

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

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>PLUMBERS LOCAL NO. 8 PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PLUMBERS LOCAL NO. 8 PENSION PLAN</u></p> <p><u>5950 MANCHESTER TRFY, STE 1</u> <u>KANSAS CITY, MO 64130</u></p>	<p><b>1c</b> Effective date of plan <u>06/01/1959</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>44-6010180</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>816-361-0666</u></p> <p><b>2d</b> Business code (see instructions) <u>238220</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/06/2026	DANIELLE WILEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/06/2026	DANIELLE WILEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1374
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	710
	<b>6a(2)</b>	494
	<b>6b</b>	509
	<b>6c</b>	160
	<b>6d</b>	1163
	<b>6e</b>	103
	<b>6f</b>	1266
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	65

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

---

<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

<b>A</b> Name of plan <u>PLUMBERS LOCAL NO. 8 PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PLUMBERS LOCAL NO. 8 PENSION PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>44-6010180</u>	

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

**1a** Enter the valuation date:      Month 06      Day 01      Year 2024

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	<u>111463252</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>111973926</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>128092139</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>119135328</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	<u>180161269</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>4192834</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>8527222</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>8510327</u>

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

<b>SIGN HERE</b>		<u>03/09/2026</u>
	Signature of actuary	Date
	<u>NATHAN HOELLMAN</u>	<u>23-08906</u>
	Type or print name of actuary	Most recent enrollment number
	<u>ACRISURE</u>	<u>412-394-9330</u>
	Firm name	Telephone number (including area code)
	<u>444 LIBERTY AVENUE, SUITE 605 PITTSBURGH, PA 15222</u>	
	Address of the firm	

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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	111463252
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	509	94540883
<b>(2)</b> For terminated vested participants .....	158	18776369
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		2228656
<b>(b)</b> Vested benefits .....		64615361
<b>(c)</b> Total active .....	650	66844017
<b>(4)</b> Total .....	1317	180161269
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	61.87 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
12/01/2024	9681685	0				
			<b>Totals ▶</b>	<b>3(b)</b>	9681685	
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(c)</b>	0
					<b>3(d)</b>	0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	94.0 %
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	

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

<b>a</b> <input type="checkbox"/> Attained age normal	<b>b</b> <input checked="" type="checkbox"/> Entry age normal	<b>c</b> <input type="checkbox"/> Accrued benefit (unit credit)	<b>d</b> <input type="checkbox"/> Aggregate
<b>e</b> <input type="checkbox"/> Frozen initial liability	<b>f</b> <input type="checkbox"/> Individual level premium	<b>g</b> <input type="checkbox"/> Individual aggregate	<b>h</b> <input checked="" type="checkbox"/> Shortfall
<b>i</b> <input type="checkbox"/> Other (specify):			
<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>	84	
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>m</b> If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method .....	<b>5m</b>		

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....			<b>6a</b>	3.63 %
<b>b</b> Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<b>c</b> Mortality table code for valuation purposes:				
<b>(1)</b> Males .....	<b>6c(1)</b>	9P	9P	
<b>(2)</b> Females .....	<b>6c(2)</b>	9FP	9FP	
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.75 %	6.75 %	
<b>e</b> Salary scale .....	<b>6e</b>	%	<input checked="" type="checkbox"/> N/A	
<b>f</b> Withdrawal liability interest rate:				
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A		
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	6.75 %		
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	7.1 %		
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	14.7 %		
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A		
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%		
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	411000		
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>		

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

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1126727	-114063
2	-1227558	-124271
4	6263694	634099

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) .....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s). ....	<b>8e</b>	-2025327

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	2183278

<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	42010891	8184818
(2) Funding waivers .....	<b>9c(2)</b>		
(3) Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>		
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		699846
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		11067942
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		8353809
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		9681685
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	17538869	2966739
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		1036661
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	28388368	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	54392989	
(3) FFL credit .....	<b>9j(3)</b>		
<b>k</b> (1) Waived funding deficiency .....	<b>9k(1)</b>		
(2) Other credits .....	<b>9k(2)</b>		
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		22038894
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		10970952
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	<b>9o(1)</b>		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		
(3) Total as of valuation date.....	<b>9o(3)</b>		
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>PLUMBERS LOCAL NO. 8 PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS LOCAL NO. 8 PENSION PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>44-6010180</b>	

**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

**BENEFIT TRUST CO (US CORE)**

**87-6914227**

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

**PNC BANK (AFL BIT)**

**52-6328901**

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

**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)

NATIONAL INVESTMENT SERVICES

777 E WISCONSIN AVE, STE 2350  
MILWAUKEE, WI 53202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	66643	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)

ISSI

3000 SOUTH LENOLA ROAD  
MAPLE SHADE, NJ 08052

(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?
70	NONE	56176	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)

STRATEGIC CAPITAL INVESTMENT ADVISO

700 E. BUTTERFIELD ROAD  
LOMBARD, IL 60148

(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	NONE	44709	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)

NBPC

43-1122456

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	44647	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)

ACRISURE

444 LIBERTY AVE, STE 605  
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	37539	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)

STOCKBRIDGE

FOUR EMBARCADERO CENTER, STE 3300  
SAN FRANCISCO, CA 94111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	37117	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)

CLARION PARTNERS

ONE MADISON AVE  
NEW YORK, NY 10010

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	31389	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)

DANIELLE WILEY

44-6010180

(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?
14 30	PLAN ADMINISTRATOR	29573	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)

WASHINGTON CAPITAL

1200 6TH AVE, STE 700  
SEATTLE, WA 98101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	16800	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)

SPENCER FANE BRITT BROWNE LLP

44-0561981

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	14165	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)

PLUMBERS LOCAL UNION 8

5950 MANCHESTER TRAFFICWAY  
KANSAS CITY, MO 64130

(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?
49	LANDLORD	13453	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)

AMERICAN REALTY ADVISORS

515 S. FLOWER ST, 49TH FL  
LOS ANGELES, CA 90071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	11679	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)

BANK OF LABOR

756 MINNESOTA AVE  
KANSAS CITY, KS 66101

(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	NONE	6000	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)

DWS

875 THIRD AVE  
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	5792	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

<b>a</b> Name: NBPC	<b>b</b> EIN: 43-1122456
<b>c</b> Position: AUDITOR	
<b>d</b> Address:	<b>e</b> Telephone: 816-931-6111

Explanation: AUDITOR REPLACED THROUGH COMPETITIVE BID PROCESS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning <u>06/01/2024</u> and ending <u>05/31/2025</u>	
<b>A</b> Name of plan <u>PLUMBERS LOCAL NO. 8 PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PLUMBERS LOCAL NO. 8 PENSION PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>44-6010180</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PNC BANK, NATIONAL ASSOCIATION</u>		
<b>c</b> EIN-PN <u>52-6328901-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1276387</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS CORE FIXED INCOME</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES</u>		
<b>c</b> EIN-PN <u>82-4028492-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19892326</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS HIGH YIELD QP FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES</u>		
<b>c</b> EIN-PN <u>82-4051841-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>852395</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS TOTAL ABSOLUTE RETURN FUND QP</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES</u>		
<b>c</b> EIN-PN <u>82-4069969-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2083262</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WASH CAPITAL JOINT MASTER TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WASHINGTON CAPITAL MANAGEMENT</u>		
<b>c</b> EIN-PN <u>91-1163419-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4659119</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. CORE PARTNERS COLLECTIVE INV T</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>87-6914227-341</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2216379</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>		
<b>A</b> Name of plan <b>PLUMBERS LOCAL NO. 8 PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS LOCAL NO. 8 PENSION PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>44-6010180</b>	

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	2747115	2126428
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	889986	1011930
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	594894	601566
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	362315	126595
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	1563440	8993135
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	21270830	30979868
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	68714827	79432985
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	15611931	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	111755338	123272507
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	292086	182951
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	292086	182951
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	111463252	123089556

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	9681685	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		9681685
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	63102	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	378420	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		441522
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1179770	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1179770
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	1494808	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1600483	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-105675
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	250871	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	29563
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	231183
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	8492659
<b>c</b> Other income .....	2c	
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	20201578

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7993677
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	7993677
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	110517
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	44647
(5) Investment advisory and investment management fees .....	2i(5)	214129
(6) Bank or trust company trustee/custodial fees .....	2i(6)	6000
(7) Actuarial fees .....	2i(7)	37539
(8) Legal fees .....	2i(8)	14165
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	7224
(11) Other expenses.....	2i(11)	147376
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	581597
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	8575274

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	11626304
<b>l</b> 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: CALIBRE CPA GROUP, PLLC.

