

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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 & PIPEFITTERS U.A. LOCAL 85 RETIREMENT AND 401K FUND</u>		1b Three-digit plan number (PN) ▶ <u>005</u>
			1c Effective date of plan <u>01/01/2016</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>JOINT BOARD OF TRUSTEES PLUMBERS & PIPEFITTERS LOCAL 85 RETIREMENT</u> <u>700 TOWER DRIVE, SUITE 300</u> <u>TROY, MI 48098</u>			2b Employer Identification Number (EIN) <u>32-0478132</u> 2c Plan Sponsor's telephone number <u>248-813-9800</u> 2d Business code (see instructions) <u>238220</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.	08/29/2023	CHRISTOPHER M. SCOTT, CPAPFS MST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/29/2023	CHRISTOPHER M. SCOTT, CPAPFS MST
	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 (2022)
v. 220413

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		5 563
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) 563
a(2) Total number of active participants at the end of the plan year		6a(2) 517
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 517
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 517
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 517
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 47
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J		
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) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PLUMBERS & PIPEFITTERS U.A. LOCAL 85 RETIREMENT AND 401K FUND	B Three-digit plan number (PN) 005	
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES PLUMBERS & PIPEFITTERS LOCAL 85 RETIREMENT	D Employer Identification Number (EIN) 32-0478132	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	330205-01	530	04/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end..... **4** 38774**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)** 10927
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 613
(4) Transferred from separate account **7c(4)** 32055
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 43595**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 43595**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 4348
(2) Administration charge made by carrier **7e(2)** 473
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 4821**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 38774

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PLUMBERS & PIPEFITTERS U.A. LOCAL 85 RETIREMENT AND 401K FUND	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES PLUMBERS & PIPEFITTERS LOCAL 85 RETIREMENT	D Employer Identification Number (EIN) 32-0478132	

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
--

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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)

BENESYS, INC.

700 TOWER DR, STE 300
TROY, MI 48098

38-2383171

(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?
50 14	NONE	6637	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVARA TESIJA & CATENACCI, P.L.L.C.

888 W. BIG BEAVER RD 600
TROY, MI 48084

38-3763096

(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?
50 29	NONE	49191	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BULTYNCK & CO., P.L.L.C.

15985 CANAL ROAD
CLINTON TOWNSHIP, MI 48038

20-3920878

(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?
50 10	NONE	6000	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)

EMPOWER TRUST COMPANY, LLC

8515 E ORCHARD RD
800-838-5160
GREENWOOD VILAGE, CO 80111

(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?
50 28 64 13	NONE	10445	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>PLUMBERS & PIPEFITTERS U.A. LOCAL 85 RETIREMENT AND 401K FUND</u>	B Three-digit plan number (PN) ►	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JOINT BOARD OF TRUSTEES PLUMBERS & PIPEFITTERS LOCAL 85 RETIREMENT</u>		
D Employer Identification Number (EIN) <u>32-0478132</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>FIDELITY INTERNATIONAL INDEX RET AC</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>83-1098532-270</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>472255</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY REAL ESTATE INDEX</u>		
b Name of sponsor of entity listed in (a): <u>DFE RETURNS</u>		
c EIN-PN <u>36-6071399-932</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>80373990</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY U.S. BOND INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>83-1098532-161</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11492897</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NEW WORLD CL R6</u>		
b Name of sponsor of entity listed in (a): <u>MINNESOTA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>41-0417830-184</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36053474</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY RETIREMENT HYBRID</u>		
b Name of sponsor of entity listed in (a): <u>BENEFIT PLANS ADMIN SERVICES COLLECTIVE TRUST</u>		
c EIN-PN <u>83-6699605-079</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>31996</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY RETIREMENT HYBRID</u>		
b Name of sponsor of entity listed in (a): <u>BENEFIT PLANS ADMIN SERVICES COLLECTIVE TRUST</u>		
c EIN-PN <u>83-6699605-082</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>10963</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY RETIREMENT HYBRID</u>		
b Name of sponsor of entity listed in (a): <u>BENEFIT PLANS ADMIN SERVICES COLLECTIVE TRUST</u>		
c EIN-PN <u>83-6699605-278</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>308251</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY RETIREMENT HYBRID

b Name of sponsor of entity listed in (a): BENEFIT PLANS ADMIN SERVICES COLLECTIVE TRUST

