

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1963</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1963</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/1963</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PLUMBERS & STEAMFITTER LOCAL 83</u> <u>6500 BROOKTREE ROAD</u> <u>SUITE 205</u> <u>WEXFORD, PA 15090</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>55-0463652</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>844-746-9676</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>525100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>55-0463652</u>	2c Plan Sponsor's telephone number <u>844-746-9676</u>	2d Business code (see instructions) <u>525100</u>	
2b Employer Identification Number (EIN) <u>55-0463652</u>					
2c Plan Sponsor's telephone number <u>844-746-9676</u>					
2d Business code (see instructions) <u>525100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/04/2022	JAMES COCHRAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/04/2022	JOHN WILSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	525
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	271
a(2) Total number of active participants at the end of the plan year		6a(2)	265
b Retired or separated participants receiving benefits.....		6b	159
c Other retired or separated participants entitled to future benefits		6c	69
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	493
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	42
f Total. Add lines 6d and 6e		6f	535
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	23
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

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

A Name of plan PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PLUMBERS & STEAMFITTER LOCAL 83	D Employer Identification Number (EIN) 55-0463652

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

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	47124999
(2) Actuarial value of assets for funding standard account	1b(2)	43192927
c (1) Accrued liability for plan using immediate gain methods	1c(1)	49956471
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	49188340
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	98432280
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	2853322
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	3473241
(3) Expected plan disbursements for the plan year.....	1d(3)	3473241

Statement by Enrolled Actuary

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

SIGN HERE	09/20/2022
Signature of actuary	Date
AMY M. CROUSE	20-08695
Type or print name of actuary	Most recent enrollment number
COWDEN ASSOCIATES, INC.	412-394-9330
Firm name	Telephone number (including area code)
FOUR GATEWAY CENTER, SUITE 605, PITTSBURGH, PA 15222-1222	
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) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	47124999
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	206	47983237
(2) For terminated vested participants	54	9832397
(3) For active participants:		
(a) Non-vested benefits.....		3910141
(b) Vested benefits.....		36706505
(c) Total active	271	40616646
(4) Total	531	98432280
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	47.87 %

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
06/30/2021	2973820	0			
Totals ▶			3(b)	2973820	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	87.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.43 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	AP	AP	
(2) Females	6c(2)	AFP	AFP	
d Valuation liability interest rate	6d	7.00 %	7.00 %	
e Expense loading	6e	19.6 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	10.4 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.7 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1356659	-139209
4	1171475	120207

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	894151
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	21845050
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	278049
e Total charges. Add lines 9a through 9d.....	9e	4250180

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	8756662
g Employer contributions. Total from column (b) of line 3.....	9g	2973820
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	6324844
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	758633
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	17563362
(2) "RPA '94" override (90% current liability FFL)	9j(2)	47593599
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	13321682
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	9071502
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTER LOCAL 83	D Employer Identification Number (EIN) 55-0463652

Part I	Service Provider Information (see instructions)
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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
BAIRD ADVISORS
39-6037917

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SEGAL SELECT INSURANCE SERVICES,INC
46-0619194

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PNC REALTY INVESTORS, INC.
22-1146430

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

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

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

BEACON ADMINISTRATORS AND CONSULTAN

83-1544721

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	84365	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MANNING & NAPIER ADVISORS INC

45-3328488

(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	48775	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WESBANCO TRUST AND INVESTMENT SERVI

55-0143590

(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	41831	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

MAIRS AND POWER

41-0844499

(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 51 68	NONE	38844	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

COWDEN ASSOCIATES, INC

25-1750131

(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	35153	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT

80-0618452

(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	34781	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STANDARD VALUATION

41-1327339

(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	32000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCELHANEY & ASSOCIATES, LLC

38-3806684

(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	19000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARTWELL INVESTMENT PARTNERS

36-4776242

(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	13009	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GREAT LAKES ADVISORS, LLC

80-0292839

(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	9484	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN DASCOLI, PLLC

20-5780253

(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	6009	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PLUMBERS & STEAMFITTER LOCAL 83</u>	D Employer Identification Number (EIN) <u>55-0463652</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB ALLEGIANCE REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE BANK</u>		
c EIN-PN <u>52-6257033-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2955749</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-COI BIT</u>		
b Name of sponsor of entity listed in (a): <u>PNC BANK</u>		
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2655745</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PLUMBERS & STEAMFITTER LOCAL 83</u>	D Employer Identification Number (EIN) <u>55-0463652</u>	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	411341	305051
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	137741	206528
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	62244	52579
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	423617	3993671
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3335805	3329784
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	16727803	16248475
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	4927548	5611494
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21151649	24625414
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f 47177748	54372996
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h 52749	53589
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 52749	53589
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l 47124999	54319407

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 1599238	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C) 1374582	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	2973820
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 133	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C) 85649	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F) 257	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	86039
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B) 213635	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 291208	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	504843
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 19463279	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 18595173	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	868106
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B) 3421412	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3182558
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11036778
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3441429	
(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)		3441429
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	60162	
(2) Contract administrator fees.....	2i(2)	84365	
(3) Investment advisory and management fees.....	2i(3)	220032	
(4) Other.....	2i(4)	36382	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		400941
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3842370
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		7194408
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MCELHANEY & ASSOCIATES, LLC

(2) EIN: 38-3806684

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 446200.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTER LOCAL 83	D Employer Identification Number (EIN) 55-0463652

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☒ No	☐ N/A

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer CHAPMAN CORPORATION

b EIN 25-1116939

c Dollar amount contributed by employer 496904

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 06 Day 30 Year 2022

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) 8.80

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

a Name of contributing employer BUCKEYE MECHANICAL CONTRACTING

b EIN 34-1881458

c Dollar amount contributed by employer 170100

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 06 Day 30 Year 2022

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) 8.80

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

a Name of contributing employer STEAMFITTERS LOCAL 449

b EIN 25-6032450

c Dollar amount contributed by employer 752370

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 06 Day 30 Year 2022

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) 8.80

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

a Name of contributing employer H.E. NEUMAN

b EIN 55-0243140

c Dollar amount contributed by employer 285358

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 06 Day 30 Year 2022

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) 8.80

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

a Name of contributing employer UNITED ASSOC NATIONAL PENSION FUND

b EIN 52-6152779

c Dollar amount contributed by employer 561880

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 06 Day 30 Year 2022

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) 8.80

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

0

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

14b

0

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

14c

0

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

PLUMBERS AND STEAMFITTERS
LOCAL NO. 83
PENSION PLAN
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020

November 4, 2022

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN

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McELHANEY & ASSOCIATES, LLC

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Plumbers and Steamfitters Local No. 83 Pension Plan
Pittsburgh, PA.

Opinion

We have audited the accompanying financial statements of Plumbers and Steamfitters Local No. 83 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Plumbers and Steamfitters Local No. 83 Pension Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers and Steamfitters Local No. 83 Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local No. 83 Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not

detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers and Steamfitters Local No. 83 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local No. 83 Pension Plan's ability to continue as a going concern for a reasonable period of time.

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



McElhaney & Associates, LLC

Pittsburgh, Pennsylvania
November 4, 2022

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

ASSETS

	<u>2021</u>	<u>2020</u>
Investments		
Interest Bearing Cash	\$ 3,993,671	\$ 423,617
Corporate Obligations	3,329,784	3,335,805
Common Stock	16,086,618	16,638,739
Foreign Stock	161,857	89,064
Mutual Funds	24,625,414	21,151,649
Real Estate Fund	2,955,749	2,570,956
Building Investment Trust	<u>2,655,745</u>	<u>2,356,592</u>
	53,808,838	46,566,422
Accrued Interest	<u>48,059</u>	<u>57,801</u>
Total Investments	53,856,897	46,624,223
Cash (non interest-bearing)	305,051	411,341
Receivables		
Employers' Contribution	130,246	97,802
Reciprocity Contribution	76,282	39,939
Miscellaneous	<u>1,888</u>	<u>1,965</u>
Total Receivables	208,416	139,706
Prepaid Expenses	<u>2,632</u>	<u>2,478</u>
TOTAL ASSETS	54,372,996	47,177,748
LIABILITIES		
Accounts Payable	53,589	52,749
Reciprocity Payable	<u>-</u>	<u>-</u>
TOTAL LIABILITIES	<u>53,589</u>	<u>52,749</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 54,319,407</u></u>	<u><u>\$ 47,124,999</u></u>

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

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31,

	<u>2021</u>	<u>2020</u>
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investments		
Investment Income	\$ 586,836	\$ 561,725
Appreciation (Depreciation) in Investments	7,476,122	5,758,335
Less Investment Expense	(220,032)	(203,589)
Net Investment Income	7,842,926	6,116,471
Contributions		
Employer	1,619,606	2,219,766
Reciprocity Received	1,374,582	290,423
Reciprocity Paid	(20,368)	(179,814)
Net Contributions	<u>2,973,820</u>	<u>2,330,375</u>
TOTAL ADDITIONS	10,816,746	8,446,846
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits		
Normal and Early Retirement	2,693,227	2,524,340
Disability	371,462	414,245
Survivor Benefits	<u>376,740</u>	<u>395,674</u>
Total Benefits	3,441,429	3,334,259
Administrative Expenses		
Third Party Administration	84,365	84,365
Actuarial Fees	35,153	30,483
Audit Fees	19,000	18,000
Legal Fees	6,009	5,805
Employer Payroll Audits	-	1,775
Pension Benefit Guaranteed Corp	16,275	15,870
Fiduciary Insurance	12,136	11,643
Cyber Insurance	4,083	3,171
Fidelity Bond	584	582
Meetings/Conferences	626	386
Administrative Expenses (Net)	<u>2,678</u>	<u>3,248</u>
Total Administrative Expenses	<u>180,909</u>	<u>175,328</u>
TOTAL DEDUCTIONS	<u>3,622,338</u>	<u>3,509,588</u>
NET INCREASE (DECREASE)	7,194,408	4,937,259
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of Year	<u>47,124,999</u>	<u>42,187,740</u>
End of Year	<u>\$ 54,319,407</u>	<u>\$ 47,124,999</u>

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

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Plumbers and Steamfitters Local No. 83 Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General - The Plan is a defined benefit pension plan pursuant to the collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits - The Plan provides retirement, disability and death benefits to eligible members of the Plumbers and Steamfitters Local No. 83 Pension Fund. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Participants become vested upon five years of service. Ten years of vested service is required to obtain disability or early retirement benefits. A participant must work 400 hours in a year in order to earn one year of vested service. A participant also becomes vested immediately upon reaching the normal retirement age of 65. Each participant may be eligible for Normal, Early, or Disability Benefits and can generally choose to have benefits provided with or without joint and 60% survivorship benefits. If the participant elects not to receive the joint and 60% survivorship benefit, the spouse is eligible to receive a lump sum death benefit upon the death of the participant. The Plan also permits the participant to elect to receive a 75% or 100% Joint and Survivor annuity option instead of the 60% option.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared using the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America. Significant accounting policies are summarized below:

Management's Review - Subsequent events were evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued, and it was determined that there were no subsequent events that require disclosure.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain amounts and disclosures. Accordingly, actual results may 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 Plan's Board of Trustees determines the appropriateness of the Plan's investment offerings and monitors investment performance. The trustees also determine the Plan's valuation policies. See Note 3 for discussion of fair value measurements.