(2) EIN: 47-0900880

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 568906.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>PLUMBERS LOCAL NO. 8 PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS LOCAL NO. 8 PENSION PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>44-6010180</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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..... 

<b>1</b>	
----------	--

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): \_\_\_\_\_

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

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

<b>3</b>	<b>0</b>
----------	----------

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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 **MMC CONTRACTORS NATIONAL, INC**

**b** EIN **44-0653471** **c** Dollar amount contributed by employer **1315309**

**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 **05** Day **31** Year **2029**

**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) **8.00**

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

**a** Name of contributing employer **RODRIGUEZ MECHANICAL CONTRACTO**

**b** EIN **48-0897087** **c** Dollar amount contributed by employer **1030892**

**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 **05** Day **31** Year **2029**

**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) **8.00**

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

**a** Name of contributing employer **P1 CONSTRUCTION, LLC**

**b** EIN **43-1801918** **c** Dollar amount contributed by employer **859496**

**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 **05** Day **31** Year **2029**

**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) **8.00**

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

**a** Name of contributing employer **U.S. ENGINEERING CONSTRUCTION**

**b** EIN **44-0470840** **c** Dollar amount contributed by employer **706322**

**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 **05** Day **31** Year **2029**

**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) **8.00**

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

**a** Name of contributing employer **LEXINGTON PLG & HTG CO INC**

**b** EIN **44-0524636** **c** Dollar amount contributed by employer **605124**

**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 **05** Day **31** Year **2029**

**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) **8.00**

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

**a** Name of contributing employer **CJ INDUSTRIES**

**b** EIN **61-1721934** **c** Dollar amount contributed by employer **355924**

**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 **05** Day **31** Year **2029**

**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) **8.00**

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

**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 **RAND CONSTRUCTION COMPANY**

**b** EIN **72-2274120** **c** Dollar amount contributed by employer **352892**

**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 **05** Day **31** Year **2029**

**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) **8.00**

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

**a** Name of contributing employer **METRO AIR**

**b** EIN **48-0775301** **c** Dollar amount contributed by employer **349348**

**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 **05** Day **31** Year **2029**

**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) **8.00**

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

**a** Name of contributing employer **STANGER INDUSTRIES, INC**

**b** EIN **43-1228737** **c** Dollar amount contributed by employer **301692**

**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 **05** Day **31** Year **2029**

**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) **8.00**

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

**a** Name of contributing employer **SALADINO PLBG & HEATING COMPANY**

**b** EIN **43-1239222** **c** Dollar amount contributed by employer **260168**

**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 **05** Day **31** Year **2029**

**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) **8.00**

(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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	158
<b>b</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).....	<b>14b</b>	160
<b>c</b> 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).....	<b>14c</b>	165

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	99.00
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	96.00

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 66.5 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 16.6 %  
 High-Yield Debt: 6.4 % Real Assets: 10.5 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

**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 \_\_\_\_\_.



**PLUMBERS LOCAL NO. 8 PENSION PLAN**

FINANCIAL STATEMENTS

MAY 31, 2025





**PLUMBERS LOCAL NO. 8 PENSION PLAN**

FINANCIAL STATEMENTS

YEARS ENDED MAY 31, 2025 AND 2024

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Supplemental Information	
Schedules of Administrative Expenses	17
Schedule of Assets (Held at End of Year)	18
Schedule of Reportable Transactions	19





## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the  
Plumbers Local No. 8 Pension Plan

### Opinion

We have audited the accompanying financial statements of the Plumbers Local No. 8 Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of May 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plumbers Local No. 8 Pension Plan as of May 31, 2025, and the changes in its net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion


We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers Local No. 8 Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of the 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 aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.





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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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



## Supplemental Schedules Required by ERISA

Our audit was 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 of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

## Other Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

## Prior Period Financial Statements

The financial statements and supplemental information of the Plan as of and for the year ended May 31, 2024, were audited by other auditors whose report, dated March 17, 2025, expressed an unmodified opinion on those financial statements.

*Calibre CPA Group, PLLC*

Bethesda, MD  
March 10, 2026



## PLUMBERS LOCAL NO. 8 PENSION PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MAY 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
<b>Assets</b>		
Investments - at fair value	\$ 119,532,583	\$ 107,523,343
Receivables		
Employer contributions	1,011,930	889,986
Accrued investment income	<u>553</u>	<u>2,379</u>
Total receivables	<u>1,012,483</u>	<u>892,365</u>
Cash	<u>2,126,428</u>	<u>2,747,115</u>
Prepaid expenses		
Insurance	549,816	541,173
Administrative	<u>51,197</u>	<u>51,342</u>
Total prepaid expenses	<u>601,013</u>	<u>592,515</u>
Office furniture and equipment, net of accumulated depreciation of \$8,313 and \$8,313 in 2025 and 2024, respectively	<u>-</u>	<u>-</u>
Total assets	<u>123,272,507</u>	<u>111,755,338</u>
<b>Liabilities</b>		
Accounts payable	127,906	167,549
Affiliated funds	<u>55,045</u>	<u>124,537</u>
Total liabilities	<u>182,951</u>	<u>292,086</u>
<b>Net assets available for benefits</b>	<u>\$ 123,089,556</u>	<u>\$ 111,463,252</u>

See accompanying notes to financial statements.



## PLUMBERS LOCAL NO. 8 PENSION PLAN

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

YEARS ENDED MAY 31, 2025 AND 2024

	2025	2024
<b>Additions</b>		
Investment income		
Net appreciation in fair value of investments	\$ 8,898,601	\$ 13,204,800
Interest and dividends	1,621,292	1,193,577
	10,519,893	14,398,377
Less: investment expenses	(220,129)	(194,479)
Net investment income	10,299,764	14,203,898
Employer contributions	9,681,685	8,716,803
Other income	-	447
Total additions	19,981,449	22,921,148
<b>Deductions</b>		
Benefits paid directly to participants	7,993,677	7,614,310
Administrative expenses	361,468	411,061
Total deductions	8,355,145	8,025,371
<b>Net change</b>	11,626,304	14,895,777
<b>Net assets available for benefits</b>		
Beginning of year	111,463,252	96,567,475
End of year	\$ 123,089,556	\$ 111,463,252

See accompanying notes to financial statements.



## PLUMBERS LOCAL NO. 8 PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED MAY 31, 2025 AND 2024

#### NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Plumbers Local No. 8 Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan established June 1, 1959, and last amended January 1, 2015, is a non-contributory defined benefit pension plan for employees represented by United Association of Plumbers Local No. 8 (the Union) of the United Association of Journeymen and Apprentices of the Plumbing and Pipefitters Industry of the United States and Canada as defined in the Plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Eligibility** - All employees are eligible to participate in the Plan if they are regularly employed by an employer who is required to make contributions to the Plan under a collective bargaining agreement (CBA) with the Union. In addition, all regular, full-time employees of the Union, other than clerical employees, and all regular full-time employees of the Plan or the Plumbers Local No. 8 Health and Welfare Plan are eligible to participate in the Plan.

**Funding Policy** - The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code (IRC). The contribution rate per hour worked was \$8.00 and \$8.00 for years ending May 31, 2025 and 2024. Contributions by participants are not permitted under the Plan. The Plan Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of June 1, 2024.