c EIN-PN 83-6699605-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 467210
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY RETIREMENT HYBRID

b Name of sponsor of entity listed in (a): BENEFIT PLANS ADMIN SERVICES COLLECTIVE TRUST

c EIN-PN 83-6699605-085	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1275661
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY RETIREMENT HYBRID

b Name of sponsor of entity listed in (a): BENEFIT PLANS ADMIN SERVICES COLLECTIVE TRUST

c EIN-PN 83-6699605-087	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 677183
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY RETIREMENT HYBRID

b Name of sponsor of entity listed in (a): BENEFIT PLANS ADMIN SERVICES COLLECTIVE TRUST

c EIN-PN 83-6699605-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 921243
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY RETIREMENT HYBRID

b Name of sponsor of entity listed in (a): BENEFIT PLANS ADMIN SERVICES COLLECTIVE TRUST

c EIN-PN 83-6699605-086	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 901103
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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)
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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)
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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)
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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)
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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
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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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>PLUMBERS & PIPEFITTERS U.A. LOCAL 85 RETIREMENT AND 401K FUND</u>	B Three-digit plan number (PN) ►	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOINT BOARD OF TRUSTEES PLUMBERS & PIPEFITTERS LOCAL 85 RETIREMENT</u>	D Employer Identification Number (EIN) <u>32-0478132</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	105086	51991
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)	101923	115898
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	48619	
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(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)	6459189	6416041
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		38774
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6714817	6622704

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	2874	12352
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2874	12352

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6711943	6610352
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1331591	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		1331591
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	88	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	613	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		701
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	40050	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		40050
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		-1120482
c Other income	2c		43114
d Total income. Add all income amounts in column (b) and enter total	2d		294974
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	233928	
(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)		233928
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)	56323	
(2) Contract administrator fees	2i(2)	6600	
(3) Investment advisory and management fees	2i(3)	91737	
(4) Other	2i(4)	7977	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		162637
j Total expenses. Add all expense amounts in column (b) and enter total	2j		396565
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-101591
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: BULTYNCK & CO., P.L.L.C.

(2) EIN: 20-3920878

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 _____.

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Saginaw Plumbers and Pipefitters
U.A. Local No. 85 Retirement and 401(k) Fund
Troy, MI

Opinion

We have audited the accompanying financial statements of Saginaw Plumbers and Pipefitters U.A. Local No. 85 Retirement and 401(k) Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2022 and 2021, and the related statement 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 the Plan as of December 31, 2022 and 2021, and the changes in its net assets 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 audit 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 the Plan and to meet our ethical responsibilities, in accordance with relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibility 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets Held for Investment at End of Year and Reportable Transactions, together referred to as "supplemental information" are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 generally accepted auditing standards.

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

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



Clinton Township, MI
August 14, 2023

Form **5558**
(Rev. September 2018)**Application for Extension of Time
To File Certain Employee Plan Returns**

OMB No. 1545-0212

Department of the Treasury
Internal Revenue Service► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to www.irs.gov/Form5558 for the latest information.**File With IRS Only****Part I Identification**

A Name of filer, plan administrator, or plan sponsor (see instructions) PLUMBERS & PIPEFITTERS U.A. LOCAL 85 RETIREMENT AND 401K PLAN		B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 32-0478132	
Number, street, and room or suite no. (If a P.O. box, see instructions) 700 TOWER DRIVE, SUITE 300		Social security number (SSN) (9 digits XXX-XX-XXXX) 	
City or town, state, and ZIP code TROY MI 48098			
C Plan name PLUMBERS & PIPEFITTERS U.A. LOCAL 85 RETIREMEN	Plan number 005	Plan year ending — MM DD YYYY	
		12/31/2022	

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.

2 I request an extension of time until 10/16/23 to file Form 5500 series. See instructions.

Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until 10/16/23 to file Form 8955-SSA. See instructions.

Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

4 I request an extension of time until _____ to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax a

b Enter the payment amount attached b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date c

5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

DAA

Form **5558** (Rev. 9-2018)



SAGINAW PLUMBERS AND PIPEFITTERS
U.A. LOCAL NO. 85 RETIREMENT AND 401(K) FUND

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES

FOR THE YEARS ENDED
DECEMBER 31, 2022 AND 2021

Bultynck & Co., P.L.L.C.
CERTIFIED PUBLIC ACCOUNTANTS

15985 Canal Rd., Clinton Twp., MI 48038
Ph. 586-286-7300 www.bultynck.com

SAGINAW PLUMBERS AND PIPEFITTERS U.A. LOCAL NO. 85 RETIREMENT AND 401(K) FUND

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Saginaw Plumbers and Pipefitters
U.A. Local No. 85 Retirement and 401(k) Fund
Troy, MI

Opinion

We have audited the accompanying financial statements of Saginaw Plumbers and Pipefitters U.A. Local No. 85 Retirement and 401(k) Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2022 and 2021, and the related statement 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 the Plan as of December 31, 2022 and 2021, and the changes in its net assets 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 audit 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 the Plan and to meet our ethical responsibilities, in accordance with relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibility 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets Held for Investment at End of Year and Reportable Transactions, together referred to as "supplemental information" are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 generally accepted auditing standards.

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

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



Clinton Township, MI
August 14, 2023

SAGINAW PLUMBERS AND PIPEFITTERS U.A. LOCAL NO. 85 RETIREMENT AND 401(K) FUND
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments at fair value (Note F)		
Money market funds	\$ -	\$ 48,619.26
Mutual funds	6,416,040.97	6,459,189.47
Group annuity contracts	<u>38,774.27</u>	<u>-</u>
Total investments at fair value	6,454,815.24	6,507,808.73
Receivables		
Participant contributions	<u>115,898.04</u>	<u>101,922.82</u>
Total receivables	115,898.04	101,922.82
Other assets		
Cash and cash equivalents	<u>51,990.81</u>	<u>105,085.70</u>
Total other assets	<u>51,990.81</u>	<u>105,085.70</u>
Total assets	6,622,704.09	6,714,817.25
LIABILITIES		
Accounts payable	<u>12,352.00</u>	<u>2,873.87</u>
Total liabilities	<u>12,352.00</u>	<u>2,873.87</u>
Net assets available for benefits	<u><u>\$ 6,610,352.09</u></u>	<u><u>\$ 6,711,943.38</u></u>

See accompanying notes and independent auditor's report.

SAGINAW PLUMBERS AND PIPEFITTERS U.A. LOCAL NO. 85 RETIREMENT AND 401(K) FUND
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31,

	<u>2022</u>	<u>2021</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ (1,120,482.41)	\$ 580,628.90
Interest and dividends	<u>40,750.79</u>	<u>279,672.51</u>
Total investment income (loss)	(1,079,731.62)	860,301.41
Less investment fees	<u>91,737.40</u>	<u>36,927.81</u>
Net investment income (loss)	(1,171,469.02)	823,373.60
Participant contributions	1,331,590.55	1,193,929.39
Rollover contributions	-	13,185.30
Other income	<u>43,113.53</u>	<u>54.28</u>
Total additions	203,235.06	2,030,542.57
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid directly to participants or beneficiaries	233,927.92	121,554.29
Administrative expenses		
Administrative fees	6,600.00	6,600.00
Audit fees	6,000.00	5,750.00
Bank service charges	63.08	61.25
Insurance	2,576.23	563.18
Legal fees	50,059.16	23,497.88
Office expenses	1,102.41	1,107.46
Payroll audit fees	264.16	284.75
Postage and printing	<u>4,233.39</u>	<u>67.27</u>
Total administrative expenses	<u>70,898.43</u>	<u>37,931.79</u>
Total deductions	<u>304,826.35</u>	<u>159,486.08</u>
Net increase (decrease) in net assets available for benefits	(101,591.29)	1,871,056.49
Net assets available for benefits		
Balance, beginning of year	<u>6,711,943.38</u>	<u>4,840,886.89</u>
Balance, end of year	<u><u>\$ 6,610,352.09</u></u>	<u><u>\$ 6,711,943.38</u></u>

See accompanying notes and independent auditor's report.

SAGINAW PLUMBERS AND PIPEFITTERS U.A. LOCAL NO. 85 RETIREMENT AND 401(K) FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

Note A – Description of the Plan

The following brief description of Saginaw Plumbers and Pipefitters U.A. Local No. 85 Retirement and 401(k) Fund (the “Plan”) is provided for general purposes only. For more complete information, refer to the plan document.

