Trust's real estate portfolio in light of the current economic, interest rate and liquidity challenges, consistent with the goals and purpose of the Trust. The Trustee cannot predict the duration of this restriction on redemptions.

Multi-Employer Property Trust (c)

The Trust is valued quarterly, at which time a new unit value is determined based on the current value of the assets and liabilities of the Fund. Participants are subsequently admitted to and withdrawn from the Trust on that basis.

Income earned in the Trust is retained for reinvestment and added to the unit value. No distributions of income are made to participants. Participants may request withdrawals for a specific dollar amount, a percentage of the amount invested in the Trust, number of units, the income earned that quarter or such other amount as agreed upon with the Trustee. In order to receive a redemption amount, a participant must redeem units.

The Trust requires at least 45 calendar days written notice in advance of the next valuation date in order for redemption requests to be eligible for consideration. Redemption notices received less than 45 days prior to the end of the quarter will be eligible in the subsequent quarter. Outstanding redemption requests will be accommodated each calendar quarter based upon the Trust's available liquidity. If the Trust's liquid assets are insufficient to fully satisfy all redemption requests, partial redemptions may be made on a pro-rata basis. Redemption requests outstanding for more than one year (the "Priority Tranche") must be satisfied in full prior to any redemption requests outstanding for less than one year (the "Secondary Tranche") being satisfied. The Trustee will have discretion to determine the extent to which liquid assets are available for redemption or are necessary for other uses. Unsatisfied redemption requests are carried forward into a redemption queue for payment in future quarters.

The Trust implemented a redemption queue on March 31, 2020. As of December 31, 2024, the Trust had Class E and Class N withdrawal requests outstanding of \$926,861,574 and \$393,757,871, respectively. In January 2025, the Trust distributed Class E and Class N withdrawals of \$30,335,623 and \$16,309,267 respectively, based on the Trust's available liquidity.

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Morley Stable Value Fund (d)

The Trustee determines the NAV at the contract value of the Fund each business day (valuation date) by dividing total assets less liabilities by the number of outstanding units. No distributions are made to unitholders as net investment income and net realized capital gains are reinvested into the Fund in accordance with the Fund's investment objectives. Unitholder transactions are processed daily, or as applicable, by the Fund at the current NAV at contract value and are considered as made immediately after the daily valuation. Withdrawals from the Fund for benefit payments and participant transfers to noncompeting options to be paid to plan participants shall be made as soon as practicable after the date the Trustee receives a notice of withdrawal from the participating trust and are considered as made immediately after the next valuation date subsequent to the Trustee's approval.

Withdrawals, other than for benefit payments and participant transfers to noncompeting options, require a twelve month advance written notice. Included in this advance written notice requirement are full or partial withdrawals of assets invested in the Fund resulting from plan sponsor directed actions. Such plan sponsor directed actions include, but are not limited to: (i) trustee or plan sponsor directed reallocation of investments; (ii) company sponsored layoffs/termination of groups of employees; (iii) disposing of or selling a component of the business which involves the transfer or termination of employees; (iv) terminating the Fund as an investment option of the plan; and (v) terminating the plan. Plan sponsors are prohibited from intentionally and specifically advising participants, or releasing participant communication, that is intended to encourage participants to not contribute to the Fund, or to withdraw part or all of their contributions from the Fund.

All plan sponsor-directed requests for full or partial withdrawals must be submitted to the trustee in writing certifying the reason for the withdrawal request. All such requests are subject to the twelve-month advance written notice requirement. The trustee may choose to disburse withdrawals in less than the required twelve-month period if, in the trustee's discretion, it determines that such a disbursement is in the best interest of the Fund as a whole.

Trowel Trades Large Cap Equity Index Fund (e)

In accordance with the terms of the Declaration of Trust, the NAV of each class of the Fund is determined daily. Units may be issued and redeemed at the NAV. Net investment income and realized gains from investment transactions are retained and invested by the fund in accordance with the investment strategy of the fund.

MacKay Shields High Yield Bond Fund (f)

The net asset values per unit of each class of the Funds are calculated on each business day by dividing the total value of assets, less liabilities for each class, by the number of units outstanding in each class. Unit issuances and redemptions are based on the net asset value as determined at the end of the current day.

Withdrawals may be requested in accordance with the terms described in Section 3.03 of the Declaration of Trust, as of any day that such Fund is open for business. The "Withdrawal Date" for any withdrawal request is the Valuation Date on which the net asset value for such withdrawal request is determined.