**Vesting and Distribution of Benefits** - The Plan provides normal (age 62 or the 5<sup>th</sup> anniversary of the beginning of the calendar year in which participation began), early (age 55 with 10 years of service), disability (total and permanent disability with 15 or more years of service) and vested (5 years of service) retirement. Actual Plan provisions should be consulted with respect to the determination of the annual multiplier used to extend by credited service years for computation of eligible pension benefits, as well as to limitations and exceptions that may exist.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - Assets and liabilities and revenues and expenses are recognized on the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

**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, disclosure of contingent assets and liabilities, valuation of investments, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

**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 Board of Trustees (Trustees) determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 4 for a discussion of fair value measurements.

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

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

**Administrative Expenses** - Administrative expenses of the Plan are paid by the Plan, as provided in the Plan document.

**Employer Contributions Receivable** - Employer contributions receivable is stated at the amount management expects to collect from balances outstanding at year end. Management assumes that current conditions as of the balance sheet date do not change for the remaining life of the asset. When estimating expected credit losses, management considers subsequent collection activity after the balance sheet date but before the entity's financial statements are available to be issued. An allowance for expected credit losses is estimated on any uncollected balances using an adjusted historical loss rate and known customer facts. The Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial to the financial statements as a whole.

**Equipment** - Equipment is stated at cost less accumulated depreciation. Maintenance and repairs are charged to expense and betterments are capitalized. Gains and losses from sales or retirements are recognized in the period of disposition. Depreciation is computed by use of the straight-line method over the estimated useful lives of the related assets.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Actuarial Present Value of Accumulated Plan Benefits** - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) pensioners (including beneficiaries of deceased pensioners); (b) active employees; and (c) inactive employees with vested rights to a deferred pension benefit. Benefits under the Plan are based upon a fixed monthly benefit amount times the number of credited service years.

**Reclassification** - Some items may have been reclassified from prior years financial statements for comparability purposes.

## NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payments. The significant actuarial assumptions used in the valuations as of June 1, 2024 and 2023 are shown below, separately, since different disability and withdrawal rates were assumed for each year.

The actuarial present value of accumulated plan benefits on the basis of funding assumptions is shown below as of June 1, 2024:

Actuarial present value of accumulated plan benefits	
Vested participants currently receiving payments	\$ 69,366,283
Other participants	<u>48,662,927</u>
Total vested benefits	118,029,210
Non-vested benefits	<u>1,106,118</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 119,135,328</u>

### NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The changes in the actuarial present value of accumulated plan benefits during the valuation year ended June 1, 2024 are as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 113,533,557
Factors that affected change in the actuarial present value of accumulated plan benefits	
Benefits accumulated and plan experience (gain)	(211,374)
Increase for interest due to decrease in the discount period	7,959,993
Benefits paid	(7,614,310)
Changes in actuarial assumptions	<u>5,467,462</u>
 Total actuarial present value of accumulated plan benefits, end of year	 <u>\$ 119,135,328</u>

A summary of the significant actuarial assumptions used in determining accumulated plan benefits and the changes in accumulated plan benefit as of June 1, 2024 and June 1, 2023 and for the years then ended are summarized below:

	2024	2023
Life expectancy - Non-disabled participants	105% of Pri-2012 Blue Collar Amount-Weighted Mortality Table	105% of Pri-2012 Blue Collar Amount-Weighted Mortality Table
Life expectancy - Disabled participants	105% of Pri-2012 Blue Collar Disabled Mortality Table	105% of Pri-2023 Blue Collar Disabled Mortality Table
Investments return per annum, net of investment expenses	6.75%	7.25%
Contribution rate	\$8.00 per hour on 900,000 hours worked	\$8.00 per hour on 900,000 hours worked
Method of calculation	Entry Age Actuarial Cost Method with Shortfall Modification	Entry Age Actuarial Cost Method with Shortfall Modification

Other changes in assumptions - The interest rate used to calculate RPA '94 current liability has been changed to 3.63% from 2.80% to fall within prescribed limitations that fluctuate yearly. The mortality assumption for RPA '94 current liability has also been updated as mandated.



### **NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)**

The foregoing actuarial assumptions are based on the assumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of June 1, 2024. Had the valuation been performed as of May 31, 2024, there would be no material differences. If the Plan terminates, certain benefits under the Plan are insured by Pension Benefit Guaranty Corporation (PBGC).

Since information on the accumulated plan benefits at May 31, 2025 and changes therein for the year ended are not included above, the financial statements do not purport to present the complete presentation of the financial status of the Plan as of May 31, 2025 and changes in its financial status for the year then ended. The financial statements present the complete financial status of the Plan as of May 31, 2024.

### **NOTE 4. FAIR VALUE MEASUREMENTS**

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

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

Level 2 – Inputs to the valuation methodology include the following:

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

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

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

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



## NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2025 and 2024.

*Short-term investments:* Valued at fair value which approximates amortized cost.

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

*Common and collective trust funds:* Valued based on the NAV of units (or equivalents). The NAV, as provided by the trustee, general partner, and manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

*Limited partnerships and real estate investment trusts:* Valued based on the NAV per share, without further adjustment. The price per unit is calculated based on the fair value of the underlying investments.

The US Core Partners Collective Investment Trust, AFL-CIO Building Investment Trust, American Core Realty Fund and the real estate investment trusts, are valued using net asset values or financial information as of March 31, 2025, adjusted for any capital contributions or distributions that may have occurred between March 31 and May 31. The Plan's year-end is May 31, 2025.

Management believes the use of the March 31 measurement date is appropriate because the information necessary to value these investments as of May 31 is not available. Management has evaluated subsequent events through the Plan's year-end and determined that no material adjustments to the reported values were required. Accordingly, the investments are reported at their March 31 values in the accompanying financial statements.

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.

## NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31, 2025 and 2024:

	Assets at Fair Value as of May 31, 2025			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 126,595	\$ 126,595	\$ -	\$ -
Mutual funds	79,432,985	79,432,985	-	-
	<u>79,559,580</u>	<u>\$ 79,559,580</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV*				
Common collective trusts	30,979,868			
Real estate investment trusts	8,049,080			
Limited partnerships	944,055			
	<u>39,973,003</u>			
Total investments	<u>\$ 119,532,583</u>			

	Assets at Fair Value as of May 31, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 362,315	\$ 362,315	\$ -	\$ -
Mutual funds	68,714,827	68,714,827	-	-
	<u>69,077,142</u>	<u>\$ 69,077,142</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV*				
Common collective trusts	28,056,121			
Real estate investment trusts	8,826,640			
Limited partnerships	1,563,440			
	<u>38,446,201</u>			
Total investments	<u>\$ 107,523,343</u>			

\*In accordance with Accounting Standards Codification (ASC), investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

## NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

### Fair Value of Investments that Calculate Net Asset Value

The following tables summarize investments for which fair value is measured using the NAV per share (or equivalent) as a practical expedient as of May 31, 2025 and 2024:

Description	2025 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts				
NIS Core Fixed Income QP Fund	\$ 19,892,326	\$ -	Monthly	15 days
NIS High Yield Corporate QP Fund	852,395	-	Monthly	15 days
NIS Total Absolute Return QP Fund	2,083,262	-	Monthly	15 days
US Core Partners Collective Investment Trust	2,216,379	-	Quarterly	45 days
Washington Capital Mortgage Income Fund	4,659,119	-	Monthly	15 days
AFL-CIO Building Investment Trust	1,276,387	-	Quarterly	1 year
Total common collective trusts	<u>30,979,868</u>			
Real estate investment trusts				
JPM RREEF America REIT II	1,120,090	-	Quarterly	45 days
Clarion Lion Industrial Trust	2,331,529	-	Quarterly	45 days
Stockbridge Smart Markets Fund, LP	1,723,277	-	Quarterly	45 days
Stockbridge Niche Logistics Fund, LP	2,874,184	-	Quarterly	45 days
Total real estate investment trusts	<u>8,049,080</u>			
Limited partnerships				
American Core Realty Fund	944,055	-	Quarterly	None
Total investments	<u>\$ 39,973,003</u>			