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

Income Tax Status - The trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code and, accordingly, the Trust's net investment income is exempt from income taxes. The trust has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan's board of trustees believes

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

that the trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

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

Actuarial Present Value of Accumulated Plan Benefits – Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The trustees elected to present the actuarial present value of accumulated plan benefits as of the first day of the Plan year (January 1st). This became effective for the Plan year ending December 31, 2017.

The following brief description of the actuarial date is for general information purposes. Participants should refer to the actuarial report date of January 1, 2021 for more complete information.

The actuarial present value of accumulated plan benefits is determined by an actuary from Cowden Associates, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2021 and 2020 were (a) life expectancy of participants (the RP-2014 headcount weighted and blue collar adjusted mortality table for January 1, 2021; and for January 1, 2020 and (b) the funding interest rate and the present value of accrual benefits interest rate of 7.00% for January 1, 2021 and 7.25% for January 1, 2020. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payments of Benefits – Benefit payments to participants are recorded upon distributions.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used only when Level 1 inputs were not available. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Level 1 Fair Value Measurements - The fair value of mutual funds is based on quoted net asset values of the shares held by the Fund at year-end. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements - The fair values of certain corporate bonds and U.S. government securities for which quoted market prices are not available are based on yields currently available on comparable securities of issuers with similar credit ratings.

Level 3 Fair Value Measurements - For those assets with fair value measured using Level 3 inputs, the Fund determines the fair value measurement using available current market conditions and other applicable third party information.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020.

Assets at Fair Value as of December 31, 2021

		Fair Value Measurements at The End of the Reporting Period Using:		
		Quoted Prices In Active Markets for Identical Assets <u>Level 1</u>	Significant Other Observable Inputs <u>Level 2</u>	Significant Unobservable Inputs <u>Level 3</u>
	<u>Total</u>			
Cash Equivalents	\$ 3,993,671	\$ 3,993,671	\$ -	\$ -
Corporate Obligations	3,329,784	-	3,329,784	-
Common Stock	16,086,618	16,086,618	-	-
Foreign Stock	161,857	-	161,857	-
Mutual Funds	24,625,414	24,625,414	-	-
Real Estate Fund	2,955,749	-	-	2,955,749
Building Investment Trust	2,655,745	-	-	2,655,745
	<u>\$ 53,808,838</u>	<u>\$ 44,705,703</u>	<u>\$ 3,491,641</u>	<u>\$ 5,611,494</u>
<u>Level 3 As of December 31, 2021</u>			<u>Real Estate Fund</u>	<u>Building Investment Trust</u>
Beginning Balance			\$ 2,570,956	\$ 2,356,592
Transfers In(Out)			-	-
Total Realized And Unrealized Gains And Losses			384,793	299,153
Earnings			-	-
Management Fees			-	-
Ending Balance			<u>\$ 2,955,749</u>	<u>\$ 2,655,745</u>

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Assets at Fair Value as of December 31, 2020

		Fair Value Measurements at The End of the Reporting Period Using:		
		Quoted Prices In Active Markets for Identical Assets <u>Level 1</u>	Significant Other Observable Inputs <u>Level 2</u>	Significant Unobservable Inputs <u>Level 3</u>
	<u>Total</u>			
Cash Equivalents	\$ 423,617	\$ 423,617	\$ -	\$ -
Corporate Obligations	3,335,805	-	3,335,805	-
Common Stock	16,638,739	16,638,739	-	-
Foreign Stock	89,064	-	89,064	-
Mutual Funds	21,151,649	21,151,649	-	-
Real Estate Fund	2,570,956	-	-	2,570,956
Building Investment Trust	<u>2,356,592</u>	<u>-</u>	<u>-</u>	<u>2,356,592</u>
	<u>\$ 46,566,422</u>	<u>\$ 38,214,005</u>	<u>\$ 3,424,869</u>	<u>\$ 4,927,548</u>

Level 3 As of December 31, 2020

	Real Estate Fund	Building Investment Trust
Beginning Balance	\$ 2,509,745	\$ 2,374,881
Transfers In(Out)	-	-
Total Realized And Unrealized Gains And Losses	61,211	(18,289)
Earnings	-	-
Management Fees	-	-
Ending Balance	<u>\$ 2,570,956</u>	<u>\$ 2,356,592</u>

Investments that represent 5% or more of the Plan assets are as follows:

	<u>December 31, 2021</u>		<u>December 31, 2020</u>	
	<u>Cost</u>	<u>Market</u>	<u>Cost</u>	<u>Market</u>
Vanguard Total Bond Index Fund	\$ 2,943,688	\$ 3,640,620	\$ 2,867,224	\$ 3,701,781
Baird Core Plus Institutional Fund	\$ 4,027,915	\$ 4,183,459	\$ 3,906,024	\$ 4,226,491
AFL-CIO Stock Index Fund	\$ 8,406,530	\$ 14,689,909	\$ 8,406,530	\$ 11,419,109
ASB Allegiance Trust	\$ 1,500,000	\$ 2,955,749	\$ 1,500,000	\$ 2,570,956
AFL-CIO Building Trust	\$ 1,500,000	\$ 2,655,745	\$ 1,500,000	\$ 2,356,592

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 4 - ACCUMULATED PLAN BENEFITS

Actuarial valuations of the Plan were made by Cowden Associates, Inc. The actuarial present value of accumulated plan benefits are as follows:

	<u>Benefit Information Date</u>	
	<u>January 1,</u>	
	<u>2021</u>	<u>2020</u>
1. Actuarial present value of accrued vested benefits:		
a) Participants currently receiving benefits	\$ 30,471,875	\$ 27,829,954
b) Terminated Vested	3,840,408	2,960,607
c) Active Participants Vested	<u>13,610,525</u>	<u>15,422,403</u>
d) Total vested benefits	47,922,808	46,212,964
2. Actuarial present value of non-vested accumulated plan benefits	<u>1,265,532</u>	<u>1,366,703</u>
3. Total actuarial present value of accumulated plan benefits	<u><u>\$ 49,188,340</u></u>	<u><u>\$ 47,579,667</u></u>

The changes in accumulated plan benefits for the years above were as follows:

1. Actuarial present values of accumulated plan benefits - beginning of year	\$ 47,579,667	\$ 46,583,149
2. Increase (decrease) during the year attributable to:		
a) Benefits paid	(3,334,259)	(2,999,852)
b) Decrease in Discount Period	3,330,774	3,270,436
c) Plan Amendments	-	-
d) Changes in actuarial assumptions	1,197,909	(477,147)
e) Accrual of benefits and plan experience	<u>414,249</u>	<u>1,203,081</u>
3. Actuarial present values of accumulated plan benefits - end of year.	<u><u>\$ 49,188,340</u></u>	<u><u>\$ 47,579,667</u></u>

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 5 - CONCENTRATION OF CREDIT RISK

The Plan maintains its cash account at a financial institution in which balances may, at times, exceed federally insured limits.

NOTE 6 - RISKS AND UNCERTAINTIES

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

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 - PRIORITIES UPON TERMINATION

It is the intention of the Trustees to continue the Plan indefinitely. If the Plan were to be terminated by the Trustees, the assets of the Trust Fund would be used for the exclusive benefit of eligible employees to provide benefits and pay fund expenses as prescribed by ERISA and its related regulations.

2021 Form 5500 for Plumbers and Steamfitters Local No. 83 Pension Fund

EIN/PN: 55-0463652/001

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Attained Age	Years of Service										Total
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
< 25	-	39	1	-	-	-	-	-	-	-	40
25-30	-	22	11	1	-	-	-	-	-	-	34
30-35	-	14	23	5	1	-	-	-	-	-	43
35-40	-	7	13	3	4	2	-	-	-	-	29
40-45	-	5	13	3	12	3	-	-	-	-	36
45-50	-	4	8	4	6	9	2	-	-	-	33
50-55	-	3	3	4	6	4	4	2	-	-	26
55-60	-	-	5	-	2	2	2	2	6	-	19
60-65	-	-	1	-	2	-	1	-	1	4	9
65-70	-	-	-	-	-	-	-	-	-	2	2
70+	-	-	-	-	-	-	-	-	-	-	-
unknown	-	-	-	-	-	-	-	-	-	-	-
Total	-	94	78	20	33	20	9	4	7	6	271

Schedule MB, Line 6 – Statement of Actuarial Assumptions/ Methods**Actuarial Methods and Assumptions**

As of January 1, 2021

Interest Rates		<u>Current Year</u>	<u>Prior Year</u>
	Minimum/Maximum Funding	7.00%	7.25%
	Present Value of Accrued Benefits	7.00%	7.25%
	Full Funding Limitation		
	Maximum Basis	2.43%	2.95%
	RPA Current Liability	2.43%	2.95%
Mortality	Healthy:	Society of Actuaries (SOA) headcount weighted Pri-2012 healthy lives mortality with blue-collar adjustment, gender distinct, with separate rates for pre-commencement and post-commencement.	
	Disabled:	SOA headcount weighted Pri-2012 Total Dataset disabled mortality, gender distinct.	
	Surviving		
	Beneficiaries:	SOA headcount weighted Pri-2012 contingent survivor mortality with blue-collar adjustment, gender distinct. Healthy lives mortality is used prior to retiree death.	
	Improvement		
	Scale:	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 MP-2020 for years 2012 and later.	
		<i>(In the prior year, mortality improvement was projected on a fully generational basis using SOA MP-2019 for years 2012 and later.)</i>	
Turnover	Based on age as follows:		
	<u>Age</u>	<u>Rate</u>	
	20	5.00%	
	25	3.40	
	30	2.40	
	35	2.00	
	40+	2.00	

Schedule MB, Line 6 – Statement of Actuarial Assumptions/ Methods**Actuarial Methods and Assumptions (continued)**

Retirement Based on age as follows:

<u>Age</u>	<u>Rate</u>
59-61	5%
62-63	80
64+	100

Terminated vested participants are assumed to retire at age 63.