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Any participating plan (or plan participant or beneficiary, where permitted), that desires to withdraw partially or totally from participation in a Fund (each a "Withdrawing Unit Holder") shall deliver a request of withdrawal to the Trustee specifying the withdrawal date and the dollar amount to be withdrawn or the number of Fund Units to be redeemed. The request must be made electronically or in writing, in such manner as the Trustee prescribes. The Trustee shall be fully protected in following the instructions it has received in good order from the Withdrawing Unit Holder as to the amounts and proportions of the assets of any withdrawals to be obtained from any Fund. Unless specifically agreed to by the Trustee, no withdrawal notice may be canceled within three (3) business days before the applicable Withdrawal Date.

Great Gray Collective Inv Trust III (g)

The Fund sells new units and repurchases outstanding units on a daily basis. Unit purchases and redemptions are transacted at the NAV per fee class of the Fund determined as of the close of business each day. A summary of the Fund unit activity for the Fund is included with its financial highlights. The NAV is calculated daily based on the contract value.

Hedge Fund of Funds:

Parametric Defensive Equity Fund LLC (h)

Generally, contributions to the Fund are made as of the first business day of any month, and withdrawals from the Fund are as of the end of any month. A member withdrawing must give the manager written notice of the intent to withdraw capital pursuant to the memorandum. A member intending to transfer existing capital into a different fund will be subject to the same contribution and withdrawal stipulations.

NOTE 4: NON PARTICIPANT-DIRECTED INVESTMENTS

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

	<u>2025</u>	<u>2024</u>
Net Assets:		
Registered Investment Companies	\$ 43,862,389	\$ 38,638,397
Collective Investment Funds	45,868,933	43,848,908
Hedge Fund of Funds	10,994,357	9,778,363
Money Market Funds	959,053	1,900,798
Receivables and Other Assets	801,235	756,093
Accounts Payable and Other Liabilities	(338,130)	(264,123)
	<u>\$102,147,837</u>	<u>\$ 94,658,436</u>

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 4: NON-PARTICIPANT DIRECTED INVESTMENTS (continued)

	Year Ended	
	<u>June 30, 2025</u>	<u>June 30, 2024</u>
Changes in Net Assets:		
Net Investment Income (Loss)	\$ 7,960,854	\$ 8,911,447
Contributions	5,926,600	5,584,268
Delinquency Fees	60,260	15,900
Other Income	-	31,305
Benefits Paid to Participants	(5,659,538)	(3,305,462)
Administrative Expenses	(195,423)	(170,552)
Transfers to Participant-Directed Investments	<u>(603,352)</u>	<u>(45,586)</u>
	<u>\$ 7,489,401</u>	<u>\$ 11,021,320</u>

NOTE 5: TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated June 2, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since being submitted for the latest IRS determination letter. However, the board of trustees and legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified, and the related trust is tax exempt.

The total amounts of interest and penalties recognized in the Statements of Changes in Net Assets Available for Benefits and the total amounts of interest and penalties recognized in the Statements of Net Assets Available for Benefits are \$0. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan has never had unrelated business income tax (UBIT) nor has it filed the Form 990-T. Therefore, all tax years are open for examination by federal and state taxing authorities related to UBIT.

NOTE 6: RISKS AND UNCERTAINTIES

Investment Risk

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

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 6: RISKS AND UNCERTAINTIES (continued)

Concentration of Revenue

Revenues consist predominantly of employer contributions pursuant to a collective bargaining agreement and are directly tied to the amount of work available in the region. A significant decline in work available to participants would severely impact the revenues of the Plan.

Significant Contributing Employers

In 2025 and 2024, contributions from one employer represented 20% and 28% of total employer contributions. In the event this employer was to suspend contributions, the Plan would retain the risk of meeting its current obligations until the appropriate adjustments were made.

Concentration of Credit Risk

The Plan's investment in the Trowel Trades Large Cap Equity Index Fund represents 25% and 26% of the Plan's net assets available for benefits as of June 30, 2025 and 2024, respectively. This subjects the Plan to concentrations of credit risk.

NOTE 7: REPORTABLE TRANSACTIONS

The Plan had transactions during the year ended June 30, 2025, which exceeded 5% of the Plan's beginning assets. These transactions are detailed in Schedule 2 of this report.

NOTE 8: AMENDMENTS

Executed April 16, 2025, the Plan was amended regarding several provisions related to Secure 2.0. Readers should refer to the most recent Summary Plan Description and applicable Summary of Material Modifications for information regarding changes to the Plan.

NOTE 9: SUBSEQUENT EVENTS

Management has evaluated subsequent events through March 9, 2026, the date on which the financial statements were available to be issued.