Description	2024 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts				
NIS Core Fixed Income QP Fund	\$ 16,952,761	\$ -	Monthly	15 days
NIS High Yield Corporate QP Fund	747,240	-	Monthly	15 days
NIS Total Absolute Return QP Fund	2,324,005	-	Monthly	15 days
US Core Partners Collective Investment Trust	2,357,355	-	Quarterly	45 days
Washington Capital Mortgage Income Fund	4,427,936	-	Monthly	15 days
AFL-CIO Building Investment Trust	1,246,824	-	Quarterly	1 year
Total common collective trusts	<u>28,056,121</u>			
Real estate investment trusts				
JPM RREEF America REIT II	1,328,107	-	Quarterly	45 days
Clarion Lion Industrial Trust	2,453,444	-	Quarterly	45 days
Stockbridge Smart Markets Fund, LP	2,171,564	-	Quarterly	45 days
Stockbridge Niche Logistics Fund, LP	2,873,525	-	Quarterly	45 days
Total real estate investment trusts	<u>8,826,640</u>			
Limited partnerships				
American Core Realty Fund	1,563,440	-	Quarterly	None
Total investments	<u>\$ 38,446,201</u>			



#### **NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)**

The following describes the objective for the investments in the tables on the previous page which do not report as a direct filing entity (DFE) to the Department of Labor.

The JPM RREEF America REIT II seeks to provide long-term capital appreciation by investing in real estate. Investment value in the trust is based on a per-unit basis. Unit values are updated quarterly.

The Clarion Lion Industrial Trust seeks to provide a strong income return with the potential for long-term capital appreciation by investing in institutional quality real estate assets located throughout the United States.

The Stockbridge Smart Markets Fund, LP is a real estate core fund that invests in South America. The fund targets multi-family, retail and office properties.

The Stockbridge Niche Logistics Fund, LP is a real estate core plus fund that focuses on industrial, self-storage assets and targets logistics sector.

The American Core Realty Fund's objective is to achieve high total returns by investing primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

#### **NOTE 5. LEASE OBLIGATION WITH PARTY-IN-INTEREST**

The Plan's office space is leased from The United Association of Plumbers Local No. 8.

#### **NOTE 6. RISK AND UNCERTAINTIES**

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

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



## **NOTE 7. ALLOCATION OF JOINT BENEFIT PLAN GENERAL AND ADMINISTRATIVE EXPENSES**

The Trustees, in conjunction with the trustees of the Plumbers Local No. 8 Health and Welfare Plan, agreed to participate in a plan of joint administration of these benefit plans, sharing the same office and personnel. Such joint administrative expenses are paid by the Plumbers Local No. 8 Health and Welfare Plan and later reimbursed by the Plan for its pro-rata share of the joint expenses.

## **NOTE 8. TERMINATION OF THE PLAN**

An employer may terminate its obligations under the Plan at any time after it is no longer required to make contributions under a collective bargaining agreement with the Union. If every employer terminates its obligation under the Plan, the Plan will terminate. In that case, the rights of all employees to benefits accrued to the date of termination, to the extent then funded, will be nonforfeitable. The assets of the Plan will first be used to meet the necessary expenses and obligations of the Plan. The remaining assets will be used to pay retirement benefits based on employees' credited service to the date of termination of the Plan, in the order specified in the Plan and under applicable law.

Certain benefit payments are guaranteed through coverage provided by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) should the Plan become insolvent. Certain limitations were placed on the maximum monthly benefit that will be paid by the PBGC with the enactment of the Multiemployer Plan Benefit Amendments Act of 1980.

## **NOTE 9. TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated August 17, 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 receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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



## NOTE 10. PARTY-IN-INTEREST TRANSACTIONS

As disclosed in Note 2, the Plan pays certain expenses related to plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules under ERISA.

## NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the Plan's total additions to net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended May 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Total additions to net assets available for benefits per the financial statements	\$ 19,981,449	\$ 22,921,148
Investment fees	<u>220,129</u>	<u>194,479</u>
Total additions per the Form 5500	<u>\$ 20,201,578</u>	<u>\$ 23,115,627</u>

The following is a reconciliation of the Plan's total deductions to net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended May 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Total deductions to net assets available for benefits per the financial statements	\$ 8,355,145	\$ 8,025,371
Investment expenses	<u>220,129</u>	<u>194,479</u>
Total deductions per the Form 5500	<u>\$ 8,575,274</u>	<u>\$ 8,219,850</u>

## NOTE 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through March 10, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



## SUPPLEMENTAL INFORMATION





## PLUMBERS LOCAL NO. 8 PENSION PLAN

### SCHEDULE OF ADMINISTRATIVE EXPENSES

YEARS ENDED MAY 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Salaries	\$ 86,616	\$ 82,626
Payroll taxes	6,628	6,373
Employee benefits	23,901	23,541
Professional fees	96,351	114,272
Printing and office expenses	14,973	8,361
Rent	14,573	13,904
Computer support	56,176	84,198
Insurance - other	4,226	18,260
Insurance - PBGC	41,034	38,046
Dues	-	6,100
Miscellaneous	5,541	4,245
Bank fees	4,225	3,552
Meetings, conventions, and conference	<u>7,224</u>	<u>7,583</u>
Total administrative expenses	<u>\$ 361,468</u>	<u>\$ 411,061</u>

# PLUMBERS LOCAL NO. 8 PENSION PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MAY 31, 2025

Form 5500, Schedule H, Line 4i

EIN: 44-6010180  
Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including shares/units	(d) Cost	(e) Current Value
Short-term investments				
	GS Financial Square Government Fund	Money market fund	126,595	\$ 126,595
Mutual funds				
	American Funds Europacific Growth Fund	Mutual fund	21,241	1,081,478
	Baird Core Plus Bond Fund	Mutual fund	641,031	6,468,008
	Fidelity Advisor Intl. Capital Appr.	Mutual fund	75,310	922,191
	Harding Loevner International Equity Fund	Mutual fund	49,422	1,166,866
	T Rowe Price International Stock	Mutual fund	56,658	1,067,412
	T Rowe Price International Discovery Institutional Fund	Mutual fund	13,154	1,041,107
	Vanguard Total Stock Market Index Fund	Mutual fund	472,681	34,191,936
	Total mutual funds		<u>46,151,455</u>	<u>79,432,985</u>
Common collective trusts				
	NIS Core Fixed Income QP Fund	Common/collective trust fund	1,740	18,754,193
	NIS High Yield Corporate QP Fund	Common/collective trust fund	59	698,250
	NIS Total Absolute Return QP Fund	Common/collective trust fund	155	1,696,450
	US Core Partners Collective Investment Trust	Common/collective trust fund	255	2,554,580
	Washington Capital Mortgage Income Fund	Common/collective trust fund	46,521	3,700,000
	AFL-CIO Building Investment Trust	Common/collective trust fund	231	327,801
	Total common collective trusts		<u>27,731,274</u>	<u>30,979,868</u>
Real estate investment trusts				
	JPM RREEF America REIT II	Real estate investment trust	8,897	717,127
	Clarion Lion Industrial Trust	Real estate investment trust	631	2,658,706
	Stockbridge Smart Markets Fund, LP	Real estate investment trust	1,019	2,199,547
	Stockbridge Niche Logistics Fund, LP	Real estate investment trust	1,897	2,875,000
	Total real estate investment trusts		<u>8,450,380</u>	<u>8,049,080</u>
Limited partnerships				
	American Core Realty Fund	Limited partnerships	8	1,227,945
	Total assets (held at end of year)		<u>\$ 83,687,649</u>	<u>\$ 119,532,583</u>

# PLUMBERS LOCAL NO. 8 PENSION PLAN

## SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED MAY 31, 2025

Form 5500, Schedule H, Line 4j

EIN: 44-6010180  
Plan No. 001

(a) Identity of Party Involve d	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	GS Financial Square Government #465	\$10,661,772	N/A	\$10,661,772	\$10,661,772	N/A
N/A	GS Financial Square Government #465	N/A	\$ 10,897,493	10,897,493	10,897,493	\$ -
N/A	Baird Intermediate Bond Fund	67,538	N/A	67,538	67,538	N/A
N/A	Baird Intermediate Bond Fund	N/A	6,057,230	5,832,243	6,057,230	224,987
N/A	Baird Core Plus Bond Fund	6,680,465	N/A	6,680,465	6,680,465	N/A

Plumbers Local No. 8 Pension Plan  
EIN/PN: 44-6010180/001  
Attachment to the 2024 Form 5500- Schedule MB, line 6 –  
Summary of Plan Provisions

Effective June 1, 1959

The following is a summary of the major provisions of the plan as of June 1, 2024. Refer to the plan document for a more complete description of the most recent plan provisions.