Disability 50% of the 1975 Social Security Disability Table. Sample rates are as follows:

<u>Age</u>	<u>Rate</u>	
	<u>Male</u>	<u>Female</u>
25	0.0008	0.0004
35	0.0015	0.0013
45	0.0032	0.0028
55	0.0094	0.0077

Expenses The normal cost is increased by the prior year's non-investment related expenses, rounded to the nearest \$1,000. For projections, this amount has been increased by 2.50% annually.**Percent Married** 85% of the participants are assumed to be married with the female spouse four years younger than the male spouse.**Asset Valuation** Plan assets are carried at market value with a 5 year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.**Funding Method** Entry Age Normal. Under this method the Actuarial Present Value of the Projected Benefit is allocated on a level basis over the service of the individual between entry age and assumed retirement age. The portion of the Actuarial Present Value not provided for at a Valuation date by the Actuarial Present Value of Future Normal Costs is called the Actuarial Accrued Liability. Under this method the Actuarial Gains/(Losses), as they occur, reduce/(increase) the Unfunded Accrued Liability.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/ Methods**Actuarial Methods and Assumptions (continued)**

Incomplete Data The gender of the spouse of twenty-six members receiving a Joint and Survivor Annuity were assumed to be the opposite of the member's gender.

Benefit Accrual Rate Pension credits and expected contributions were projected on the assumption that all active participants would work annual hours equal to the average of the prior three years with further adjustment so the total active population equals the Board's projected industry activity of 449,000 hours, with contribution rates set forth in the current collective bargaining agreement(s).

Models Used in Preparing Results Cowden Associates, Inc. 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.

Projections reflect models developed and maintained by Cowden Associates, Inc. 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.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/ Methods

Actuarial Methods and Assumptions (continued)

Models Used in Preparing Results (continued)	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 do not differ significantly from 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.
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Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 06/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Plumbers & Steamfitter Local 83 6500 BROOKTREE ROAD SUITE 205 WEXFORD PA 15090	2b Employer Identification Number (EIN) 55-0463652
	2c Plan Sponsor's telephone number 844-746-9676
	2d Business code (see instructions) 525100

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

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

SIGN HERE		11/4/22	JAMES COCHRAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		11/4/22	JOHN WILSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 525
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 271
a(2) Total number of active participants at the end of the plan year		6a(2) 265
b Retired or separated participants receiving benefits.....		6b 159
c Other retired or separated participants entitled to future benefits		6c 69
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 493
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 42
f Total. Add lines 6d and 6e		6f 535
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7 23
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83

PENSION PLAN

REPORTABLE (5%) TRANSACTIONS

YEAR ENDED DECEMBER 31, 2021

Federal I.D. - 55-0463652
Plan No. - 001

FORM 5500, Schedule H, Part IV, Question J

Individual Transactions:

(a) Identity <u>Party Involved</u>	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(e) Lease <u>Rental</u>	(f) Expenses incurred with <u>transaction</u>	(g) Cost of <u>asset</u>	(h) Current value of asset on <u>transaction date</u>	(i) Net gain or (loss)
- None -								

II Series of Transactions:

<u>Description of Investment</u>	<u>Total number of purchases</u>	<u>Total number of sales</u>	<u>Total value of purchases</u>	<u>Total value of sales</u>	<u>Net gain or loss</u>
Federated Gov't Obligations Fund 117			\$ 8,388,512	\$ 4,851,016	\$ -

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

A Name of plan PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PLUMBERS & STEAMFITTER LOCAL 83	D Employer Identification Number (EIN) 55-0463652

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

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets	
(1) Current value of assets.....	1b(1) 47,124,999
(2) Actuarial value of assets for funding standard account	1b(2) 43,192,927
c (1) Accrued liability for plan using immediate gain methods	1c(1) 49,956,471
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 49,188,340
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 98,432,280
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 2,853,322
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 3,473,241
(3) Expected plan disbursements for the plan year.....	1d(3) 3,473,241

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

SIGN HERE	Amy M. Crouse / AC	09/20/2022
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Signature of actuary

AMY M. CROUSE

Type or print name of actuary

COWDEN ASSOCIATES, INC.

Firm name

Telephone number (including area code)

Most recent enrollment number

412-394-9330

Address of the firm

FOUR GATEWAY CENTER, SUITE 605

PITTSBURGH PA 15222-1222

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) 2021 v. 201209

2 Operational information as of beginning of this plan year:**a** Current value of assets (see instructions)**2a** 47,124,999**b** "RPA '94" current liability/participant count breakdown:**(1)** For retired participants and beneficiaries receiving payment

(1) Number of participants	(2) Current liability
206	47,983,237
54	9,832,397
	3,910,141
	36,706,505
271	40,616,646
531	98,432,280

(2) For terminated vested participants**(3)** For active participants:**(a)** Non-vested benefits**(b)** Vested benefits**(c)** Total active**(4)** Total**c** If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage**2c** 47.87%**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
06/30/2021	2,973,820	0			
Totals ▶			3(b)	2,973,820	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:**a** Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))**4a** 87.8 %**b** Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5**4b** N**c** Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No**d** If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No**e** If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date**4e****f** If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.
If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐**4f****5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.43 %
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	AP
(2) Females	6c(2)	AFP
d Valuation liability interest rate	6d	7.00 %
e Expense loading	6e	19.6 % ☐ N/A ☒ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	10.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.7 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	- 1,356,659	- 139,209
4	1,171,475	120,207

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	894,151
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	21,845,050
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	278,049
e Total charges. Add lines 9a through 9d.....	9e	4,250,180
Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	8,756,662
g Employer contributions. Total from column (b) of line 3.....	9g	2,973,820
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	6,324,844
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	758,633

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	17,563,362
(2) "RPA '94" override (90% current liability FFL)	9j(2)	47,593,599
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	13,321,682
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	9,071,502
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....☒ Yes ☐ No

Schedule MB, Line 3 - Contributions

The Employers contribute to the plan at various times throughout the plan year. A breakdown of the actual dates and amounts of these contributions is not available. The contributions are assumed to earn interest based on equal monthly contributions reflecting a 1.5 month lag from the month the work is performed.

2021 Form 5500 for Plumbers and Steamfitters Local No. 83 Pension Fund

EIN/PN: 55-0463652/001

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

Plan Year	Expected Annual Benefit Payments
2021	3,517,152
2022	3,604,157
2023	3,658,355
2024	3,689,905
2025	3,735,367
2026	3,727,664
2027	3,729,183
2028	3,750,929
2029	3,751,929
2030	3,835,386

Schedule MB, Line 6 – Summary of Plan Provisions

Plan Provisions

Effective January 1, 1963

Last Amendment Effective January 1, 2020

The following is a summary of the major provisions of the plan as of January 1, 2021. Refer to the plan document for a more complete description of the most recent plan provisions.

- | | |
|-------------------------|---|
| Participation | Upon the completion of one hour of service in Covered Employment. |
| Credited Service | One year of Credited Service is awarded for any Plan Year, on or after January 1, 1985, during which the participant works at least 400 hours. |
| Accrued Benefit | <p>A monthly benefit equal to the sum of (A) through (E) below, subject to the limitations of (F) and (G), plus (H):</p> <ul style="list-style-type: none">(A) For Past Service Credits (generally, service before June 1, 1963), the number of such credits (up to a maximum of 15 years) multiplied by \$10.00;(B) For Employer contributions made through December 31, 1989 for the Participant's Future Service (service in or after the year in which participation commences, but excluding any Past Service), 4% of the total of such contributions; and(C) For Employer contributions made from January 1, 1990 to December 31, 2013 for the Participant's Future Service, (1) or (2) below, as applicable, subject to (3):<ul style="list-style-type: none">(1) For Participants retiring prior to January 1, 1997, 2% of such contributions;(2) For Participants retiring on or after January 1, 1997, (a) or (b) below, as applicable:<ul style="list-style-type: none">(a) For a Participant who never attained non-Active status prior to January 1, 1997, 2.25% of such contributions;(b) For a Participant with one or more periods of non-Active status prior to January 1, 1997, 2.25% of any such contributions for hours worked after the Participant's return to Active status from the latest period of non-Active status before January 1, 1997, plus 2% of any such contributions for hours worked before the beginning of the latest period of non-Active status before January 1, 1997(3) Beginning July 1, 2009 and ending effective August 1, 2010, certain contributions solely improve funding and do not generate benefits for participants.(D) For Employer contributions made from January 1, 2014 to December 31, 2018 for the Participant's Future Service (service in or after the year in which participation commences, but excluding any Past Service), 1.25% of the total of such contributions; and |

Schedule MB, Line 6 – Summary of Plan Provisions**Plan Provisions (continued)**

**Accrued
Benefit
(continued)**

- (E) For Employer contributions made on or after January 1, 2019 for the Participant's Future Service (service in or after the year in which participation commences, but excluding any Past Service), 1.00% of the total of such contributions.
- (F) For Participants who participated in the Plan prior to September 1, 1997 and have not previously forfeited the accrued benefit for their participation prior to such date, in no event shall the amount of the Normal Retirement Benefit be less than \$260 per month.
- (G) In no event shall the amount of a Participant's Normal Retirement Benefit be more than \$2,300. Any Participant who has experienced one or more periods of non-Active status may be subject to a limit that is less than \$2,300.
- (H) Effective January 1, 2019, there shall be a 0.25% benefit multiplier for all contributions above the \$2,300 benefit cap for all Active Participants who work at least one hour on or after January 1, 2019. This benefit is an incentive for Active Participants. However, any Retiree receiving benefits on or before January 1, 2019, who returns to work on or after January 1, 2019, shall receive the 0.25% benefit multiplier for all contributions above the \$2,300 benefit cap made on or after January 1, 2019.

**Normal
Retirement**Eligibility: Age 65Benefit: The Accrued Benefit**Early
Retirement**Eligibility: Age 55 with 10 years of Vesting Service.Benefit: The Accrued Benefit reduced by 1% for each year from age 62 to his Normal Retirement Date, 2% for each year between age 60 and 62, and 6% for each year below age 60.**Vested
Termination**Eligibility: Five Years of Vesting ServiceBenefit: The Accrued Benefit payable in full at Normal Retirement Date or in a reduced amount under the Early Retirement provisions.**Disability
Retirement**Eligibility: Total and Permanent Disability at any age with at least 10 years of Credited Service with eligibility based on Social Security approval.Benefit: 66 2/3% of the Accrued Benefit at the date of disability payable immediately without actuarial reduction.