General

The Plan, and trust established under the plan, was established effective October 26, 2015 by a collective bargaining agreement between Saginaw Plumbers and Pipefitters U.A. Local No. 85 (the “Union”) and the Bay Area Association of Michigan Plumbing and Mechanical Contractors, Inc. (the “Association”). The Plan is a multi-employer defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. Employees of signatory contractors of the various collectively bargained agreements between the Union and the Association are eligible to participate in the Plan.

Contributions

Contributions are obtained directly from participating employers and are based on hours worked by Plan participants at hourly rates as specified in the collective bargaining agreements.

Payment of Benefits

The Plan provides for payment of 100 percent of the account balance upon normal retirement at age of 65, early retirement, death, disability, or termination of employment. Upon retirement, a participant will receive monthly payments at least equal to the minimum amount determined by dividing the account balance by the applicable life expectancy. The plan document provides further detail on vesting and the calculation of benefit amounts under the provisions of the Plan.

Vesting

Participants become 100 percent vested in their participant account balances at all times.

Note B – Summary of Significant Accounting Policies

The following are significant accounting policies followed by the Plan:

Basis of Accounting

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

Cash

The Plan considers cash to include all monies in checking accounts and savings accounts. The carrying value of cash approximates fair value based on its high level of liquidity.

Contributions

The Plan is funded entirely by employer contributions as specified in the collective bargaining agreements. Contributions receivable principally represent amounts received from employers in January based on participants’ credited hours worked prior to January; therefore, no allowance for doubtful accounts is required.

SAGINAW PLUMBERS AND PIPEFITTERS U.A. LOCAL NO. 85 RETIREMENT AND 401(K) FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

Note B – Summary of Significant Accounting Policies (Continued)

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. If available, quoted market prices are used to value investments. Where a quoted market price is not available, investments are valued at estimated fair value. See Note F for discussion of fair value measurements.

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

Concentrations of Credit Risk

Financial instruments that potentially subject The Plan to concentration of credit risk consist principally of cash deposits. Accounts at each institution are insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000.

Payment of Benefits

Benefit expenses are recognized when incurred.

Administrative Expenses

All expenses of maintaining the Plan are paid by the Plan. Administrative expenses are recorded during the period in which the Plan receives the benefit of goods or services.

Use of Estimates

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

Subsequent Events

The Plan has evaluated subsequent events through August 14, 2023, the date the financial statements were available to be issued, and no issues have come to our attention that would require recognition.

Note C – Plan Termination

The Plan may be terminated at any time by the action of the Board of Trustees or the Association of the Union, subject to the provisions of ERISA. In the event of termination of the Plan, participants shall be entitled to receive the entire amount of benefits credited to their participant account.

Note D – Tax Status

The Plan obtained a favorable determination letter on August 1, 2016, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, was in compliance with applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's legal counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

SAGINAW PLUMBERS AND PIPEFITTERS U.A. LOCAL NO. 85 RETIREMENT AND 401(K) FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

Note D – Tax Status (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2019.

Note E – 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.

Note F – Fair Value Measurements

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means;
- If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of this asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lower level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. Management reviews and approves fair value measurement policies and procedures annually, and determines if the valuation techniques used to measure assets at fair value remain appropriate.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021. All Plan assets are measured at fair value on a recurring basis.

SAGINAW PLUMBERS AND PIPEFITTERS U.A. LOCAL NO. 85 RETIREMENT AND 401(K) FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

Note F – Fair Value Measurements (Continued)

Money market funds: The Plan's investments consist of shares of various money market funds which are valued using amortized cost which approximates fair value.

Mutual funds: Valued at the closing price reported in the active market in which the individual securities are traded.

Group annuity contracts: Valued at fair value by the liquidation value which is the market value of the assets in the separate account. The separate account is an investment option with a general investment account guarantee that provides a stated rate of return.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

Assets at Fair Value as of December 31, 2022

	Level 1	Level 2	Level 3	Total
Investments:				
Mutual funds	\$ 6,416,040.97	\$ -	\$ -	\$ 6,416,040.97
Group annuity contracts	-	38,774.27	-	38,774.27
Total assets at fair value	<u>\$ 6,416,040.97</u>	<u>\$ 38,774.27</u>	<u>\$ -</u>	<u>\$ 6,454,815.24</u>

Assets at Fair Value as of December 31, 2021

	Level 1	Level 2	Level 3	Total
Investments:				
Money market funds	\$ 48,619.26	\$ -	\$ -	\$ 48,619.26
Mutual funds	6,459,189.47	-	-	6,459,189.47
Total assets at fair value	<u>\$ 6,507,808.73</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,507,808.73</u>