**Participation** All employees are eligible to participate in the Plan if they are regularly employed by an Employer who is required to make contributions to the Plan under a collective-bargaining agreement with the Union. In addition, all regular, full-time employees of the Union, and all regular full-time employees of the Pension Fund or the Plumbers Local No. 8 Health and Welfare Fund are eligible to participate in the Plan.

**Credited Service** For service on or after January 1, 1960, an employee is credited with one year of service for each calendar year in which he has 1,400 or more hours for which contributions are required. If, during any such calendar year, an employee is credited with less than 1,400 hours, he will receive partial credit according to the following schedule:

Hours	Months Credit
1,320 to 1,399	11
1,200 to 1,319	10
1,080 to 1,199	9
960 to 1,079	8
840 to 959	7
720 to 839	6
600 to 719	5
480 to 599	4
360 to 479	3
240 to 359	2
120 to 239	1
0 to 119	0

**Accrued Benefit**

A monthly benefit equal to:

- \$20.00 per year of service prior to January 1, 1978, plus
- \$90.00 per year of service from January 1, 1978 but prior to December 31, 2006, plus
- \$80.00 per year of service after December 31, 2006.

Plumbers Local No. 8 Pension Plan  
EIN/PN: 44-6010180/001  
Attachment to the 2024 Form 5500- Schedule MB, line 6 –  
Summary of Plan Provisions

**Normal Retirement**

Eligibility: The regular retirement date is the later of the first day of the calendar month following the attainment of age 62 or the 5th anniversary of the beginning of the calendar year in which participation in the Plan began.

Benefit: The Accrued Benefit

**Early Retirement**

Eligibility: Age 55 with 10 years of service.

Benefit: Monthly accrued benefit at the time of early retirement date reduced by 0.25% for each complete month by which early retirement date precedes the regular retirement date.

**Disability Retirement**

Eligibility: Total and Permanent Disability with 15 or more years of service.

Benefit: The accrued benefit at the date of disability payable 5 months after the disability is incurred, plus a lump sum of \$1,500 per month. The disability benefit ceases at normal retirement, recovery, or death.

**Vested Termination**

Eligibility: 5 years of service

Benefit: The Accrued Benefit payable in full at Normal Retirement Date or in a reduced amount under the Early Retirement provisions.

**Pre-Retirement Death**

The beneficiary of an employee who dies while in active service after completing at least 12 months of Credited Service will be entitled to a death benefit of \$100 per month for a period of 60 months.

If an employee dies before retirement but after having accumulated 5 or more years of Credited Service and is survived by a spouse, the spouse will receive a monthly spouse's benefit equal to one-half of the employee's normal retirement benefit based on credited service at time of death. In order to qualify for this benefit, the surviving spouse must have been married to the employee for at least one year before the employee's death. Payments to the surviving spouse will be made instead of the \$100 benefit in the previous paragraph, but will not be less than \$100 per month during the first 60 months following the employee's death.

**Method of Payment**

The normal form of benefit is a five-year certain and life annuity; a Joint & 50% Survivor benefit with a pop-up is provided to married participants on an actuarially reduced basis, unless rejected by the participant and spouse.

# PLUMBERS LOCAL NO. 8 PENSION PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MAY 31, 2025

Form 5500, Schedule H, Line 4i

EIN: 44-6010180  
Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including shares/units	(d) Cost	(e) Current Value
Short-term investments				
	GS Financial Square Government Fund	Money market fund	126,595	\$ 126,595
Mutual funds				
	American Funds Europacific Growth Fund	Mutual fund	21,241	1,081,478
	Baird Core Plus Bond Fund	Mutual fund	641,031	6,468,008
	Fidelity Advisor Intl. Capital Appr.	Mutual fund	75,310	922,191
	Harding Loevner International Equity Fund	Mutual fund	49,422	1,166,866
	T Rowe Price International Stock	Mutual fund	56,658	1,067,412
	T Rowe Price International Discovery Institutional Fund	Mutual fund	13,154	1,041,107
	Vanguard Total Stock Market Index Fund	Mutual fund	472,681	34,191,936
	Total mutual funds		<u>46,151,455</u>	<u>79,432,985</u>
Common collective trusts				
	NIS Core Fixed Income QP Fund	Common/collective trust fund	1,740	18,754,193
	NIS High Yield Corporate QP Fund	Common/collective trust fund	59	698,250
	NIS Total Absolute Return QP Fund	Common/collective trust fund	155	1,696,450
	US Core Partners Collective Investment Trust	Common/collective trust fund	255	2,554,580
	Washington Capital Mortgage Income Fund	Common/collective trust fund	46,521	3,700,000
	AFL-CIO Building Investment Trust	Common/collective trust fund	231	327,801
	Total common collective trusts		<u>27,731,274</u>	<u>30,979,868</u>
Real estate investment trusts				
	JPM RREEF America REIT II	Real estate investment trust	8,897	717,127
	Clarion Lion Industrial Trust	Real estate investment trust	631	2,658,706
	Stockbridge Smart Markets Fund, LP	Real estate investment trust	1,019	2,199,547
	Stockbridge Niche Logistics Fund, LP	Real estate investment trust	1,897	2,875,000
	Total real estate investment trusts		<u>8,450,380</u>	<u>8,049,080</u>
Limited partnerships				
	American Core Realty Fund	Limited partnerships	8	1,227,945
	Total assets (held at end of year)		<u>\$ 83,687,649</u>	<u>\$ 119,532,583</u>

Plumbers Local No. 8 Pension Plan  
 EIN/PN: 44-6010180/001  
 Attachment to 2024 Form 5500  
 Schedule MB, Line 8b(2)- Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
< 25	23	29	0	0	0	0	0	0	0	0	0	52
25-30	13	44	15	0	0	0	0	0	0	0	0	72
30-35	13	48	31	3	0	0	0	0	0	0	0	95
35-40	5	33	17	11	8	0	0	0	0	0	0	74
40-45	11	20	13	5	25	6	0	0	0	0	0	80
45-50	6	17	16	6	17	27	8	0	0	0	0	97
50-55	4	8	7	12	24	20	19	1	0	0	0	95
55-60	1	5	8	3	7	10	12	9	1	0	0	56
60-65	1	3	1	2	3	6	3	2	4	0	0	25
65-70	0	0	0	0	1	0	0	1	2	0	0	4
70+	0	0	0	0	0	0	0	0	0	0	0	0
missing	0	0	0	0	0	0	0	0	0	0	0	0
Total	77	207	108	42	85	69	42	13	7	0	0	650

Plumbers Local No. 8 Pension Plan  
 EIN/PN: 44-6010180/001  
 Attachment to 2024 Form 5500  
 Schedule MB, Lines 9c and 9h- Schedule of Funding Standard Account Bases