Schedule MB, Line 6 – Summary of Plan Provisions

Plan Provisions (continued)

Pre-Retirement Death	Upon the death of an active participant before retirement but after eligibility for early retirement, the surviving spouse will receive 60% of the amount the participant would have received, had the participant retired and elected this option. Upon the death of an active participant who was ineligible for, or who waived rights to the benefit in the previous paragraph, the beneficiary shall receive the excess of 100% of contributions over the total amount of any pension payments made prior to death.
Post-Retirement Death	Upon the death of a retired participant who has been receiving the normal form of benefit payment, the beneficiary shall receive the excess of (a) over (b): (a) Is 100% of contributions (b) Is the sum of all retirement benefits paid prior to the date of death
Method of Payment	The normal form of benefit is a single life annuity; a Joint & 60% Survivor benefit is provided to married participants on an actuarially reduced basis, unless rejected by the participant and spouse.
Contributions	Contribution rates vary by type of work and level of Journeyman/Apprentice. The Journeyman contribution rate is \$8.80 effective July 1, 2020.

SUPPLEMENTARY INFORMATION

McELHANEY & ASSOCIATES, LLC

Certified Public Accountants

1725 Washington Road • Suite 507 • Pittsburgh, PA 15241
(412) 831-3812 • Fax (412) 831-6139

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULES

Board of Trustees
Plumbers and Steamfitters Local No. 83 Pension Plan
Pittsburgh, PA.

We have audited the financial statements of the Plumbers and Steamfitters Local No. 83 Pension Plan as of December 31, 2021 and our report thereon dated November 4, 2022 which expressed an unqualified opinion on those financial statements appears on page 1. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



McElhaney & Associates, LLC

Pittsburgh, Pennsylvania
November 4, 2022

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83

PENSION PLAN

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2021

Federal I.D. - 55-0463652
Plan No. - 001

FORM 5500, SCHEDULE H. PART IV, QUESTION I

(c) Description of investment including maturity date,
rate of interest, collateral, par or maturity value

<u>(a) (b) Identity of issuer, borrower, lessor or similar party</u>	<u>Description</u>	<u>Collateral</u>	<u>Maturity Date</u>	<u>Rate of Interest</u>	<u>Par/Shares or Maturity Value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
<u>Interest - bearing cash:</u>							
Federated Gov't.							
Obligation Fund 117	Money Market	N/A	N/A	Variable	3,993,671	\$ 3,993,671	\$ 3,993,671
<u>Corporate Obligations:</u>							
(See attached pages 12 - 16)						3,290,742	3,329,784
<u>Common Stocks:</u>							
(See attached pages 17 - 42)						9,971,449	16,086,618
<u>Foreign Stock</u>							
(See attached page 43)						136,183	161,857
<u>Mutual Funds:</u>							
Vanguard Total Bond Index Fund	Mutual Fund	N/A	N/A	N/A	325,346	2,943,688	3,640,620
Baird Core Plus Institutional Class	Mutual Fund	N/A	N/A	N/A	359,480	4,027,915	4,183,459
Bymm AFL-CIO Stock Index	Mutual Fund	N/A	N/A	N/A	956,374	8,406,530	14,689,909
WCM Focused Int'l Growth Fund	Mutual Fund	N/A	N/A	N/A	76,279	930,777	2,111,426
						16,308,910	24,625,414
<u>Real Estate Fund:</u>							
ASB Allegiance	Trust	N/A	N/A	N/A	1,553	1,500,000	2,955,749
<u>Building Investment Trust:</u>							
AFL-CIO Bldg Trust	UIT	N/A	N/A	N/A	311	1,500,000	2,655,745
TOTAL						<u>\$ 36,700,955</u>	<u>\$ 53,808,838</u>

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83 PENSION PLAN ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2021

Federal I.D. - 55-0463652
Plan No. - 001

FORM 5500, Schedule H, Part IV, Question I

(b & c)			
(a)	Identity & Description	(d)	(e)
CORORATE OBLIGATIONS			
75,000	DELTA AIR LINES 3.625% 03/15/2022-2022 247361ZJ0 ACCOUNT 1040004323	72,250.00	75,000.75
70,000	T-MOBILE USA INC 4% 04/15/2022-2022 87264AAR6 ACCOUNT 1040004323	69,798.33	70,403.20
90,000	CIT GROUP 5% 08/15/2022 125581GQ5 ACCOUNT 1040004323	90,527.56	92,005.20
55,000	LENNAR CORP 4.75% 11/15/2022-2022 526057BN3 ACCOUNT 1040004323	56,009.68	56,237.50
90,000	QUEBECOR MEDIA INC 5.75% 01/15/2023 74819RAP1 ACCOUNT 1040004323	93,492.46	93,600.00
90,000	NAVIENT CORP 5.5% 01/25/2023 78442FEQ7 ACCOUNT 1040004323	93,849.35	93,735.00
20,000	WYNDHAM DESTINATIONS INC 3.9% 03/01/2023-2022 98310WAL2 ACCOUNT 1040004323	20,376.55	20,300.00
25,000	DCP MIDSTREAM OPERATING LP 3.875% 03/15/2023-2022 23311VAD9 ACCOUNT 1040004323	25,164.17	25,625.00
90,000	FREEMPORT-MCMORAN 3.875% 03/15/2023-2022 35671DAZ8 ACCOUNT 1040004323	85,248.93	93,150.00
75,000	POLYONE CORP. 5.25% 03/15/2023 73179PAK2 ACCOUNT 1040004323	75,357.25	78,562.50

McELHANEY & ASSOCIATES, LLC

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FORM 5500, Schedule H, Part IV, Question I

(b & c)

(a) Identity & Description

(d)

(e)

CORPORATE OBLIGATIONS (Continued)

50,000	SPRINGLEAF FINANCE CORP 5.625% 03/15/2023 85172FAL3 ACCOUNT 1040004323	50,414.08	52,228.00
85,000	HCA INC 5.875% 05/01/2023 404121AG0 ACCOUNT 1040004323	87,969.19	89,993.75
75,000	SEAGATE HDD CAYMAN 4.75% 06/01/2023 81180WAH4 ACCOUNT 1040004323	76,406.61	78,391.50
100,000	ADT CORP 4.125% 06/15/2023 00101JAH9 ACCOUNT 1040004323	103,493.41	103,865.00
31,000	EQM MIDSTREAM PARTNERS LP 4.75% 07/15/2023-2023 26885BAD2 ACCOUNT 1040004323	30,983.91	32,240.00
45,000	FORD MOTOR CREDIT 4.375% 08/06/2023 345397WK5 ACCOUNT 1040004323	45,840.91	46,818.90
30,000	GLP CAPITAL LP/FIN II 5.375% 11/01/2023-2023 361841AF6 ACCOUNT 1040004323	31,433.61	31,836.00
35,000	SPRINGLEAF FINANCE CORP 6.125% 03/15/2024-2023 85172FAP4 ACCOUNT 1040004323	35,390.31	37,108.05
36,000	AMC NETWORKS 5% 04/01/2024-2020 00164VAD5 ACCOUNT 1040004323	36,533.91	36,270.00
85,000	QVC INC 4.85% 04/01/2024 747262AS2 ACCOUNT 1040004323	85,128.51	90,717.10
85,000	MGM GROWTH 5.625% 05/01/2024-2024 55303XAC9 ACCOUNT 1040004323	92,176.11	90,841.20

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(b & c)

(a) Identity & Description

(d)

(e)

CORPORATE OBLIGATIONS (Continued)

100,000	AMERIGAS PART/FIN CORP 5.625% 05/20/2024-2024 030981AH7 ACCOUNT 1040004323	106,512.96	108,117.00
95,000	SPRINT CORP 7.125% 06/15/2024 85207UAH8 ACCOUNT 1040004323	107,144.64	106,652.70
95,000	ICAHN ENTERPRISES 4.75% 09/15/2024-2024 451102BW6 ACCOUNT 1040004323	99,110.34	98,562.50
45,000	HOWMET AEROSPACE INC 5.125% 10/01/2024-2024 013817AW1 ACCOUNT 1040004323	47,310.70	48,487.50
95,000	ISTAR FINANCIAL 4.75% 10/01/2024-2024 45031UCF6	95,271.90	98,562.50
55,000	FORD MOTOR CREDIT 4.063% 11/01/2024-2024 345397ZX4 ACCOUNT 1040004323	56,383.27	57,869.35
10,000	HCA INC 5.375% 02/01/2025 404119BR9 ACCOUNT 1040004323	11,155.00	10,990.00
95,000	WESTERN MIDSTREAM OPERATING 3.1 02/01/2025-2025 958667AB3 ACCOUNT 1040004323	92,819.62	99,276.90
75,000	STARWOOD PROPERTY 4.75% 03/15/2025-2024 85571BAL9 ACCOUNT 1040004323	79,321.80	78,000.00
42,000	HOWMET AEROSPACE INC 6.875% 05/01/2025-2025 443201AA6 ACCOUNT 1040004323	48,714.28	48,254.22

McELHANEY & ASSOCIATES, LLC

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(b & c)

<u>(a)</u>	<u>Identity & Description</u>	<u>(d)</u>	<u>(e)</u>
CORPORATE OBLIGATIONS (Continued)			
85,000	LEVEL 3 FINANCING INC 5.375% 05/01/2025-2020 527298BH5 ACCOUNT 1040004323	87,071.12	86,850.45
55,000	GLP CAPITAL LP/FIN II 5.25% 06/01/2025-2025 361841AJ8 ACCOUNT 1040004323	58,669.39	60,238.75
90,000	BALL CORP. 5.25% 07/01/2025 058498AT3 ACCOUNT 1040004323	100,396.10	99,225.00
65,000	DCP MIDSTREAM OPERATING LP 5.375% 07/15/2025-2025 23311VAG2 ACCOUNT 1040004323	71,799.21	71,012.50
100,000	PENSKE AUTO GROUP 3.5% 09/01/2025-2022 70959WAJ2 ACCOUNT 1040004323	102,203.25	102,250.00
45,000	SLM CORP 4.2% 10/29/2025-2025 78442PGD2 ACCOUNT 1040004323	46,125.08	47,025.00
90,000	MERCER INTERNATIONAL 5.5% 01/15/2026-2021 588056AW1 ACCOUNT 1040004323	92,504.20	91,125.00
90,000	CROWN HOLDINGS 4.75% 02/01/2026-2021 228187AB6 ACCOUNT 1040004323	92,694.50	92,250.00
90,000	WESTERN DIGITAL CORP. 4.75% 02/15/2026-2025 958102AM7 ACCOUNT 1040004323	96,785.36	98,325.00
90,000	UNDER ARMOUR, INC. 3.25% 06/15/2026-2026 904311AA5 ACCOUNT 1040004323	93,295.67	92,830.50

McELHANEY & ASSOCIATES, LLC

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(b & c)

(a) Identity & Description

(d)

(e)

CORPORATE OBLIGATIONS (Continued)