SUPPLEMENTAL SCHEDULES

SAGINAW PLUMBERS AND PIPEFITTERS U.A. LOCAL NO. 85 RETIREMENT AND 401(K) FUND

EIN: 32-0478132 Plan Number 005

Schedule H, Part IV, Line 4i

Schedule of Assets Held for Investment At End of Year

December 31, 2022

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY		DESCRIPTION OF INVESTMENTS INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
MUTUAL FUNDS:				
American Century		American Century Retirement Date Hybrid 2030 Trust Fund	\$ 11,076	\$ 10,963
American Century		American Century Retirement Date Hybrid 2035 Trust Fund	-	-
American Century		American Century Retirement Date Hybrid 2040 Trust Fund	957,279	921,243
American Century		American Century Retirement Date Hybrid 2045 Trust Fund	1,325,914	1,275,661
American Century		American Century Retirement Date Hybrid 2050 Trust Fund	937,459	901,103
American Century		American Century Retirement Date Hybrid 2055 Trust Fund	704,936	677,183
American Century		American Century Retirement Date Hybrid 2060 Trust Fund	486,894	467,210
American Century		American Century Retirement Date Hybrid 2065 Trust Fund	319,738	308,251
American Century		American Century Retirement Date Hybrid Income Trust Fund	31,811	31,996
American Century		American Century Small Cap Value Fund	3,002	2,768
American Funds		American Funds EuroPacific Growth Fund	8,966	8,628
American Funds		American Funds New World Fund	940	927
Fidelity		Fidelity International Index Fund	301,369	304,790
Fidelity		Fidelity Mid Cap Index Fund	111,489	110,616
Fidelity		Fidelity Real Estate Index Fund	65,183	58,248
Fidelity		Fidelity Small Cap Index Fund	64,101	64,123
Fidelity		Fidelity US Bond Index Fund	640,321	612,823
Janus Henderson		Janus Henderson Venture Fund	2,571	2,409
JPMorgan		JPMorgan Equity Income Fund	130,101	130,701
JPMorgan		JPMorgan Mid Cap Growth Fund	69,313	68,384
MFS		MFS Mid Cap Value Fund	31,876	59,270
iShares		iShares S&P 500 Index Fund	352,844	338,745
PGIM Jennison		PGIM Jennison Growth Fund	23,615	20,498
PIMCO		PIMCO International Bond (USD-Hedged) Institutional Fund	41,841	39,500
TOTAL MUTUAL FUNDS			<u>\$ 6,622,639</u>	<u>\$ 6,416,040</u>
GROUP ANNUITY CONTRACTS:				
Empower Investments		E I Fixed Account - Series Class III	\$ 38,775	\$ 38,775
TOTAL GROUP ANNUITY CONTRACTS			<u>\$ 38,775</u>	<u>\$ 38,775</u>
TOTAL ASSETS HELD FOR INVESTMENT AT END OF YEAR			<u>\$ 6,661,414</u>	<u>\$ 6,454,815</u>

SAGINAW PLUMBERS AND PIPEFITTERS U.A. LOCAL NO. 85 RETIREMENT AND 401(K) FUND
EIN: 32-0478132 Plan Number 005
Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions
December 31, 2022

