

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2023	JAMES COCHRAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2023	JOHN WILSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (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		5 535
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) 265
a(2) Total number of active participants at the end of the plan year		6a(2) 250
b Retired or separated participants receiving benefits		6b 159
c Other retired or separated participants entitled to future benefits.....		6c 69
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 478
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 44
f Total. Add lines 6d and 6e		6f 522
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7 29
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

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

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 54319407
(2) Actuarial value of assets for funding standard account	1b(2) 47775642
c (1) Accrued liability for plan using immediate gain methods	1c(1) 54249099
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 53437038
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 110280127
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3348084
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 3683197
(3) Expected plan disbursements for the plan year	1d(3) 3683197

Statement by Enrolled Actuary

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

SIGN HERE	09/29/2023
Signature of actuary AMY M. CROUSE	Date 23-08695
Type or print name of actuary COWDEN ASSOCIATES, INC.	Most recent enrollment number 412-394-9330
Firm name FOUR GATEWAY CENTER, SUITE 605, PITTSBURGH, PA 15222-1222	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	52121900
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	207	52230078
(2) For terminated vested participants	69	13013667
(3) For active participants:		
(a) Non-vested benefits		3922701
(b) Vested benefits		41113681
(c) Total active	265	45036382
(4) Total	541	110280127
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	47.26 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2022	3139055	0			
Totals ▶			3(b)	3139055	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	89.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.22 %
b Rates specified in insurance or annuity contracts	Pre-retirement	Post-retirement
	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	12.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	16.8 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	181000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	627421	64381
4	34041	3493
3	679468	69721

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	1011437

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers.....

(3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	21421694	3035463
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 283283**e** Total charges. Add lines 9a through 9d.....**9e** 4330183**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 9071502**g** Employer contributions. Total from column (b) of line 3.....**9g** 3139055**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	5876735	832567

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 785527**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit.....

9j(1)	17902679	
9j(2)	54071193	
9j(3)	0	

k (1) Waived funding deficiency.....**9k(1)** 0

(2) Other credits.....

9k(2) 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 13828651**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 9498468**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year

9o(1) 0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date.....

9o(2)(a) 0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 & STEAMFITTERS LOCAL 83 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTER LOCAL 83	D Employer Identification Number (EIN) 55-0463652	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BAIRD ADVISORS
39-6037917

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

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

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

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

BEACON ADMINISTRATORS AND CONSULTAN

83-1544721

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	91114	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESBANCO TRUST AND INVESTMENT SERVI

55-0143590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	39299	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STANDARD VALUATION

41-1327339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	33250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GREAT LAKES ADVISORS, LLC

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	31375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COWDEN ASSOCIATES, INC

25-1750131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	30643	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MANNING & NAPIER ADVISORS INC

45-3328488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NONE	29548	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

MAIRS AND POWER

41-0844499

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	26464	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ASB CAPITAL MANAGEMENT

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	24777	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCELHANEY & ASSOCIATES, LLC

38-3806684

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	23540	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)

CHARTWELL INVESTMENT PARTNERS

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	20628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD WATTERSON ASSET MANAGEMENT

45-2061717

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	8672	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN DASCOLI, PLLC

20-5780253

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	6763	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)

AFL-CIO BUILDING INVESTMENT TRUST

52-6328901

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	5891	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEWTOWER TRUST COMPANY

30-0872552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	5806	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 & STEAMFITTERS LOCAL 83 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTER LOCAL 83	D Employer Identification Number (EIN) 55-0463652	

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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **ASB ALLEGIANCE REAL ESTATE**

b Name of sponsor of entity listed in (a): **CHEVY CHASE BANK**

c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3271291
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AFL-COI BIT**

b Name of sponsor of entity listed in (a): **PNC BANK**

c EIN-PN 52-6328901-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2564934
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BGO DIVERSIFIED U.S. PREF FUND**

b Name of sponsor of entity listed in (a): **NEWTOWER TRUST COMPANY**

c EIN-PN 30-0872552-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2351950
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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)
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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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

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

Part I	Asset and Liability Statement	
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.		
Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	453254
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	320583
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	87830
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	650554
(2) U.S. Government securities	1c(2)	502165
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	3570599
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	35460
(B) Common.....	1c(4)(B)	10881960
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	8188175
(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)	20511984
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other	1c(15)	462031

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	54372996	45664595

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	53589	76922
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	53589	76922