45,000	HILLENBRAND INC 4.5% 09/15/2026-2026 431571AB4 ACCOUNT 1040004323	50,640.05	50,175.00
95,000	SBA COMMUNICATIONS CORP 3.875% 02/15/2027-2023 78410GAD6 ACCOUNT 1040004323	98,687.50	97,850.00
95,000	HILTON WORLDWIDE FIN 4.875% 04/01/2027-2022 432891AK5 ACCOUNT 1040004323	98,531.25	97,850.00
95,000	SUNOCO LP 6% 04/15/2027-2022 86765LAQ0 ACCOUNT 1040004323	99,750.00	99,075.50
	TOTAL CORPORATE BONDS	3,290,742.34	3,329,784.02

McELHANEY & ASSOCIATES, LLC

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FORM 5500, Schedule H, Part IV, Question I

(b & c)

<u>(a)</u>	<u>Identity & Description</u>	<u>(d)</u>	<u>(e)</u>
COMMON STOCKS			
190	AMAZON.COM INC. 023135106 ACCOUNT 1040003832 ACCOUNT 1040004412 ACCOUNT 1040004975	492,301.00	633,524.60
35	AMERICA'S CAR-MART INC 03062T105 ACCOUNT 1040004975	2,851.21	3,584.00
101	BEST BUY COMPANY INC 086516101 ACCOUNT 1040004975	13,587.42	10,261.60
66	CHOICE HOTELS INTL 169905106 ACCOUNT 1040004975	8,912.90	10,295.34
60	CRACKER BARREL OLD COUNTRY STORE 22410J106 ACCOUNT 1040004975	8,247.15	7,718.40
83	DINEEQUITY INC 254423106 ACCOUNT 1040004975	4,130.61	6,292.23
322	DOLLAR GENERAL CORP 256677105 ACCOUNT 1040003832	38,278.71	75,937.26
464	DOLLAR TREE 256746108 ACCOUNT 1040003832	42,335.98	65,201.28
50	DOMINO'S PIZZA 25754A201 ACCOUNT 1040004975	17,043.66	28,216.50
270	EXPEDIA GROUP INC 30212P303 ACCOUNT 1040003832	20,937.77	48,794.40
34	FLOOR & DECOR HOLDINGS INC -A 339750101 ACCOUNT 1040004975	1,031.34	4,420.34

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83

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FORM 5500, Schedule H, Part IV, Question I

(b & c)			
(a)	Identity & Description	(d)	(e)
COMMON STOCKS (Continued)			
300	GENTHERM INC. 37253A103 ACCOUNT 1040004412	21,858.96	26,070.00
1,152	GOPRO INC 38268T103 ACCOUNT 1040004975	13,313.68	11,877.12
531	HOME DEPOT INC. 437076102 ACCOUNT 1040004412 ACCOUNT 1040004975	68,987.21	220,370.31
539	HYATT HOTELS CORP 448579102 ACCOUNT 1040003832	42,700.44	51,690.10
131	LULULEMON ATHLETICA 550021109 ACCOUNT 1040003832	40,134.59	51,279.95
84	M/I HOMES, INC. 55305B101 ACCOUNT 1040004975	3,381.81	5,223.12
132	NATIONAL VISION HOLDINGS INC 63845R107 ACCOUNT 1040004975	7,384.13	6,334.68
519	NEWELL BRANDS INC 651229106 ACCOUNT 1040004975	13,793.31	11,334.96
378	NIKE INC 654106103 ACCOUNT 1040003832	20,552.39	63,001.26
70	O'REILLY AUTOMOTIVE 67103H107 ACCOUNT 1040004975	41,318.57	49,436.10
50	OXFORD INDUSTRIES, INC. 691497309 ACCOUNT 1040004975	2,500.52	5,076.00
200	POLARIS INDUSTRIES INC. 731068102 ACCOUNT 1040004412	27,120.95	21,982.00

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83

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FORM 5500, Schedule H, Part IV, Question I

(a)	(b & c) Identity & Description	(d)	(e)
COMMON STOCKS (Continued)			
400	SLEEP NUMBER CORPORATION 83125X103 ACCOUNT 1040004412	35,222.89	30,640.00
90	SONIC AUTOMOTIVE, INC 83545G102 ACCOUNT 1040004975	4,494.54	4,450.50
400	SONY CORP -ADR 835699307 ACCOUNT 1040003832	39,949.12	50,560.00
473	TARGET CORP 87612E106 ACCOUNT 1040004412 ACCOUNT 1040004975	43,404.97	109,471.12
124	TESLA INC 88160R101 ACCOUNT 1040004975	85,151.29	131,040.72
206	TRAVEL AND LEISURE CO 894164102 ACCOUNT 1040004975	9,801.64	11,385.62
157	TURTLE BEACH CORP 900450206 ACCOUNT 1040004975	4,300.58	3,494.82
91	ULTA BEAUTY INC 90384S303 ACCOUNT 1040004975	30,749.17	37,522.94
211	UNDER ARMOUR, INC. 904311107 ACCOUNT 1040004975	4,772.25	4,471.09
303	ADIENT PLC G0084W101 ACCOUNT 1040004975	13,095.94	14,507.64
	TOTAL CONSUMER DISCRETIONARY	1,223,646.70	1,815,466.00
CONSUMER STAPLES			
229	CHEF'S WAREHOUSE INC 163086101 ACCOUNT 1040004975	3,411.94	7,625.70

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McELHANEY & ASSOCIATES, LLC

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FORM 5500, Schedule H, Part IV, Question I

(a)	(b & c) Identity & Description	(d)	(e)
COMMON STOCKS (Continued)			
2,185	COCA-COLA CO 191216100 ACCOUNT 1040003832	91,689.03	129,373.85
262	CONSTELLATION BRANDS, INC. 21036P108 ACCOUNT 1040003832	54,568.05	65,754.14
227	COSTCO WHOLESALE CORP 22160K105 ACCOUNT 1040004975	97,823.61	128,867.90
214	GENERAL MILLS INC 370334104 ACCOUNT 1040004975	13,396.46	14,419.32
200	THE HERSHEY COMPANY 427866108 ACCOUNT 1040004412	22,907.95	38,694.00
1,500	HORMEL FOODS CORP. 440452100 ACCOUNT 1040004412	34,482.71	73,215.00
2,130	KROGER CO 501044101 ACCOUNT 1040004975	78,514.38	96,403.80
1,615	MONDELEZ INTERNATIONAL 609207105 ACCOUNT 1040003832	73,015.42	107,090.65
281	PEPSICO INC 713448108 ACCOUNT 1040003832	30,060.37	48,812.51
157	PILGRIM'S PRIDE CORP 72147K108 ACCOUNT 1040004975	3,204.94	4,427.40
60	SPECTRUM BRANDS HOLDING INC 84790A105 ACCOUNT 1040004975	4,914.74	6,103.20
705	SPROUTS FARMERS MARKET 85208M102 ACCOUNT 1040004975	18,584.52	20,924.40

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COMMON STOCKS (Continued)			
1,093	SYSCO CORP 871829107 ACCOUNT 1040004412 ACCOUNT 1040004975	65,920.96	85,855.15
466	TYSON FOODS INC CL A 902494103 ACCOUNT 1040004975	39,080.46	40,616.56
1,420	UNILEVER PLC 904767704 ACCOUNT 1040003832	64,703.77	76,381.80
488	UNITED NATURAL FOODS INC 911163103 ACCOUNT 1040004975	10,496.19	23,951.04
324	US FOODS HOLDING CORP 912008109 ACCOUNT 1040004975	8,612.11	11,284.92
	TOTAL CONSUMER STAPLES	715,387.61	979,801.34
ENERGY			
797	ANTERO MIDSTREAM CORP 03676B102 ACCOUNT 1040004975	5,260.68	7,714.96
487	BP PLC 055622104 ACCOUNT 1040003832	11,565.92	12,968.81
152	CALLON PETROLEUM COMPANY 13123X508 ACCOUNT 1040004975	8,235.65	7,182.00
1,446	CAMECO CORP 13321L108 ACCOUNT 1040003832	25,132.79	31,537.26
162	CHEVRON CORPORATION 166764100 ACCOUNT 1040004975	18,418.67	19,010.70

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COMMON STOCKS (Continued)			
485	CONOCOPHILLIPS 20825C104 ACCOUNT 1040003832 ACCOUNT 1040004975	17,280.87	35,007.30
117	DRIL-QUIP INC. 262037104 ACCOUNT 1040004975	3,508.68	2,302.56
833	EXXON MOBIL CORP 30231G102 ACCOUNT 1040003832 ACCOUNT 1040004975	34,333.75	50,971.27
980	GEVO INC 374396406 ACCOUNT 1040004975	6,822.47	4,194.40
352	GREEN PLAINS INC 393222104 ACCOUNT 1040004975	12,063.74	12,235.52
681	MURPHY OIL CORP 626717102 ACCOUNT 1040004975	14,851.49	17,780.91
479	OVINTIV INC. 69047Q102 ACCOUNT 1040004975	8,249.35	16,142.30
404	PDC ENERGY INC 69327R101 ACCOUNT 1040004975	6,510.10	19,707.12
578	PATTERSON-UTI ENERGY 703481101 ACCOUNT 1040004975	6,058.54	4,884.10
688	PEABODY ENERGY CORP 704551100 ACCOUNT 1040004975	6,836.72	6,928.16
299	ROYAL DUTCH SHELL PLC CLASS B SHARES 780259107 ACCOUNT 1040003832	11,121.84	12,961.65

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COMMON STOCKS (Continued)			
611	SM ENERGY COMPANY 76454L100 ACCOUNT 1040004975	19,123.10	18,012.28
254	TOTAL FINA SA SPON ADR 89151E109 ACCOUNT 1040003832	8,210.71	12,562.84
	TOTAL ENERGY	223,585.07	292,104.14
FINANCIALS			
745	AMERICAN EXPRESS CO 025816109 ACCOUNT 1040003832 ACCOUNT 1040004412	68,188.33	121,882.00
506	ARBOR REALTY TRUST INC 038923108 ACCOUNT 1040004975	7,255.38	9,269.92
2,918	BANK OF AMERICA 060505104 ACCOUNT 1040004975	91,461.41	129,821.82
518	BANK OF NY MELLON CORP 064058100 ACCOUNT 1040004975	22,916.49	30,085.44
139	BANK OZK 06417N103 ACCOUNT 1040004975	3,609.39	6,467.67
1,060	WR BERKLEY CORP. 084423102 ACCOUNT 1040003832 ACCOUNT 1040004975	72,776.52	87,333.40
87	BLACKROCK INC 09247X101 ACCOUNT 1040003832	29,985.24	79,653.72
250	CBOE HOLDINGS INC. 12503M108 ACCOUNT 1040003832	23,420.96	32,600.00
	CADENCE BANK 12740C103	0.00	0.00