<b>MINIMUM FUNDING</b>	<u>Amount</u>	<u>Initial</u>	<u>Date</u>	<u>Remaining</u>	<u>Payment</u>
<u>Charges</u>		<u>Established</u>	<u>Period</u>	<u>Balance</u>	
Plan Amendment 95	\$ 808,919	6/1/1995	1.0	\$ 62,163	\$ 62,163
Plan Amendment 96	2,258,491	6/1/1996	2.0	335,534	173,244
Plan Amendment 98	4,292,318	6/1/1998	4.0	1,193,304	328,160
Assumption Change 00	2,305,998	6/1/2000	6.0	901,161	175,741
Plan Amendment 00	3,372,973	6/1/2000	6.0	1,318,124	257,055
PRA Investment Loss 09	7,228,738	6/1/2009	14.0	5,198,287	548,494
Experience Loss 10	276,603	6/1/2010	1.0	28,759	28,759
PRA Investment Loss 10	161,331	6/1/2010	14.0	117,309	12,378
Shortfall Loss 10	1,274,580	6/1/2010	1.0	132,546	132,546
Assumption Change 11	1,355,154	6/1/2011	2.0	272,336	140,614
Experience Loss 11	1,019,117	6/1/2011	2.0	204,801	105,744
PRA Investment Loss 11	319,608	6/1/2011	14.0	235,179	24,815
Shortfall Loss 11	461,930	6/1/2011	2.0	92,823	47,927
Experience Loss 12	822,128	6/1/2012	3.0	239,548	85,118
PRA Investment Loss 12	1,598,905	6/1/2012	14.0	1,191,912	125,764
Shortfall Loss 12	274,280	6/1/2012	3.0	79,912	28,395
PRA Investment Loss 13	2,782,946	6/1/2013	14.0	2,104,071	222,010
PRA Investment Loss 14	2,598,891	6/1/2014	14.0	1,995,348	210,538
Assumption Change 15	4,245,046	6/1/2015	6.0	2,239,493	436,736
Experience Loss 15	702,086	6/1/2015	6.0	370,398	72,233
Experience Loss 16	1,932,384	6/1/2016	7.0	1,151,487	198,411
Experience Loss 17	2,977,625	6/1/2017	8.0	1,964,049	305,139
Experience Loss 18	3,832,004	6/1/2018	9.0	2,755,245	391,950
Experience Loss 19	2,658,389	6/1/2019	10.0	2,058,655	271,408
Experience Loss 20	2,479,418	6/1/2020	11.0	2,048,115	252,683
Assumption Change 22	6,068,032	6/1/2022	13.0	5,577,133	616,285
Experience Loss 23	1,955,851	6/1/2023	14.0	1,879,505	198,315
Assumption Change 24	6,263,694	6/1/2024	15.0	<u>6,263,694</u>	<u>634,099</u>
Subtotal				\$ 42,010,891	\$ 6,086,724

Plumbers Local No. 8 Pension Plan  
 EIN/PN: 44-6010180/001  
 Attachment to 2024 Form 5500  
 Schedule MB, Lines 9c and 9h- Schedule of Funding Standard Account Bases

<b>MINIMUM FUNDING</b>	<u>Amount</u>	<u>Established</u>	<u>Period</u>	<u>Balance</u>	<u>Payment</u>
<u>Credits</u>					
Plan Amendment 99	\$ 139,149	6/1/1999	5.0	\$ 46,809	\$ 10,623
Plan Amendment 06	1,272,989	6/1/2006	12.0	824,349	95,933
Method Change 09	4,608,692	6/1/2009	15.0	3,413,894	345,602
Experience Gain 13	1,357,843	6/1/2013	4.0	510,098	140,278
Shortfall Gain 13	371,384	6/1/2013	4.0	139,516	38,367
Experience Gain 14	1,812,094	6/1/2014	5.0	823,174	186,813
Shortfall Gain 14	578,103	6/1/2014	5.0	262,612	59,598
Shortfall Gain 15	71,964	6/1/2015	6.0	37,964	7,404
Shortfall Gain 16	306,551	6/1/2016	7.0	182,670	31,476
Shortfall Gain 17	529,005	6/1/2017	8.0	348,933	54,211
Shortfall Gain 18	528,569	6/1/2018	9.0	380,041	54,063
Shortfall Gain 19	915,092	6/1/2019	10.0	708,646	93,426
Shortfall Gain 20	1,224,931	6/1/2020	11.0	1,011,846	124,835
Experience Gain 21	2,809,692	6/1/2021	12.0	2,456,235	285,843
Shortfall Gain 21	160,276	6/1/2021	12.0	140,114	16,306
Experience Gain 22	1,308,893	6/1/2022	13.0	1,203,005	132,935
Shortfall Gain 22	1,280,735	6/1/2022	13.0	1,177,125	130,075
Shortfall Gain 23	1,579,197	6/1/2023	14.0	1,517,553	160,124
Experience Gain 24	1,126,727	6/1/2024	15.0	1,126,727	114,063
Shortfall Gain 24	1,227,558	6/1/2024	15.0	<u>1,227,558</u>	<u>124,271</u>
Subtotal				\$ 17,538,869	\$ 2,206,246
Net Amortization Balance and Payment				\$ 24,472,022	\$ 3,880,478
Credit Balance as of June 1, 2024				8,353,809	
Unfunded Liability				\$ 16,118,213	

Plumbers Local No. 8 Pension Plan  
 EIN/PN: 44-6010180/001  
 Attachment to the 2024 Form 5500 –  
 Schedule MB, Line 9– Shortfall Adjustment to Funding  
 Standard Account

Plan Year June 1, 2024 to May 31, 2025

The following develops the funding standard account as of May 31, 2025. The funding standard account demonstrates that the plan has met the minimum funding requirements through the prior plan year.

Under the Shortfall Modification, actual normal cost and amortization charged are adjusted for the number of units of service or production, in this case, hours worked. The difference between the unadjusted and adjusted amounts then results in a shortfall gain or loss which is amortized over future years.

Assumed Hours	900,000
Actual Hours Worked	1,210,211
Adjustment Factor	134.47%

	<u>Unadjusted</u>	<u>Adjusted</u>
Prior Year Credit Balance	\$8,353,809	\$8,353,809
Increases		
Employer Contributions	9,681,685	9,681,685
Amortization Credits	2,206,246	2,966,739
Interest	<u>986,391</u>	<u>1,036,661</u>
Total Increases	12,912,203	13,685,085
Decreases		
Normal Cost	1,623,617	2,183,278
Amortization Charges	6,086,724	8,184,818
Interest	<u>520,448</u>	<u>699,846</u>
Total Decreases	8,230,789	11,067,942
Credit Balance	\$13,035,223	\$10,970,952
Shortfall Gain / (Loss)		\$2,025,327

Plumbers Local No. 8 Pension Plan  
EIN/PN: 44-6010180/001  
Attachment to the 2024 Form 5500 – Schedule MB, line 11  
Justification for Changes in Actuarial Assumptions

**Assumption Changes**

The assumptions have been reviewed, and the following changes made:

- The interest rate used to calculate RPA '94 current liability has been changed to 3.63% from 2.80% to fall within prescribed limitations that fluctuate yearly. The mortality assumption for RPA '94 current liability has also been updated as mandated.
- The interest rate for valuing liabilities and assumed asset return have been changed from 7.25% to 6.75%.

Plumbers Local No. 8 Pension Plan  
 EIN/PN: 44-6010180/001  
 Attachment to the 2024 Form 5500- Schedule MB, line 6 –  
 Statement of Actuarial Assumptions and Methods

As of June 1, 2024

<b>Interest Rates</b>	<u>Current Year</u>	<u>Prior Year</u>
Minimum/Maximum Funding	6.75%	7.25%
Present Value of Accrued Benefits	6.75%	7.25%
Full Funding Limitation		
Maximum Basis	3.63%	2.80%
RPA Current Liability	3.63%	2.80%

**Mortality**      Healthy:    105% of Pri-2012 Blue Collar Amount-Weighted Mortality Table  
 Disabled:    105% of Pri-2012 Blue Collar Disabled Mortality Table

**Mortality Improvement**      Based on the most recently available mortality experience study from the Society of Actuaries. For the current valuation, projected on a fully generational basis using SOA Scale MP-2021.