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	54319407	45587673
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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)	2427267	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	711788	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3139055
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7966	
(B) U.S. Government securities	2b(1)(B)	12008	
(C) Corporate debt instruments	2b(1)(C)	137793	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	9643	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		167410
(2) Dividends: (A) Preferred stock	2b(2)(A)	1960	
(B) Common stock	2b(2)(B)	173548	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	192760	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		368268
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	22725265	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	24022937	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1297672
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2780654	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-2780654

		(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)		-4403159
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-4806752
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3501908	
(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)		3501908
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)	60946	
(2) Contract administrator fees	2i(2)	91114	
(3) Investment advisory and management fees	2i(3)	226992	
(4) Other	2i(4)	44022	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		423074
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3924982
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-8731734
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MCELHANEY & ASSOCIATES, LLC

(2) EIN: 38-3806684

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 484696.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 & STEAMFITTERS LOCAL 83 PENSION FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTER LOCAL 83		D Employer Identification Number (EIN) 55-0463652
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☒ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **CHAPMAN CORPORATION**

b EIN **25-1116939** **c** Dollar amount contributed by employer **704208**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2023**

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

(1) Contribution rate (in dollars and cents) **8.80**

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

a Name of contributing employer **KUCERA PLUMBING**

b EIN **30-0401948** **c** Dollar amount contributed by employer **170437**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2023**

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

(1) Contribution rate (in dollars and cents) **8.80**

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

a Name of contributing employer **STEAMFITTERS LOCAL 449**

b EIN **25-6032450** **c** Dollar amount contributed by employer **317384**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2023**

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

(1) Contribution rate (in dollars and cents) **8.80**

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

a Name of contributing employer **H.E. NEUMAN**

b EIN **55-0243140** **c** Dollar amount contributed by employer **272361**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2023**

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

(1) Contribution rate (in dollars and cents) **8.80**

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

a Name of contributing employer **UNITED ASSOC NATIONAL PENSION FUND**

b EIN **52-6152779** **c** Dollar amount contributed by employer **228640**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2023**

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

(1) Contribution rate (in dollars and cents) **8.80**

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

a Name of contributing employer **ENERFAB CORPORATION**

b EIN **31-0217488** **c** Dollar amount contributed by employer **377260**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2023**

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

(1) Contribution rate (in dollars and cents) **8.80**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **SIMAKAS COMPANY**

b EIN **25-1555120**

c Dollar amount contributed by employer **349461**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2023**

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

(1) Contribution rate (in dollars and cents) **8.80**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a 0
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b 0
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c 0
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

PLUMBERS AND STEAMFITTERS
LOCAL NO. 83
PENSION PLAN
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

June 30, 2023

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN

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F.E. (BUD) MCELHANEY, JR., CPA

ROBERT J. HENKELS, CPA, CGMA, MA

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of Plumbers and Steamfitters Local No. 83 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Plumbers and Steamfitters Local No. 83 Pension Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes as of December 31, 2022 and reported transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



McElhaney & Associates, LLC

Pittsburgh, Pennsylvania
June 30, 2023

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

ASSETS

	<u>2022</u>	<u>2021</u>
Investments		
Interest Bearing Cash	\$ 650,554	\$ 3,993,671
Corporate Obligations	3,570,599	3,329,784
Common Stocks	10,303,125	16,086,618
Foreign Stocks	578,835	161,857
Mutual Funds	20,511,984	24,625,414
Real Estate Funds	5,623,241	2,955,749
Building Investment Trust	2,564,934	2,655,745
U.S. Gov't Obligations	502,165	-
Mortgage Backed Securities	299,688	-
Collateralized Mortgages	162,343	-
Preferred Stocks	35,460	-
	<u>44,802,928</u>	<u>53,808,838</u>
Accrued Interest	<u>72,479</u>	<u>48,059</u>
Total Investments	44,875,407	53,856,897
Cash (non interest-bearing)	453,254	305,051
Receivables		
Employers' Contribution	271,648	130,246
Reciprocity Contribution	48,935	76,282
Miscellaneous	<u>1,009</u>	<u>1,888</u>
Total Receivables	321,592	208,416
Prepaid Expenses	<u>14,342</u>	<u>2,632</u>
TOTAL ASSETS	45,664,595	54,372,996
LIABILITIES		
Accounts Payable	37,298	51,530
Reciprocity Payable	<u>39,624</u>	<u>2,059</u>
TOTAL LIABILITIES	<u>76,922</u>	<u>53,589</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 45,587,673</u>	<u>\$ 54,319,407</u>