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COMMON STOCKS (Continued)			
430	CAPITAL ONE FINANCIAL 14040H105 ACCOUNT 1040004975	47,163.44	62,388.70
623	EAST WEST BANCORP INC 27579R104 ACCOUNT 1040003832	19,470.18	49,017.64
101	ENCORE CAPITAL GROUP, INC. 292554102 ACCOUNT 1040004975	4,692.25	6,273.11
139	EVERCORE INC 29977A105 ACCOUNT 1040004975	9,370.57	18,883.15
158	FIRST AMERICAN FINANCIAL CORPORATION 31847R102	11,547.04	12,360.34
134	FLAGSTAR BANCORP, INC. 337930705 ACCOUNT 1040004975	5,499.46	6,423.96
279	HARTFORD FINANCIAL CORP 416515104 ACCOUNT 1040004975	15,332.67	19,262.16
472	INTERCONTINENTAL EXCHANGE GRP 45866F104 ACCOUNT 1040003832	36,077.31	64,555.44
1,434	JP MORGAN CHASE 46625H100 ACCOUNT 1040004412 ACCOUNT 1040004975	131,449.33	227,073.90
98	KEMPER CORP 488401100 ACCOUNT 1040004975	7,482.23	5,761.42
365	METLIFE INC INC. 59156R108 ACCOUNT 1040004975	23,291.17	22,808.85
242	MOODY'S CORP. 615369105 ACCOUNT 1040003832	47,489.37	94,520.36

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COMMON STOCKS (Continued)			
1,159	NEW RESIDENTIAL INVESTMENT CORP 64828T201 ACCOUNT 1040004975	12,740.83	12,412.89
155	ONEMAIN HOLDINGS INC 68268W103 ACCOUNT 1040004975	6,195.60	7,756.20
195	PNC FINANCIAL SERVICES GROUP 683475105 ACCOUNT 1040004975	36,041.83	39,101.40
163	PENNYMAC FINANCIAL SERVICES INC 70932M107 ACCOUNT 1040004975	9,996.09	11,374.14
123	PRUDENTIAL FINANCIAL INC 744320102 ACCOUNT 1040004975	13,731.77	13,313.52
108	REINSURANCE GROUP OF AMERICA 759351604 ACCOUNT 1040004975	13,891.97	11,824.92
134	S&P GLOBAL INC 78409V104 ACCOUNT 1040003832	23,608.87	63,238.62
1,143	SLM CORP 78442P106 ACCOUNT 1040004975	17,564.22	22,482.81
750	CHARLES SCHWAB CORP 808513105 ACCOUNT 1040004412	59,569.04	63,075.00
81	THE TRAVELERS COMPANIES INC 89417E109 ACCOUNT 1040004975	10,944.90	12,670.83
360	TRUIST FINANCIAL CORP 89632Q109 ACCOUNT 1040004975	22,358.70	21,078.00
838	TWO HARBORS INVESTMENT CORP 90187B408 ACCOUNT 1040004975	6,486.04	4,835.26

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COMMON STOCKS (Continued)			
2,000	US BANCORP 902973304 ACCOUNT 1040004412	80,631.09	112,340.00
388	VIRTU FINANCIAL INC -CLASS A 928254101 ACCOUNT 1040004975	12,361.52	11,186.04
143	VOYA FINANCIAL INC 929089100 ACCOUNT 1040004975	7,161.55	9,482.33
55	WALKER & DUNLOP INC 93148P102 ACCOUNT 1040004975	2,791.66	8,298.40
2,989	WELLS FARGO & CO 949746101 ACCOUNT 1040004412 ACCOUNT 1040004975	114,491.40	143,412.22
131	WESTERN ALLIANCE BANCORP 957638109 ACCOUNT 1040004975	15,081.38	14,102.15
147	CHUBB LIMITED H1467J104 ACCOUNT 1040004975	27,013.82	28,416.57
	TOTAL FINANCIALS	1,171,141.02	1,696,844.30
HEALTHCARE			
91	AMN HEALTHCARE SERVICES 001744101 ACCOUNT 1040004975	8,183.62	11,132.03
1,817	ABBOTT LABORATORIES 002824100 ACCOUNT 1040004412 ACCOUNT 1040004975	84,517.55	255,724.58
132	ALIGN TECHNOLOGY INC. 016255101 ACCOUNT 1040003832	82,195.51	86,747.76

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COMMON STOCKS (Continued)			
152	AMEDISYS INC. 023436108 ACCOUNT 1040003832	24,520.61	24,605.76
803	BIOMARIN PHARMACEUTICAL 09061G101 ACCOUNT 1040003832	62,969.33	70,945.05
425	BIO-TECHNE CORP 09073M104 ACCOUNT 1040004412	38,773.05	219,869.50
772	BOSTON SCIENTIFIC CORP 101137107 ACCOUNT 1040003832	28,503.40	32,794.56
223	BRUKER BIOSCIENCES CORP. 116794108 ACCOUNT 1040004975	13,511.91	18,711.93
156	CATALENT INC 148806102 ACCOUNT 1040004975	20,278.05	19,972.68
54	CHARLES RIVER LABORATORIES INTL, INC 159864107 ACCOUNT 1040004975	6,128.02	20,346.12
206	DANAHER CORP 235851102 ACCOUNT 1040004975	61,269.75	67,776.06
162	ENCOMPASS HEALTH CORP 29261A100 ACCOUNT 1040004975	13,925.80	10,572.12
545	EVOLENT HEALTH INC - A 30050B101 ACCOUNT 1040004975	6,025.90	15,080.15
141	HESKA CORP 42805E306 ACCOUNT 1040003832	17,146.39	25,731.09
427	HOLOGIC, INC 436440101 ACCOUNT 1040004975	31,568.73	32,691.12

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COMMON STOCKS (Continued)			
70	HUMANA INC. 444859102 ACCOUNT 1040003832	29,017.65	32,470.20
76	IDEXX LABORATORIES, INC. 45168D104 ACCOUNT 1040003832	32,567.90	50,042.96
119	INTEGRA LIFESCIENCES 457985208 ACCOUNT 1040004975	8,983.76	7,971.81
279	INTUITIVE SURGICAL, INC. 46120E602 ACCOUNT 1040003832 ACCOUNT 1040004975	68,511.62	100,244.70
649	IRONWOOD PHARMACEUTICALS 46333X108 ACCOUNT 1040004975	7,158.54	7,567.34
1,194	JOHNSON & JOHNSON 478160104 ACCOUNT 1040003832 ACCOUNT 1040004412	128,421.84	204,257.58
182	LHC GROUP 50187A107 ACCOUNT 1040003832	26,744.14	24,975.86
74	LABORATORY CRP OF AMER HLDGS 50540R409 ACCOUNT 1040004975	22,351.07	23,251.54
700	ELI LILLY & CO 532457108 ACCOUNT 1040004412	53,141.15	193,354.00
70	MODERNA INC 60770K107 ACCOUNT 1040004975	16,578.49	17,778.60
96	NATERA INC 632307104 ACCOUNT 1040004975	11,271.61	8,965.44

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COMMON STOCKS (Continued)			
551	NOVARTIS A G ADR 66987V109 ACCOUNT 1040003832	41,752.40	48,195.97
57	OMNICELL INC 68213N109 ACCOUNT 1040004975	10,209.65	10,285.08
134	PACIRA PHARMACEUTICALS INC 695127100 ACCOUNT 1040004975	4,951.17	8,062.78
99	PERKINELMER INC 714046109 ACCOUNT 1040004975	16,807.95	19,904.94
500	PFIZER INC 717081103 ACCOUNT 1040004412	14,149.09	29,525.00
209	PREMIER INC 74051N102 ACCOUNT 1040004975	8,118.49	8,604.53
389	QUEST DIAGNOSTICS 74834L100 ACCOUNT 1040004975	59,779.90	67,300.89
1,000	ROCHE HOLDINGS ADR 771195104 ACCOUNT 1040004412	35,561.35	51,690.00
484	SANGAMO THERAPEUTICS INC 800677106 ACCOUNT 1040004975	5,642.09	3,630.00
166	HENRY SCHEIN INC 806407102 ACCOUNT 1040004975	13,010.91	12,869.98
455	SEAGEN INC 81181C104 ACCOUNT 1040003832	67,427.63	70,343.00
191	SELECT MEDICAL HOLDINGS CORP 81619Q105 ACCOUNT 1040004975	6,346.17	5,615.40

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COMMON STOCKS (Continued)			
98	THERMO FISHER SCIENTIFIC 883556102 ACCOUNT 1040003832	13,093.94	65,389.52
36	US PHYSICAL THERAPY INC 90337L108 ACCOUNT 1040004975	3,291.25	3,439.80
512	UNITEDHEALTH GROUP INC 91324P102 ACCOUNT 1040003832 ACCOUNT 1040004412 ACCOUNT 1040004975	120,550.30	257,095.68
363	VERTEX PHARMACEUTICALS INC 92532F100 ACCOUNT 1040003832	76,455.02	79,714.80
101	ZOETIS INC 98978V103 ACCOUNT 1040003832	16,441.81	24,647.03
1,705	MEDTRONIC PLC G5960L103 ACCOUNT 1040003832 ACCOUNT 1040004412	135,934.90	176,382.25
321	PERRIGO CO PLC G97822103 ACCOUNT 1040004975	15,009.88	12,486.90
377	ALCON INC H01301128 ACCOUNT 1040003832	20,649.06	32,844.24
	TOTAL HEALTHCARE	1,589,448.35	2,571,608.33
INDUSTRIALS			
154	ALASKA AIR GROUP 011659109 ACCOUNT 1040004975	7,268.48	8,023.40
70	ALBANY INTL CORP CLASS A 012348108 ACCOUNT 1040004975	4,340.81	6,191.50

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COMMON STOCKS (Continued)			
217	BUILDERS FIRSTSOURCE INC 12008R107 ACCOUNT 1040004975	13,222.77	18,599.07
854	C.H. ROBINSON WORLDWIDE, INC. 12541W209 ACCOUNT 1040004412 ACCOUNT 1040004975	61,184.88	91,916.02
381	CSX CORP 126408103 ACCOUNT 1040004975	13,703.13	14,325.60
663	CANADIAN NATL RAILWAY CO 136375102 ACCOUNT 1040003832	74,725.08	81,456.18
74	CATERPILLAR INC 149123101 ACCOUNT 1040004975	12,702.76	15,298.76
310	COPART, INC 217204106 ACCOUNT 1040003832 ACCOUNT 1040004975	28,458.36	47,002.20
1,400	DONALDSON 257651109 ACCOUNT 1040004412	57,437.54	82,964.00
322	EVOQUA WATER TECHNOLOGIES CO 30057T105 ACCOUNT 1040004975	9,203.63	15,053.50
103	EXPEDITORS INTERNATIONAL OF WASHINGTON, INC. 302130109 ACCOUNT 1040004975	12,629.89	13,831.87
2,211	FASTENAL CO. 311900104 ACCOUNT 1040004412 ACCOUNT 1040004975	57,959.95	141,636.66
196	FEDEX CORP 31428X106 ACCOUNT 1040003832 ACCOUNT 1040004975	50,080.89	50,693.44