NOTE 10: PRIOR YEAR RECLASSIFICATIONS

Certain reclassifications have been made to the prior year's financial statements to conform to the current year presentation. These reclassifications had no effect on previously reported results of operations or net assets available for benefits.

NOTE 11: RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party-in-interest transactions under ERISA. These expenses are recorded as administrative expenses on the Statements of Changes in Net Assets Available for Benefits.

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 11: RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS (continued)

The Plan uses a third-party administrator, Ekon Benefits, to provide administrative services to the Plan. The Plan is charged a monthly fee for administration and consulting services, as well as a per participant fee. These amounts are shown as Administration Fees in the Schedule of Administrative Expenses.

The Plan shares payroll compliance exam expenses with the Local 8 Illinois of the International Union of Bricklayers and Allied Craftworkers, AFL-CIO, the Bricklayers Local #8 of Illinois Apprenticeship and the Southern Pension Plan. These three organizations reimburse the Plan for their portion of these expenses. Total amounts reimbursed to the Plan were \$3,977 and \$3,302 during the years ended June 30, 2025 and 2024. Total amounts due to the Plan were \$3,977 and \$947 during the years ended June 30, 2025 and 2024. These amounts are shown as Due from Affiliates on the Statements of Net Assets Available for Benefits.

During the years ended June 30, 2025 and 2024, the Plan received audit recovery payments that included amounts due to other funds. Totals received by the Plan for the years ended June 30, 2025 and 2024 were \$14,118 and \$2,916. Totals due to other funds as of June 30, 2025 and 2024 were \$5,326 and \$2,916. These amounts are shown as Due to Affiliates on the Statement of Net Assets Available for Benefits.

During the year ended June 30, 2024, the Plan paid \$10,699 the Southern Pension Plan in error. This amount was paid back to the Plan in July, 2024. This amount is shown as Due from Affiliates on the Statements of Net Assets Available for Benefits.

During the year ended June 30, 2024, the Plan received \$31,305 from a contractor as a settlement payment for work performed in Local 8's jurisdiction without a signed agreement. This amount is shown as other income on the Statements of Changes in Net Assets Available for Benefits.

NOTE 12: ADMINISTRATIVE EXPENSES

A summary of expenses incurred by the Plan during the years ended June 30, 2025 and 2024, follows:

	<u>2025</u>	<u>2024</u>
Legal Fees	\$ 24,887	\$ 7,501
Investment Consultant	43,333	40,667
Audit and Accounting Fees	13,000	13,000
Payroll Compliance Examination Fees	10,935	16,504
Administration Fees	68,226	66,408
Meeting and Trustee Expense	9,817	-
Insurance	23,470	24,829
Office Expense	1,755	1,643
TOTAL ADMINISTRATIVE EXPENSES	<u>\$ 195,423</u>	<u>\$ 170,552</u>

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 13: CONTRIBUTION RESERVE LIABILITY

During the year ended June 30, 2022, the Plan adopted a procedure to provide a reserve which is to be used for employer contributions that are deemed uncollectable. The reserve will be computed by allocating 1% of contributions for the year ended June 30, 2022 and 0.5% of contributions for each year after. The contribution reserve liability for the years ended June 30, 2025 and 2024, was \$78,531 and \$48,876.

**BRICKLAYERS LOCAL #8
AND EMPLOYERS PENSION PLAN
SUPPLEMENTAL INFORMATION**

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN
SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
37-1043440 PLAN #001
JUNE 30, 2025