<b>Turnover</b>	<u>Age</u>	<u>Death</u>	<u>Disability</u>	<u>Withdrawal</u>
	20	0.07%	0.30%	7.94%
	25	0.07%	0.39%	7.72%
	30	0.07%	0.51%	7.22%
	35	0.08%	0.76%	6.28%
	40	0.09%	1.29%	5.15%
	45	0.12%	1.76%	3.98%
	50	0.18%	2.08%	2.56%
	55	0.29%	2.08%	0.00%
	60	0.46%	2.08%	0.00%

**Retirement**      Active Lives, Based on age as follows:

<u>Age</u>	<u>Probability</u>
55-56	7.5%
57-58	15.0
59-60	25.0
61	40.0
62	60.0
63-64	30.0
65	100.0

Plumbers Local No. 8 Pension Plan  
EIN/PN: 44-6010180/001  
Attachment to the 2024 Form 5500- Schedule MB, line 6 –  
Statement of Actuarial Assumptions and Methods

<b>Expenses</b>	The normal cost is increased by the non-investment related expenses based on prior year's value rounded to the next \$1,000.
<b>Percent Married</b>	80% of the participants are assumed to be married with the female spouse three years younger than the male spouse.
<b>Asset Valuation</b>	The actuarial value of assets at the beginning of the plan year is adjusted by transactions and expected investment income at the valuation interest rate applied to the market value. The resulting expected actuarial value is further adjusted by 20% of the difference between actual and expected investment income for each of the five previous years (10% of the loss that occurred during 2008). The actuarial value can be no less than 80% nor more than 120% of the market value of assets as of the determination date.
<b>Funding Method</b>	<p>Entry Age Actuarial Cost Method with Shortfall Modification. On the initial valuation date, the annual cost accruals (individual normal costs for each participant) are determined as a level dollar amount for each year from entry age until retirement or termination. The actuarial present value of all individual normal costs falling due on or after the initial valuation date is then spread over the present value of future service to arrive at the normal cost accrual rate. This normal cost accrual rate is then multiplied by the number of active participants whose attained ages are under the assumed retirement age to obtain the normal cost. The excess of all normal costs falling due before the initial valuation date, accumulated at the valuation rate of interest, over the plan assets represents the initial unfunded accrued liability. In subsequent years, the normal cost and unfunded accrued liability are recalculated in the same manner. Actuarial gains and losses are directly calculated under this funding method as the differences between (a) the actual unfunded actuarial accrued liability on the valuation date, less (b) the unfunded actuarial accrued liability on the preceding valuation date, plus the normal cost for the preceding year, plus interest at the valuation rate on the preceding year's unfunded actuarial accrued liability and normal cost, less the employer contributions, with interest. Adjustments to the unfunded actuarial accrued liability can occur as a result of plan amendments or assumption changes. Such adjustments are determined by computing the change in the initial unfunded actuarial accrued liability.</p> <p>Under the shortfall modification, the funding standard account charges and credits are first determined under the basic (Entry Age) cost method. The net charges are then converted into a per-unit (hours worked) charge, based upon the expected number of units. The final charges are equal to the per-unit charges multiplied by the actual number of hours worked during the plan year with the difference (shortfall gains and losses) subject to amortization.</p>

Plumbers Local No. 8 Pension Plan  
EIN/PN: 44-6010180/001  
Attachment to the 2024 Form 5500- Schedule MB, line 6 –  
Statement of Actuarial Assumptions and Methods

**Future Hourly Contribution Rate** \$8.00 per hour effective June 1, 2021.

**Benefit Accrual Rate** Pension credits and expected contributions were projected on the assumption that all active participants would work the hours equal to the average of the prior three years. Contribution levels are assumed to be equal to the same rate per hour as was earned in the prior year.

**Projected Industry Activity** For the purpose of the credit balance projection, future covered employment for 2024 and beyond has been estimated to be 900,000 total hours per year. This assumption has been set with input from the Board of Trustees.

**Models Used in Preparing Results** Acrisure uses valuation and projection software to model benefit cash flows, present values, and attribution to various periods based on deterministic or stochastic assumption sets and benefit parameters provided by the user. The software model also supports comparisons between periods to measure gains and losses and compile plan experience data to support or modify demographic and certain economic assumptions.

In the absence of adequate review, the model's complexity and flexibility could lead to unintentional results. However, the model contains robust tools to test and verify the reasonableness of results. Our internal technical review utilizes these tools.

We have reviewed the model's documentation, and have relied on the expertise of the software vendor for underlying structure, methodology, and extensive supporting calculations. We have not performed a substantial audit of the model or its structure beyond typical use in preparing results as this is typically not done by plan actuaries. However, we expect that the very deep market of qualified users for this same model ensures that no materially significant issues can or will persist.

Additionally, projections reflect models developed and maintained by Acrisure. These models generally follow accepted actuarial principles and reflect required Internal Revenue Code and Regulations requirements in determining estimated future funded status and potential outcomes for the Funds being modeled. Outcomes from the modeling process are generally determined by the current Fund position and inputs regarding future economic assumptions and plan participant behavior and demographics.

Based on our experience, because of the detailed structure provided by Code and Regulations, we anticipate that other practitioners using similar data and assumptions would provide results that are materially similar to the outcome from our models. We have developed the models internally and are familiar with its parameters and how it functions. In addition, the results are continually reviewed across our multiemployer client base by a group of qualified actuaries and other technical staff.

## Plumbers Local No. 8 Pension Plan

EIN/PN: 44-6010180/001

Attachment to 2024 Form 5500

## Schedule MB, Line 8b(1)- Schedule of Projection of Expected Benefit Payments

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2024	567,727	301,384	7,645,115	8,514,226
2025	966,673	350,809	7,457,826	8,775,308
2026	1,290,240	440,146	7,255,414	8,985,800
2027	1,605,026	531,647	7,034,241	9,170,913
2028	1,903,324	595,323	6,798,740	9,297,388
2029	2,153,257	678,308	6,561,870	9,393,435
2030	2,410,496	717,394	6,321,337	9,449,227
2031	2,677,635	778,393	6,073,484	9,529,512
2032	2,922,607	838,669	5,819,052	9,580,328
2033	3,145,109	940,555	5,558,964	9,644,628
2034	3,337,591	984,296	5,294,305	9,616,192
2035	3,520,449	1,024,233	5,026,264	9,570,946
2036	3,660,546	1,079,365	4,756,092	9,496,003
2037	3,769,117	1,125,262	4,485,031	9,379,410
2038	3,868,754	1,165,033	4,214,264	9,248,050
2039	3,931,896	1,208,954	3,944,921	9,085,772
2040	3,962,083	1,195,161	3,678,171	8,835,415
2041	3,980,589	1,209,748	3,415,192	8,605,528
2042	3,985,978	1,201,338	3,157,137	8,344,453
2043	3,957,334	1,196,457	2,905,132	8,058,923
2044	3,945,684	1,179,808	2,660,271	7,785,764
2045	3,908,147	1,169,864	2,423,586	7,501,597
2046	3,867,225	1,146,105	2,196,039	7,209,370
2047	3,814,708	1,114,898	1,978,494	6,908,099
2048	3,753,671	1,085,221	1,771,721	6,610,613
2049	3,681,131	1,055,099	1,576,432	6,312,663
2050	3,590,943	1,012,039	1,393,237	5,996,219
2051	3,499,282	965,833	1,222,647	5,687,762
2052	3,391,940	918,981	1,065,077	5,375,998
2053	3,273,865	875,392	920,771	5,070,028
2054	3,152,901	826,552	789,797	4,769,250
2055	3,022,948	781,400	672,055	4,476,404
2056	2,891,521	732,015	567,257	4,190,794
2057	2,748,389	685,879	474,934	3,909,203
2058	2,610,909	635,930	394,447	3,641,285
2059	2,464,885	586,907	325,006	3,376,798
2060	2,314,602	538,750	265,729	3,119,082
2061	2,167,786	492,106	215,654	2,875,547
2062	2,020,298	446,920	173,780	2,640,998
2063	1,875,148	403,759	139,127	2,418,034