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COMMON STOCKS (Continued)			
700	GENERAC HOLDINGS 368736104 ACCOUNT 1040004412	29,538.42	246,344.00
144	GENERAL DYNAMICS CO 369550108 ACCOUNT 1040004975	29,652.69	30,019.68
1,300	GRACO INC 384109104 ACCOUNT 1040004412	33,883.59	104,806.00
309	GRUPO AEROPORTUARIO ADR 400501102 ACCOUNT 1040003832	9,436.49	16,590.21
121	GRUPO AEROPORTUARIO PAC ADR 400506101 ACCOUNT 1040003832	7,155.37	16,633.87
81	GRUPO AEROPORTUARIO DEL SUREST ADR 40051E202 ACCOUNT 1040003832	8,105.74	16,698.96
300	HONEYWELL INTERNATIONAL INC 438516106 ACCOUNT 1040004412	31,455.63	62,553.00
425	INSPERITY INC 45778Q107 ACCOUNT 1040003832	25,358.64	50,196.75
102	KBR INC 48242W106 ACCOUNT 1040004975	4,598.12	4,857.24
86	KORN/FERRY INTL 500643200 ACCOUNT 1040004975	4,151.79	6,512.78
72	LANDSTAR SYSTEM INC 515098101 ACCOUNT 1040004975	9,102.16	12,889.44
197	MASCO CORP 574599106 ACCOUNT 1040004975	13,414.66	13,833.34

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COMMON STOCKS (Continued)			
361	NORFOLK SOUTHERN CORP 655844108 ACCOUNT 1040003832 ACCOUNT 1040004975	77,895.74	107,473.31
.5	ROLLINS INC. 775711104 ACCOUNT 1040004975	12.44	17.11
595	RYANAIR HOLDINGS PLC 783513203 ACCOUNT 1040003832	49,454.68	60,886.35
45	SIMPSON MANUFACTURING CO. INC. 829073105 ACCOUNT 1040004975	5,039.84	6,258.15
500	TENNANT CO 880345103 ACCOUNT 1040004412	32,674.97	40,520.00
267	TEXTRON INC 883203101 ACCOUNT 1040004975	10,295.56	20,612.40
100	3M COMPANY 88579Y101 ACCOUNT 1040004412	14,271.29	17,763.00
1,100	TORO COMPANY 891092108 ACCOUNT 1040004412	43,604.83	109,901.00
227	UNION PACIFIC CORP 907818108 ACCOUNT 1040004975	30,458.16	57,188.11
669	UNITED PARCEL SERVICE 911312106 ACCOUNT 1040003832 ACCOUNT 1040004412	87,059.87	143,393.46
34	VICOR CORP 925815102 ACCOUNT 1040004975	4,792.50	4,317.32

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COMMON STOCKS (Continued)			
533	WABTEC CORP. 929740108 ACCOUNT 1040003832	45,230.07	49,094.63
92	WASTE MANAGEMENT INC 94106L109 ACCOUNT 1040004975	10,516.17	15,354.80
132	WESCO INTERNATIONAL, INC. 95082P105 ACCOUNT 1040004975	11,612.94	17,369.88
102	ALLEGION PUBLIC LIMITED CO G0176J109 ACCOUNT 1040004975	14,346.29	13,508.88
79	EATON CORP PLC G29183103 ACCOUNT 1040004975	13,164.14	13,652.78
1,700	NVENT ELECTRIC PLC G6700G107 ACCOUNT 1040004412	36,253.53	64,600.00
	TOTAL INDUSTRIALS	1,095,454.49	1,910,838.65
INFORMATION TECHNOLOGY			
99	ADOBE INC 00724F101 ACCOUNT 1040003832 ACCOUNT 1040004975	41,408.38	56,138.94
457	ADVANCED MICRO DEVICES INC 007903107 ACCOUNT 1040004975	57,898.75	65,762.30
151	ALLEGRO MICROSYSTEMS INC 01749D105 ACCOUNT 1040004975	5,068.05	5,463.18
1,037	ANAPLAN INC 03272L108 ACCOUNT 1040003832	47,295.29	47,546.45

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COMMON STOCKS (Continued)			
1,781	APPLE INC 037833100 ACCOUNT 1040004975	172,170.49	316,252.17
216	APPLIED MATERIALS 038222105 ACCOUNT 1040004975	29,801.16	33,989.76
123	ARROW ELECTRONICS 042735100 ACCOUNT 1040004975	14,112.75	16,515.21
72	AUTOMATIC DATA PROCESSING 053015103 ACCOUNT 1040004975	16,687.65	17,753.76
500	BADGER METER 056525108 ACCOUNT 1040004412	12,327.98	53,280.00
102	BENTLEY SYSTEMS INC CLASS B 08265T208 ACCOUNT 1040004975	6,673.45	4,929.66
387	BOX INC 10316T104 ACCOUNT 1040004975	9,955.01	10,135.53
614	CDW CORP OF DELAWARE 12514G108 ACCOUNT 1040003832 ACCOUNT 1040004975	98,273.91	125,734.92
270	CARS.COM INC 14575E105 ACCOUNT 1040004975	4,410.61	4,344.30
813	COGNIZANT TECH SOLUTIONS CORP (C) A 192446102 ACCOUNT 1040004975	64,182.21	72,129.36
2,500	DIGI INTERNATIONAL INC. 253798102 ACCOUNT 1040004412	31,893.19	61,425.00

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(a)	Identity & Description	(d)	(e)
COMMON STOCKS (Continued)			
77	DIODES INC 254543101 ACCOUNT 1040004975	8,417.91	8,455.37
76	DOMO INC CLASS B 257554105 ACCOUNT 1040004975	6,128.28	3,769.60
890	EASTMAN KODAK CO 277461406 ACCOUNT 1040004975	7,976.00	4,165.20
128	ENTEGRIS INC 29362U104 ACCOUNT 1040004975	15,391.24	17,738.24
51	EXLSERVICE HOLDINGS INC 302081104 ACCOUNT 1040004975	6,551.11	7,383.27
700	FISERV INC 337738108 ACCOUNT 1040004412	64,634.78	72,653.00
78	INSIGHT ENTERPRISES INC 45765U103 ACCOUNT 1040004975	7,812.85	8,314.80
253	JABIL INC 466313103 ACCOUNT 1040004975	13,570.72	17,798.55
500	LITTELFUSE INC. 537008104 ACCOUNT 1040004412	97,641.80	157,340.00
79	MACOM TECHNOLOGY SOLUTIONS HOLDINGS INC 55405Y100 ACCOUNT 1040004975	5,751.34	6,185.70
87	MANHATTAN ASSOCIATES, INC. 562750109 ACCOUNT 1040004975	13,745.38	13,527.63
397	MASTERCARD INC 57636Q104 ACCOUNT 1040003832	53,506.89	142,650.04

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83

PENSION PLAN

ASSETS HELD FOR INVESTMENT PURPOSES

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FORM 5500, Schedule H, Part IV, Question I

(b & c)			
(a)	Identity & Description	(d)	(e)
COMMON STOCKS (Continued)			
164	MAXLINEAR INC 57776J100 ACCOUNT 1040004975	11,790.85	12,363.96
2,280	MICROSOFT CORP 594918104 ACCOUNT 1040003832 ACCOUNT 1040004412 ACCOUNT 1040004975	293,428.58	766,809.60
600	MOTOROLA SOLUTIONS 620076307 ACCOUNT 1040004412	81,134.75	163,020.00
299	NCR CORP. 62886E108 ACCOUNT 1040004975	10,694.10	12,019.80
2,166	NVIDIA CORP 67066G104 ACCOUNT 1040003832 ACCOUNT 1040004412 ACCOUNT 1040004975	213,235.86	637,042.26
89	PALO ALTO NETWORKS 697435105 ACCOUNT 1040003832	42,482.74	49,551.64
291	PAYCHEX INC 704326107 ACCOUNT 1040004975	35,069.38	39,721.50
673	PAYPAL HOLDINGS 70450Y103 ACCOUNT 1040003832	107,941.12	126,914.34
1,085	QUALCOMM INC 747525103 ACCOUNT 1040004412 ACCOUNT 1040004975	95,209.19	198,413.95
97	QUALYS INC 74758T303 ACCOUNT 1040004975	12,714.31	13,310.34
272	RAMBUS INC 750917106	7,626.12	7,994.08

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FORM 990-CR Consolidated Financial Statement

(b & c)		(d)	(e)
(a)	Identity & Description		
COMMON STOCKS (Continued)			
	ACCOUNT 1040004975		
55	SPS COMMERCE INC 78463M107 ACCOUNT 1040004975	8,850.74	7,829.25
777	SALESFORCE.COM INC 79466L302 ACCOUNT 1040003832 ACCOUNT 1040004412	207,661.78	197,459.01
289	SEA LIMITED ADR 81141R100 ACCOUNT 1040003832	6,478.48	64,652.19
201	SERVICENOW INC 81762P102 ACCOUNT 1040003832	25,185.63	130,471.11
252	TERADATA 88076W103 ACCOUNT 1040004975	13,991.12	10,702.44
319	TEXAS INSTRUMENTS INC 882508104 ACCOUNT 1040004975	49,552.13	60,121.93
379	UNIVERSAL DISPLAY CORP 91347P105 ACCOUNT 1040003832	59,661.01	62,546.37
1,283	VISA INC CL A 92826C839 ACCOUNT 1040003832 ACCOUNT 1040004412	154,009.96	278,038.93
256	VISHAY INTERTECHNOLOGY, INC. 928298108 ACCOUNT 1040004975	6,013.24	5,598.72
390	YEXT INC 98585N106 ACCOUNT 1040004975	5,732.84	3,868.80
329	ACCENTURE PLC G1151C101 ACCOUNT 1040004975	113,272.34	136,386.95
	TOTAL INFORMATION TECHNOLOGY	2,475,023.45	4,336,219.11

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FORM 5500, Schedule H, Part IV, Question I