SCHEDULE 1

(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Maturity		Rate of Interest	Shares/Par Value	(d) Cost	(e) Current Value
		Date	Date				
Parametric Defensive Equity, LLC	Hedge Fund of Funds	N/A	N/A	N/A	N/A	\$ 3,700,000	\$ 10,994,357
Federated Hermes Government Obligation Tax-Managed Fund	Money Market Mutual Fund	N/A	0.85%	0.85%	959,053.52	\$ 959,053	\$ 959,053
Baird Aggregate Bond Fund	Registered Inv Co.	N/A	N/A	N/A	1,100,045.99	\$ 11,570,729	\$ 10,835,453
Nuveen Floating Rate Fund	Registered Inv Co.	N/A	N/A	N/A	400,959.03	7,610,764	7,265,378
Lord Abbett Core Fixed Income Fund	Registered Inv Co.	N/A	N/A	N/A	1,173,644.08	11,898,882	10,879,681
AFL-CIO Housing Investment Trust	Registered Inv Co.	N/A	N/A	N/A	4,280.11	4,466,749	4,178,308
Vanguard Small Cap Value Index Fund	Registered Inv Co.	N/A	N/A	N/A	54,993.30	3,108,996	4,607,889
Vanguard S&P Mid Cap 400 Growth Fund	Registered Inv Co.	N/A	N/A	N/A	9,848.49	2,372,970	4,447,674
Vanguard Wellesley Income Fund	Registered Inv Co.	N/A	N/A	N/A	26,486.77	1,939,106	1,648,007
American Funds 2025 Target Date Fund	Registered Inv Co.	N/A	N/A	N/A	62,882.16	N/A	1,023,093
American Funds Washington Mutual Inv Fund	Registered Inv Co.	N/A	N/A	N/A	396.34	N/A	25,112
American Funds American Mutual Fund	Registered Inv Co.	N/A	N/A	N/A	161.48	N/A	9,548
American Funds New Perspective Fund	Registered Inv Co.	N/A	N/A	N/A	228.84	N/A	15,657
American Funds Fundamental Investors Fund	Registered Inv Co.	N/A	N/A	N/A	275.39	N/A	24,116
American Funds American Balance Fund	Registered Inv Co.	N/A	N/A	N/A	365.07	N/A	13,365
Lord Abbett Income Fund	Registered Inv Co.	N/A	N/A	N/A	28,071.95	N/A	68,496
Lord Abbett Core Plus Bond Fund	Registered Inv Co.	N/A	N/A	N/A	4,798.80	N/A	61,761

The accompanying notes are an integral part of these financial statements.

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN
SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
37-1043440 PLAN #001
JUNE 30, 2025

SCHEDULE 1

(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
		Description	Maturity Date	Rate of Interest	Shares/Par Value			
	PIMCO StocksPLUS Small Fund	Registered Inv Co.	N/A	N/A	1,856.51	N/A	\$ 13,126	
	PIMCO Income Fund	Registered Inv Co.	N/A	N/A	6,145.38	N/A	66,186	
	Franklin Small Cap Value Fund	Registered Inv Co.	N/A	N/A	79.12	N/A	4,359	
	Alliance Bernstein Large Cap Growth Fund	Registered Inv Co.	N/A	N/A	164.96	N/A	16,982	
	Fidelity Blue Chip Growth Fund	Registered Inv Co.	N/A	N/A	43.15	N/A	10,211	
	Invesco S&P 500 Index Fund	Registered Inv Co.	N/A	N/A	606.88	N/A	39,762	
	Morley Stable Value Fund	Common Investment Trust	N/A	N/A	206,421.19	\$ 38,179,217	\$ 45,254,164	
	AFL-CIO Building Investment Trust	Common Investment Trust	N/A	N/A	441.79	1,517,945	2,481,362	
	Multi-Employer Property Trust	Common Investment Trust	N/A	N/A	341.74	1,643,054	4,356,878	
	Trowel Trades Large Cap Equity Index Fund	Common Investment Trust	N/A	N/A	371,691.75	22,169,359	25,524,481	
	MacKay Shields High Yield Bond Fund	Common Investment Trust	N/A	N/A	478,003.67	6,006,198	7,337,356	
	Great Gray Collective Investment Trust III	Common Investment Trust	N/A	N/A	7,844.98	N/A	169,672	
						\$ 36,587,025	\$ 46,038,605	
						\$ 60,154,409	\$ 103,246,179	

The accompanying notes are an integral part of these financial statements.

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN

SCHEDULE H, LINE 4j -- SCHEDULE OF REPORTABLE TRANSACTIONS

37-1043440 PLAN #001

JUNE 30, 2025

SCHEDULE 2

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Vanguard Wellesley Income Fund	Registered Investment Company	\$7,014,540	N/A	N/A	\$0	\$7,014,540	\$0	N/A
Vanguard Wellesley Income Fund	Registered Investment Company	N/A	\$8,942,957	N/A	\$0	\$8,942,957	\$0	\$0

The accompanying notes are an integral part of these financial statements.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>07/01/2024</u> and ending <u>06/30/2025</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.)
	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <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 checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
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 BRICKLAYERS LOCAL NO. 8 AND EMPLOYERS PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/01/1975
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF BRICKLAYERS LOCAL NO. 8 AND EMPLOYERS PENSION PLA 4940 Washington Blvd St. Louis MO 63108	2b Employer Identification Number (EIN) 37-1043440
		2c Plan Sponsor's telephone number 314-367-6555
		2d Business code (see instructions) 236200