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (i) - A single transaction within the plan year in excess of 5 percent of the current value of plan assets.						
American Funds	American Fund 2025 Target Date Retirement Fund - Mutual fund Sales - 1	\$ -	\$ 387,670.97	\$ 446,153.55	\$ 387,670.97	\$ (58,482.58)
American Funds	American Fund 2035 Target Date Retirement Fund - Mutual fund Sales - 1	-	606,482.81	711,518.51	606,482.81	(105,035.70)
American Funds	American Fund 2040 Target Date Retirement Fund - Mutual fund Sales - 1	-	583,627.80	691,308.29	583,627.80	(107,680.49)
American Funds	American Fund 2045 Target Date Retirement Fund - Mutual fund Sales - 1	-	1,014,186.49	1,202,324.98	1,014,186.49	(188,138.49)
American Funds	American Fund 2050 Target Date Retirement Fund - Mutual fund Sales - 1	-	406,950.04	484,694.84	406,950.04	(77,744.80)
American Funds	American Fund 2055 Target Date Retirement Fund - Mutual fund Sales - 1	-	1,001,875.97	1,199,495.65	1,001,875.97	(197,619.68)
American Funds	American Fund 2060 Target Date Retirement Fund - Mutual fund Sales - 1	-	464,182.86	551,581.44	464,182.86	(87,398.58)
Category (iii) - Aggregate transactions, involving securities of the same issue, within the plan year in excess of 5 percent of the current value of plan assets.						
Dreyfus	Dreyfus Government Cash Management Institutional Fund - Money market fund					
	Purchases - 586	\$ 5,870,159.72	\$ -	\$ 5,870,159.72	\$ 5,870,159.72	\$ -
	Sales - 1173	-	5,908,892.20	5,908,892.20	5,908,892.20	-
American Century	American Century Retirement Date Hybrid 2040 Trust Fund - Mutual fund Purchases - 126	925,363.33	-	925,363.33	925,363.33	-
American Century	American Century Retirement Date Hybrid 2045 Trust Fund - Mutual fund Purchases - 175	1,183,127.45	-	1,183,127.45	1,183,127.45	-
American Century	American Century Retirement Date Hybrid 2050 Trust Fund - Mutual fund Purchases - 170	831,807.19	-	831,807.19	831,807.19	-
American Century	American Century Retirement Date Hybrid 2055 Trust Fund - Mutual fund Purchases - 152	612,157.86	-	612,157.86	612,157.86	-
American Century	American Century Retirement Date Hybrid 2060 Trust Fund - Mutual fund Purchases - 128	432,412.75	-	432,412.75	432,412.75	-

SAGINAW PLUMBERS AND PIPEFITTERS U.A. LOCAL NO. 85 RETIREMENT AND 401(K) FUND
EIN: 32-0478132 Plan Number 005
Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions
December 31, 2022

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (iii) - Aggregate transactions, involving securities of the same issue, within the plan year in excess of 5 percent of the current value of plan assets. (Continued)						
American Funds	American Fund 2025 Target Date Retirement Fund - Mutual fund Sales - 4	\$ -	\$ 425,468.67	\$ 487,859.87	\$ 425,468.67	\$ (62,391.20)
American Funds	American Fund 2035 Target Date Retirement Fund - Mutual fund Sales - 4	-	611,323.92	716,816.93	611,323.92	(105,493.01)
American Funds	American Fund 2040 Target Date Retirement Fund - Mutual fund Sales - 3	-	585,415.60	693,250.50	585,415.60	(107,834.90)
American Funds	American Fund 2045 Target Date Retirement Fund - Mutual fund Sales - 7	-	1,052,637.83	1,243,935.98	1,052,637.83	(191,298.15)
American Funds	American Fund 2050 Target Date Retirement Fund - Mutual fund Sales - 3	-	408,180.61	486,030.81	408,180.61	(77,850.20)
American Funds	American Fund 2055 Target Date Retirement Fund - Mutual fund Sales - 4	-	1,006,118.59	1,204,093.24	1,006,118.59	(197,974.65)
American Funds	American Fund 2060 Target Date Retirement Fund - Mutual fund Sales - 3	-	465,565.49	553,077.21	465,565.49	(87,511.72)
Fidelity	Fidelity US Bond Index Fund - Mutual fund Purchases - 142	615,004.22	-	615,004.22	615,004.22	-
Empower Investments	E I Fixed Account - Series Class III - Group annuity contract Purchases - 290	1,453,665.51	-	1,453,665.51	1,453,665.51	-
	Sales - 1299	-	1,411,840.54	1,411,840.54	1,411,840.54	-

There were no reportable transactions under categories (ii) or (iv).