(b & c)			
(a)	Identity & Description	(d)	(e)
COMMON STOCKS (Continued)			
	MATERIALS		
626	AMYRIS INC 03236M200 ACCOUNT 1040004975	4,813.50	3,386.66
29	BALCHEM CORP 057665200 ACCOUNT 1040004975	4,351.67	4,889.40
166	CARPENTER TECHNOLOGY 144285103 ACCOUNT 1040004975	5,585.82	4,845.54
351	CENTURY ALUMINUM COMPANY 156431108 ACCOUNT 1040004975	4,909.30	5,812.56
397	CHEMOURS CO 163851108 ACCOUNT 1040004975	8,375.71	13,323.32
1,218	COEUR D'ALENE MINES CORP 192108504 ACCOUNT 1040004975	12,745.52	6,138.72
750	ECOLAB INC 278865100 ACCOUNT 1040004412	82,812.71	175,942.50
207	ELEMENT SOLUTIONS INC 28618M106 ACCOUNT 1040004975	2,239.39	5,025.96
596	FMC CORPORATION 302491303 ACCOUNT 1040003832	59,147.12	65,494.44
800	H.B FULLER COMPANY 359694106 ACCOUNT 1040004412	37,340.12	64,800.00
2,496	GRAPHIC PACKAGING HOLDING CO 388689101 ACCOUNT 1040003832	38,845.62	48,672.00
73	MARTIN MARIETTA 573284106 ACCOUNT 1040003832	15,134.73	32,157.96

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<u>(a)</u>	<u>Identity & Description</u>	<u>(d)</u>	<u>(e)</u>
COMMON STOCKS (Continued)			
300	SHERWIN WILLIAMS 824348106 ACCOUNT 1040004412	39,315.36	105,648.00
1,221	SOUTHERN COPPER CORP. 84265V105 ACCOUNT 1040004975	86,184.57	75,347.91
330	STEEL DYNAMICS, INC. 858119100 ACCOUNT 1040004975	12,338.93	20,483.10
155	VULCAN MATERIALS INC 929160109 ACCOUNT 1040003832	18,256.45	32,174.90
	TOTAL MATERIALS	432,396.52	664,142.97
COMMUNICATION SERVICES			
747	ACTIVISION BLIZZARD 00507V109 ACCOUNT 1040003832	44,140.91	49,697.91
211	ALPHABET INC CL C 02079K107 ACCOUNT 1040003832 ACCOUNT 1040004412 ACCOUNT 1040004975	212,142.15	610,547.49
58	ALPHABET INC CL A 02079K305 ACCOUNT 1040003832	67,268.70	168,028.32
98	CHARTER COMMUNICATIONS INC-A 16119P108 ACCOUNT 1040003832	52,458.71	63,893.06
609	WALT DISNEY COMPANY 254687106 ACCOUNT 1040003832 ACCOUNT 1040004412	54,699.60	94,328.01
481	ELECTRONIC ARTS INC 285512109 ACCOUNT 1040003832	10,741.22	63,443.90

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(b & c)

<u>(a)</u>	<u>Identity & Description</u>	<u>(d)</u>	<u>(e)</u>
COMMON STOCKS (Continued)			
966	META PLATFORMS INC 30303M102 ACCOUNT 1040003832 ACCOUNT 1040004975	292,909.78	324,914.10
180	SINCLAIR BROADCAST GROUP, INC. CL A 829226109 ACCOUNT 1040004975	5,626.44	4,757.40
3,052	UBISOFT ENTERTAINMENT -ADR 90348R102 ACCOUNT 1040003832	43,137.89	29,729.53
471	VIACOM CBS INC. CLASS B 92556H206 ACCOUNT 1040004975	16,531.21	14,214.78
296	WORLD WRESTLING ENTERTAINMENT 98156Q108 ACCOUNT 1040004975	10,264.27	14,604.64
	TOTAL COMMUNICATION SERVICES	809,920.88	1,438,159.14
UTILITIES			
410	EXELON CORPORATION 30161N101 ACCOUNT 1040004975	19,843.39	23,681.60
417	OGE ENERGY 670837103 ACCOUNT 1040004975	14,213.08	16,004.46
999	VISTRA ENERGY CORP 92840M102 ACCOUNT 1040004975	21,122.75	22,747.23
	TOTAL UTILITIES	55,179.22	62,433.29
REAL ESTATE			
203	AMERICAN TOWER CORP 03027X100 ACCOUNT 1040003832	30,620.76	59,377.50

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FORM 5500, Schedule H, Part IV, Question I

(b & c)

<u>(a)</u>	<u>Identity & Description</u>	<u>(d)</u>	<u>(e)</u>
COMMON STOCKS (Continued)			
280	CYRUSONE INC 23283R100 ACCOUNT 1040004975	20,701.65	25,121.60
39	EQUINIX 29444U700 ACCOUNT 1040003832	15,575.93	32,987.76
75	EXTRA SPACE STORAGE, INC. 30225T102 ACCOUNT 1040004975	12,914.03	17,004.75
31	INNOVATIVE INDL PPTYS INC CL 45781V101 ACCOUNT 1040004975	3,783.66	8,150.21
1,187	NEW YORK MORTGAGE TRUST INC 649604501 ACCOUNT 1040004975	4,261.45	4,415.64
278	PROLOGIS INC. 74340W103 ACCOUNT 1040004975	26,096.86	46,804.08
379	REALOGY HOLDINGS CORP 75605Y106 ACCOUNT 1040004975	2,944.00	6,370.99
255	SBA COMMUNICATIONS CORP 78410G104 ACCOUNT 1040003832	41,154.23	99,200.10
554	SERVICE PROPERTIES TRUST 81761L102 ACCOUNT 1040004975	7,717.77	4,869.66
92	SIMON PROPERTY GROUP INC 828806109 ACCOUNT 1040004975	14,495.35	14,698.84
	TOTAL REAL ESTATE	180,265.69	319,001.13
	TOTAL COMMON STOCK	9,971,449.00	16,086,618.40

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(b & c)

(a) Identity & Description

(d)

(e)

FOREIGN STOCKS

FOREIGN STOCK

CONSUMER DISCRETIONARY

5,079	ACCOR SA -ADR 00435F309 ACCOUNT 1040003832	30,090.97	32,861.13
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CONSUMER STAPLES

860	HEINEKEN NV -ADR 423012301 ACCOUNT 1040003832	43,950.03	48,633.00
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FINANCIALS

269	ATHENE HOLDING LTD -CLASS A G0684D107 ACCOUNT 1040004975	10,554.59	22,415.77
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MATERIALS

1,402	AIR LIQUIDE -UNSPONSORED ADR 009126202 ACCOUNT 1040003832	48,184.10	48,887.74
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377	TRONOX HOLDINGS PLC - A G9087Q102 ACCOUNT 1040004975	3,403.37	9,059.31
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TOTAL MATERIALS	51,587.47	57,947.05
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TOTAL FOREIGN STOCK	136,183.06	161,856.95
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2021 Form 5500 for Plumbers and Steamfitters Local No. 83 Pension Fund
 EIN/PN: 55-0463652/001
Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

Schedule of Actuarial Liabilities and Amortization Payments

MINIMUM FUNDING

	<u>Initial</u>	<u>Date</u>	<u>Remaining</u>		
	<u>Amount</u>	<u>Established</u>	<u>Period</u>	<u>Balance</u>	<u>Payment</u>
<u>Charges</u>					
92 Amendment	\$ 1,011,337	1/1/1992	1.0	\$ 78,052	\$ 78,052
92 Assumption Change	64,439	1/1/1992	1.0	4,971	4,971
95 Amendment	552,776	1/1/1995	4.0	154,315	42,578
96 Amendment	1,108,784	1/1/1996	5.0	374,433	85,346
96 Assumption Change	585,915	1/1/1996	5.0	197,855	45,098
97 Amendment	1,171,622	1/1/1997	6.0	459,648	90,124
98 Amendment	169,983	1/1/1998	7.0	749,598	129,991
99 Amendment	1,707,849	1/1/1999	8.0	838,309	131,205
00 Amendment	167,410	1/1/2000	9.0	89,612	12,854
04 Assumption Change	115,284	1/1/2004	13.0	78,965	8,830
07 Experience Loss	923,367	1/1/2007	1.0	97,089	97,089
09 Experience Loss	374,009	1/1/2009	3.0	109,958	39,159
09 Investment Loss	4,829,317	1/1/2009	17.0	3,889,862	372,355
11 Experience Loss	610,625	1/1/2011	5.0	279,319	63,667
12 Experience Loss	2,826,092	1/1/2012	6.0	1,499,866	294,080
Experience Loss 13	301,820	1/1/2013	7.0	180,761	31,347
Assumption Change 14	1,251,944	1/1/2014	8.0	829,215	129,782
Experience Loss 14	515,159	1/1/2014	8.0	341,211	53,404
Experience Loss 15	1,522,894	1/1/2015	9.0	1,098,549	157,582
Experience Loss 16	1,602,128	1/1/2016	10.0	1,243,677	165,488
Experience Loss 17	1,006,041	1/1/2017	11.0	832,350	103,738
Assumption Change 18	1,420,882	1/1/2018	12.0	1,243,103	146,270
Experience Loss 18	1,173,166	1/1/2018	12.0	1,026,381	120,770
Assumption Change 19	1,099,790	1/1/2019	13.0	1,010,817	113,033
Experience Loss 19	787,735	1/1/2019	13.0	724,007	80,961
Plan Change 19	2,979,994	1/1/2019	13.0	2,738,913	306,274
Experience Loss 20	523,160	1/1/2020	14.0	502,739	53,725
Assumption Change 21	1,171,475	1/1/2021	15.0	<u>1,171,475</u>	<u>120,207</u>
Subtotal				\$ 21,845,050	\$ 3,077,980
<u>Credits</u>					
07 Assumption Change	\$ 2,379,516	1/1/2007	16.0	\$ 1,839,164	\$ 181,953
08 Experience Gain	153,670	1/1/2008	2.0	31,193	16,124
09 Method Change	1,894,777	1/1/2009	18.0	1,555,081	144,481
09 Plan Change	1,151,402	1/1/2009	3.0	338,494	120,546
10 Experience Gain	926,276	1/1/2010	4.0	350,745	96,776
11 Assumption Change	696,700	1/1/2011	5.0	318,691	72,641
Plan Change 14	112,038	1/1/2014	8.0	74,206	11,614
Assumption Change 20	479,321	1/1/2020	14.0	460,611	49,223
Experience Gain 21	1,356,659	1/1/2021	15.0	<u>1,356,659</u>	<u>139,209</u>
Subtotal				\$ 6,324,844	\$ 832,567
Net Amortization Balance and Payment				\$ 15,520,206	\$ 2,245,413

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Assumption Changes

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

- The funding interest rate has been changed from 7.25% to 7.00%.
- The interest rate used to calculate RPA '94 current liability has been changed from 2.95% to 2.43% to fall within prescribed limitations that fluctuate yearly. The mortality assumption for RPA '94 current liability has also been updated as mandated.
- The mortality improvement scale has been updated from SOA Scale MP-2019 to MP-2020 to reflect an additional year of historical mortality experience through 2018.