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		3/9/24	Matt Braun
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		3/9/24	Matt Braun
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year		5	1,010
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)	526
a(2) Total number of active participants at the end of the plan year		6a(2)	512
b Retired or separated participants receiving benefits		6b	19
c Other retired or separated participants entitled to future benefits		6c	480
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1,011
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	10
f Total. Add lines 6d and 6e		6f	1,021
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)	1,020
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	1,021
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	98

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

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
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor	
(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)

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN
SCHEDULE H, LINE 4j -- SCHEDULE OF REPORTABLE TRANSACTIONS
37-1043440 PLAN #001
JUNE 30, 2025

SCHEDULE 2

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Vanguard Wellesley Income Fund	Registered Investment Company	\$7,014,540	N/A	N/A	\$0	\$7,014,540	\$0	N/A
Vanguard Wellesley Income Fund	Registered Investment Company	N/A	\$8,942,957	N/A	\$0	\$8,942,957	\$0	\$0

The accompanying notes are an integral part of these financial statements.

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN
SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
37-1043440 PLAN #001
JUNE 30, 2025

SCHEDULE 1

(b) Identity of issue, borrower, lessor or similar party	Description	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value				(d) Cost	(e) Current Value
		Maturity Date	Rate of Interest	Shares/Par Value			
Parametric Defensive Equity, LLC	Hedge Fund of Funds	N/A	N/A	N/A	\$ 3,700,000	\$ 10,994,357	
Federated Hermes Government Obligation Tax-Managed Fund	Money Market Mutual Fund	N/A	0.85%	959,053.52	\$ 959,053	\$ 959,053	
Baird Aggregate Bond Fund	Registered Inv Co.	N/A	N/A	1,100,045.99	\$ 11,570,729	\$ 10,835,453	
Nuveen Floating Rate Fund	Registered Inv Co.	N/A	N/A	400,959.03	7,610,764	7,265,378	
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Vanguard Wellesley Income Fund	Registered Inv Co.	N/A	N/A	26,486.77	1,939,106	1,648,007	
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American Funds Washington Mutual Inv Fund	Registered Inv Co.	N/A	N/A	396.34	N/A	25,112	
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American Funds New Perspective Fund	Registered Inv Co.	N/A	N/A	228.84	N/A	15,657	
American Funds Fundamental Investors Fund	Registered Inv Co.	N/A	N/A	275.39	N/A	24,116	
American Funds American Balance Fund	Registered Inv Co.	N/A	N/A	365.07	N/A	13,365	
Lord Abbett Income Fund	Registered Inv Co.	N/A	N/A	28,071.95	N/A	68,496	
Lord Abbett Core Plus Bond Fund	Registered Inv Co.	N/A	N/A	4,798.80	N/A	61,761	

The accompanying notes are an integral part of these financial statements.

BRICKLAYERS LOCAL #8 AND EMPLOYERS PENSION PLAN
SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
37-1043440 PLAN #001
JUNE 30, 2025

SCHEDULE 1

(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
		Description	Maturity Date	Rate of Interest	Shares/Par Value		
	PIMCO StocksPLUS Small Fund	Registered Inv Co.	N/A	N/A	1,856.51	N/A	\$ 13,126
	PIMCO Income Fund	Registered Inv Co.	N/A	N/A	6,145.38	N/A	66,186
	Franklin Small Cap Value Fund	Registered Inv Co.	N/A	N/A	79.12	N/A	4,359
	Alliance Bernstein Large Cap Growth Fund	Registered Inv Co.	N/A	N/A	164.96	N/A	16,982
	Fidelity Blue Chip Growth Fund	Registered Inv Co.	N/A	N/A	43.15	N/A	10,211
	Invesco S&P 500 Index Fund	Registered Inv Co.	N/A	N/A	606.88	N/A	39,762
	Morley Stable Value Fund	Common Investment Trust	N/A	N/A	206,421.19	\$ 38,179,217	\$ 45,254,164
	AFL-CIO Building Investment Trust	Common Investment Trust	N/A	N/A	441.79	1,517,945	2,481,362
	Multi-Employer Property Trust	Common Investment Trust	N/A	N/A	341.74	1,643,054	4,356,878
	Trowel Trades Large Cap Equity Index Fund	Common Investment Trust	N/A	N/A	371,691.75	22,169,359	25,524,481
	Mackay Shields High Yield Bond Fund	Common Investment Trust	N/A	N/A	478,003.67	6,006,198	7,337,356
	Great Gray Collective Investment Trust III	Common Investment Trust	N/A	N/A	7,844.98	N/A	169,672
						\$ 36,587,025	\$ 46,038,605
						\$ 60,154,409	\$ 103,246,179

The accompanying notes are an integral part of these financial statements.