SAGINAW PLUMBERS AND PIPEFITTERS U.A. LOCAL NO. 85 RETIREMENT AND 401(K) FUND

EIN: 32-0478132 Plan Number 005

Schedule H, Part IV, Line 4i

Schedule of Assets Held for Investment At End of Year

December 31, 2022

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY		DESCRIPTION OF INVESTMENTS INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
MUTUAL FUNDS:				
American Century		American Century Retirement Date Hybrid 2030 Trust Fund	\$ 11,076	\$ 10,963
American Century		American Century Retirement Date Hybrid 2035 Trust Fund	-	-
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American Century		American Century Retirement Date Hybrid 2060 Trust Fund	486,894	467,210
American Century		American Century Retirement Date Hybrid 2065 Trust Fund	319,738	308,251
American Century		American Century Retirement Date Hybrid Income Trust Fund	31,811	31,996
American Century		American Century Small Cap Value Fund	3,002	2,768
American Funds		American Funds EuroPacific Growth Fund	8,966	8,628
American Funds		American Funds New World Fund	940	927
Fidelity		Fidelity International Index Fund	301,369	304,790
Fidelity		Fidelity Mid Cap Index Fund	111,489	110,616
Fidelity		Fidelity Real Estate Index Fund	65,183	58,248
Fidelity		Fidelity Small Cap Index Fund	64,101	64,123
Fidelity		Fidelity US Bond Index Fund	640,321	612,823
Janus Henderson		Janus Henderson Venture Fund	2,571	2,409
JPMorgan		JPMorgan Equity Income Fund	130,101	130,701
JPMorgan		JPMorgan Mid Cap Growth Fund	69,313	68,384
MFS		MFS Mid Cap Value Fund	31,876	59,270
iShares		iShares S&P 500 Index Fund	352,844	338,745
PGIM Jennison		PGIM Jennison Growth Fund	23,615	20,498
PIMCO		PIMCO International Bond (USD-Hedged) Institutional Fund	41,841	39,500
TOTAL MUTUAL FUNDS			<u>\$ 6,622,639</u>	<u>\$ 6,416,040</u>
GROUP ANNUITY CONTRACTS:				
Empower Investments		E I Fixed Account - Series Class III	\$ 38,775	\$ 38,775
TOTAL GROUP ANNUITY CONTRACTS			<u>\$ 38,775</u>	<u>\$ 38,775</u>
TOTAL ASSETS HELD FOR INVESTMENT AT END OF YEAR			<u>\$ 6,661,414</u>	<u>\$ 6,454,815</u>

SAGINAW PLUMBERS AND PIPEFITTERS U.A. LOCAL NO. 85 RETIREMENT AND 401(K) FUND
EIN: 32-0478132 Plan Number 005
Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions
December 31, 2022

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (i) - A single transaction within the plan year in excess of 5 percent of the current value of plan assets.						
American Funds	American Fund 2025 Target Date Retirement Fund - Mutual fund Sales - 1	\$ -	\$ 387,670.97	\$ 446,153.55	\$ 387,670.97	\$ (58,482.58)
American Funds	American Fund 2035 Target Date Retirement Fund - Mutual fund Sales - 1	-	606,482.81	711,518.51	606,482.81	(105,035.70)
American Funds	American Fund 2040 Target Date Retirement Fund - Mutual fund Sales - 1	-	583,627.80	691,308.29	583,627.80	(107,680.49)
American Funds	American Fund 2045 Target Date Retirement Fund - Mutual fund Sales - 1	-	1,014,186.49	1,202,324.98	1,014,186.49	(188,138.49)
American Funds	American Fund 2050 Target Date Retirement Fund - Mutual fund Sales - 1	-	406,950.04	484,694.84	406,950.04	(77,744.80)
American Funds	American Fund 2055 Target Date Retirement Fund - Mutual fund Sales - 1	-	1,001,875.97	1,199,495.65	1,001,875.97	(197,619.68)
American Funds	American Fund 2060 Target Date Retirement Fund - Mutual fund Sales - 1	-	464,182.86	551,581.44	464,182.86	(87,398.58)
Category (iii) - Aggregate transactions, involving securities of the same issue, within the plan year in excess of 5 percent of the current value of plan assets.						
Dreyfus	Dreyfus Government Cash Management Institutional Fund - Money market fund					
	Purchases - 586	\$ 5,870,159.72	\$ -	\$ 5,870,159.72	\$ 5,870,159.72	\$ -
	Sales - 1173	-	5,908,892.20	5,908,892.20	5,908,892.20	-
American Century	American Century Retirement Date Hybrid 2040 Trust Fund - Mutual fund Purchases - 126	925,363.33	-	925,363.33	925,363.33	-
American Century	American Century Retirement Date Hybrid 2045 Trust Fund - Mutual fund Purchases - 175	1,183,127.45	-	1,183,127.45	1,183,127.45	-
American Century	American Century Retirement Date Hybrid 2050 Trust Fund - Mutual fund Purchases - 170	831,807.19	-	831,807.19	831,807.19	-
American Century	American Century Retirement Date Hybrid 2055 Trust Fund - Mutual fund Purchases - 152	612,157.86	-	612,157.86	612,157.86	-
American Century	American Century Retirement Date Hybrid 2060 Trust Fund - Mutual fund Purchases - 128	432,412.75	-	432,412.75	432,412.75	-