## Plumbers Local No. 8 Pension Plan

EIN/PN: 44-6010180/001

Attachment to 2024 Form 5500

## Schedule MB, Line 8b(1)- Schedule of Projection of Expected Benefit Payments

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2064	1,732,348	362,683	110,735	2,205,766
2065	1,594,575	323,879	87,696	2,006,151
2066	1,461,234	287,502	69,174	1,817,910
2067	1,333,947	253,670	54,414	1,642,032
2068	1,213,667	222,465	42,743	1,478,875
2069	1,100,880	193,911	33,581	1,328,372
2070	995,660	167,987	26,425	1,190,072
2071	898,180	144,639	20,852	1,063,672
2072	808,320	123,773	16,520	948,613
2073	725,825	105,266	13,147	844,237
2074	650,354	88,975	10,508	749,837

Plumbers Local No. 8 Pension Plan

EIN/PN: 44-6010180/001

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

<u>Plan Year</u>	<u>Projected Contributions</u>	<u>Projected Withdrawal Liability Payments</u>	<u>Total</u>
2024	\$7,200,000	\$0	\$7,200,000
2025	7,200,000	0	7,200,000
2026	7,200,000	0	7,200,000
2027	7,200,000	0	7,200,000
2028	7,200,000	0	7,200,000
2029	7,200,000	0	7,200,000
2030	7,200,000	0	7,200,000
2031	7,200,000	0	7,200,000
2032	7,200,000	0	7,200,000
2033	7,200,000	0	7,200,000

**Annual Return/Report of Employee Benefit Plan**  
 This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  
**▶ Complete all entries in accordance with the instructions to the Form 5500.**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

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

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

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

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

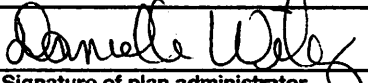
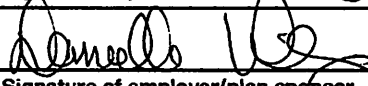
**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here .....

**Part II Basic Plan Information - enter all requested information**

<b>1a</b> Name of plan <b>PLUMBERS LOCAL NO. 8 PENSION PLAN</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>001</b>
	<b>1c</b> Effective date of plan <b>06/01/1959</b>
<b>2a</b> 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) <b>PLUMBERS LOCAL NO. 8 PENSION PLAN</b>  <b>5950 MANCHESTER TRFY, STE 1</b>  <b>KANSAS CITY MO 64130</b>	<b>2b</b> Employer Identification Number (EIN) <b>44-6010180</b>
	<b>2c</b> Plan Sponsor's telephone number <b>816-361-0666</b>
	<b>2d</b> Business code (see instructions) <b>238220</b>

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

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

<b>SIGN HERE</b>		<b>03/06/2026</b>	<b>DANIELLE WILEY</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<b>03/06/2026</b>	<b>DANIELLE WILEY</b>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1,374
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	710
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	494
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	509
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	160
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	1,163
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	103
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	1,266
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	65

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

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

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

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

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

# PLUMBERS LOCAL NO. 8 PENSION PLAN

## SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED MAY 31, 2025

Form 5500, Schedule H, Line 4j

EIN: 44-6010180  
Plan No. 001

(a) Identity of Party Involve d	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	GS Financial Square Government #465	\$10,661,772	N/A	\$10,661,772	\$10,661,772	N/A
N/A	GS Financial Square Government #465	N/A	\$ 10,897,493	10,897,493	10,897,493	\$ -
N/A	Baird Intermediate Bond Fund	67,538	N/A	67,538	67,538	N/A
N/A	Baird Intermediate Bond Fund	N/A	6,057,230	5,832,243	6,057,230	224,987
N/A	Baird Core Plus Bond Fund	6,680,465	N/A	6,680,465	6,680,465	N/A

<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

<b>A</b> Name of plan <u>Plumbers Local No. 8 Pension Plan</u>	<b>B</b> Three-digit plan number (PN) ►	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Plumbers Local No. 8 Pension Plan Board of Trustees</u>	<b>D</b> Employer Identification Number (EIN) <u>44-6010180</u>	

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

**1a** Enter the valuation date:           Month 06   Day 01   Year 2024

**b** Assets

(1) Current value of assets .....	<b>1b(1)</b>	111,463,252
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	111,973,926
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	128,092,139
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method.....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method.....	<b>1c(3)</b>	119,135,328
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	180,161,269
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	4,192,834
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	8,527,222
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	8,510,327

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

<b>SIGN HERE</b>	<u>Nathan Hoellman</u> Signature of actuary	<u>03/09/2026</u> Date
	<u>Nathan Hoellman</u> Type or print name of actuary	<u>2308906</u> Most recent enrollment number
	<u>Acrisure</u> Firm name	<u>412-394-9330</u> Telephone number (including area code)
	<u>444 Liberty Avenue, Suite 605 Pittsburgh PA 15222</u> Address of the firm	

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.** **Schedule MB (Form 5500) 2024 v. 240311**



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

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

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

**6** Checklist of certain actuarial assumptions:

**a** Interest rate for "RPA '94" current liability

	Pre-retirement			Post-retirement		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<b>b</b> Rates specified in insurance or annuity contracts						
<b>c</b> Mortality table code for valuation purposes:						
<b>(1)</b> Males	<b>6c(1)</b>		9P			9P
<b>(2)</b> Females	<b>6c(2)</b>		9FP			9FP
<b>d</b> Valuation liability interest rate	<b>6d</b>		6.75 %			6.75 %
<b>e</b> Salary scale	<b>6e</b>		%		<input type="checkbox"/> N/A	
<b>f</b> Withdrawal liability interest rate:						
<b>(1)</b> Type of interest rate	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other	<input type="checkbox"/> N/A	
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate	<b>6f(2)</b>					6.75 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date	<b>6g</b>					7.1 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date	<b>6h</b>					14.7 %
<b>i</b> Expense load included in normal cost reported in line 9b	<b>6i</b>				<input type="checkbox"/> N/A	
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage	<b>6i(1)</b>					%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	<b>6i(2)</b>					411,000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box	<b>6i(3)</b>				<input type="checkbox"/>	

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

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1,126,727	-114,063
2	-1,227,558	-124,271
4	6,263,694	634,099

**8** Miscellaneous information:

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

**b** Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s) .....	<b>8e</b>	-2,025,327
<b>9</b> Funding standard account statement for this plan year:		
<b>Charges to funding standard account:</b>		
<b>a</b> Prior year funding deficiency, if any.....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date .....	<b>9b</b>	2,183,278
<b>c</b> Amortization charges as of valuation date:		
	Outstanding balance	
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	42,010,891
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>	
<b>(3)</b> Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>	
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....	<b>9d</b>	699,846
<b>e</b> Total charges. Add lines 9a through 9d .....	<b>9e</b>	11,067,942
<b>Credits to funding standard account:</b>		
<b>f</b> Prior year credit balance, if any .....	<b>9f</b>	8,353,809
<b>g</b> Employer contributions. Total from column (b) of line 3 .....	<b>9g</b>	9,681,685
<b>h</b> Amortization credits as of valuation date.....		
	Outstanding balance	
<b>(1)</b> ERISA FFL (accrued liability FFL) .....	<b>9h(1)</b>	17,538,869
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9h(2)</b>	
<b>(3)</b> FFL credit .....	<b>9h(3)</b>	
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>	1,036,661
<b>j</b> Full funding limitation (FFL) and credits:		
<b>(1)</b> ERISA FFL (accrued liability FFL) .....	<b>9j(1)</b>	28,388,368
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	54,392,989
<b>(3)</b> FFL credit .....	<b>9j(3)</b>	
<b>k (1)</b> Waived funding deficiency.....	<b>9k(1)</b>	
<b>(2)</b> Other credits.....	<b>9k(2)</b>	
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>	22,038,894
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>	10,970,952
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>	
<b>o</b> Current year's accumulated reconciliation account:		
<b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year .....	<b>9o(1)</b>	
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
<b>(a)</b> Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>	
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>	0
<b>(3)</b> Total as of valuation date .....	<b>9o(3)</b>	0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>	
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No