SAGINAW PLUMBERS AND PIPEFITTERS U.A. LOCAL NO. 85 RETIREMENT AND 401(K) FUND
EIN: 32-0478132 Plan Number 005
Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions
December 31, 2022

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (iii) - Aggregate transactions, involving securities of the same issue, within the plan year in excess of 5 percent of the current value of plan assets. (Continued)						
American Funds	American Fund 2025 Target Date Retirement Fund - Mutual fund Sales - 4	\$ -	\$ 425,468.67	\$ 487,859.87	\$ 425,468.67	\$ (62,391.20)
American Funds	American Fund 2035 Target Date Retirement Fund - Mutual fund Sales - 4	-	611,323.92	716,816.93	611,323.92	(105,493.01)
American Funds	American Fund 2040 Target Date Retirement Fund - Mutual fund Sales - 3	-	585,415.60	693,250.50	585,415.60	(107,834.90)
American Funds	American Fund 2045 Target Date Retirement Fund - Mutual fund Sales - 7	-	1,052,637.83	1,243,935.98	1,052,637.83	(191,298.15)
American Funds	American Fund 2050 Target Date Retirement Fund - Mutual fund Sales - 3	-	408,180.61	486,030.81	408,180.61	(77,850.20)
American Funds	American Fund 2055 Target Date Retirement Fund - Mutual fund Sales - 4	-	1,006,118.59	1,204,093.24	1,006,118.59	(197,974.65)
American Funds	American Fund 2060 Target Date Retirement Fund - Mutual fund Sales - 3	-	465,565.49	553,077.21	465,565.49	(87,511.72)
Fidelity	Fidelity US Bond Index Fund - Mutual fund Purchases - 142	615,004.22	-	615,004.22	615,004.22	-
Empower Investments	E I Fixed Account - Series Class III - Group annuity contract Purchases - 290	1,453,665.51	-	1,453,665.51	1,453,665.51	-
	Sales - 1299	-	1,411,840.54	1,411,840.54	1,411,840.54	-

There were no reportable transactions under categories (ii) or (iv).

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 2022 This Form is Open to Public Inspection
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Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning _____ and ending _____

A This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must 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 ☒ the DFVC program

D Check box if filing under: ☒ Form 5558 ☐ automatic extension
☐ special extension (enter description) _____

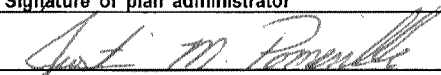
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan PLUMBERS & PIPEFITTERS U.A. LOCAL 85 RETIREMENT AND 401K FUND	1b Three-digit plan number (PN) ▶	005
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) JOINT BOARD OF TRUSTEES PLUMBERS & PIPEFITTERS LOCAL 85 RETIREMENT 700 TOWER DRIVE, SUITE 300 TROY MI 48098	1c Effective date of plan 01/01/2016 2b Employer Identification Number (EIN) 32-0478132 2c Plan Sponsor's telephone number 248-813-9800 2d Business code (see instructions) 238220	

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		8/31/23	JASON SAMPLE, CHAIRMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		8/31/23	JUSTIN POMERVILLE, SECRETARY
	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 (2022)

2022 Form 5500 e-file Signature Authorization

Joint Board of Trustees Plumbers & Pipefitters Local 85 Retirement
Plumbers & Pipefitters U.A. Local 85 Retirement and 401K Fund 005
700 Tower Drive, Suite 300
Troy, MI 48098

Employer Identification Number: 32-0478132

Client Identification Number: 21732

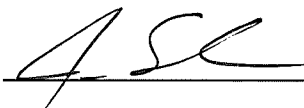
You, as plan administrator, are authorizing that Bultynck & Co., P.L.L.C. electronically file the 2022 Form 5500 for Plumbers & Pipefitters U.A. Local 85 Retirement as an EFAST2 Service Provider.

Authorization

As plan administrator for Plumbers & Pipefitters U.A. Local 85 Retirement, I authorize Bultynck & Co., P.L.L.C. to electronically file Form 5500 for the tax year 2022. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization



Date: 8/31/23