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

McELHANEY & ASSOCIATES, LLC

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

	<u>2022</u>	<u>2021</u>
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investments		
Investment Income	\$ 535,678	\$ 586,836
Appreciation (Depreciation) in Investments	(8,481,485)	7,476,122
Less Investment Expense	(226,992)	(220,032)
Net Investment Income	(8,172,799)	7,842,926
Contributions		
Employer	2,596,789	1,619,606
Reciprocity Received	711,788	1,374,582
Reciprocity Paid	(169,522)	(20,368)
Net Contributions	<u>3,139,055</u>	<u>2,973,820</u>
TOTAL ADDITIONS	(5,033,744)	10,816,746
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits		
Normal and Early Retirement	2,777,820	2,693,227
Disability	351,816	371,462
Survivor Benefits	<u>372,272</u>	<u>376,740</u>
Total Benefits	3,501,908	3,441,429
Administrative Expenses		
Third Party Administration	91,114	84,365
Actuarial Fees	30,643	35,153
Audit Fees	23,000	19,000
Legal Fees	6,763	6,009
Employer Payroll Audits	540	-
Pension Benefit Guaranteed Corp	17,120	16,275
Fiduciary Insurance	12,238	12,136
Cyber Insurance	5,910	4,083
Fidelity Bond	586	584
Meetings/Conferences	4,210	626
Administrative Expenses (Net)	<u>3,958</u>	<u>2,678</u>
Total Administrative Expenses	<u>196,082</u>	<u>180,909</u>
TOTAL DEDUCTIONS	<u>3,697,990</u>	<u>3,622,338</u>
NET INCREASE (DECREASE)	(8,731,734)	7,194,408
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of Year	<u>54,319,407</u>	<u>47,124,999</u>
End of Year	<u>\$ 45,587,673</u>	<u>\$ 54,319,407</u>

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

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 1 - DESCRIPTION OF THE PLAN

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

General - The Plan is a defined benefit pension plan pursuant to the collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The administration of the Plan is the responsibility of a Board of Trustees comprised of Union and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights.

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the appropriateness of the Plan's investment offerings and monitors investment performance. The trustees also determine the Plan's valuation policies. See Note 3 for discussion of fair value measurements.

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

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

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

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

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

The trustees elected to present the actuarial present value of accumulated plan benefits as of the first day of the Plan year (January 1st).

The following brief description of the actuarial date is for general information purposes. Participants should refer to the actuarial report date of January 1, 2022 for more complete information.

The actuarial present value of accumulated plan benefits is determined by the actuarial firm of Cowden Associates, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2022 and 2021 were (a) life expectancy of participants (the PRI-2012 headcount, weighted and blue collar adjusted mortality table for January 1, 2022; and for January 1, 2021 and (b) the funding interest rate and the present value of accrual benefits interest rate of 7.00% for January 1, 2022 and 7.00% for January 1, 2021. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used only when Level 1 inputs were not available. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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

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

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

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

Assets at Fair Value as of December 31, 2022

		Fair Value Measurements at The End of the Reporting Period Using:		
		Quoted Prices In Active Markets for Identical Assets <u>Level 1</u>	Significant Other Observable Inputs <u>Level 2</u>	Significant Unobservable Inputs <u>Level 3</u>
	<u>Total</u>			
Cash Equivalents	\$ 650,554	\$ 650,554	\$ -	\$ -
Corporate Obligations	3,570,599	-	3,570,599	-
Common Stocks	10,303,125	10,303,125	-	-
Foreign Stocks	578,835	-	578,835	-
Mutual Funds	20,511,984	20,511,984	-	-
Real Estate Funds	5,623,241	-	-	5,623,241
Building Investment Trust	2,564,934	-	-	2,564,934
U.S. Gov't Obligations	502,165	-	502,165	-
Mortgage Backed Securities	299,688	-	299,688	-
Collateralized Mortgages	162,343	-	162,343	-
Preferred Stocks	35,460	35,460	-	-
	<u>\$ 44,802,928</u>	<u>\$ 31,501,123</u>	<u>\$ 5,113,630</u>	<u>\$ 8,188,175</u>

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

<u>Level 3 As of December 31, 2022</u>	<u>Real Estate Fund</u>	<u>Building Investment Trust</u>
Beginning Balance	\$ 2,955,749	\$ 2,655,745
Transfers In(Out)	2,500,000	-
Total Realized And Unrealized Gains And Losses	155,809	(84,920)
Earnings (Less Increase in Cash)	(17,489)	-
Management Fees	(5,806)	(5,891)
Ending Balance	<u>\$ 5,623,241</u>	<u>\$ 2,564,934</u>

Assets at Fair Value as of December 31, 2021

<u>Fair Value Measurements at The End of the Reporting Period Using:</u>				
	<u>Quoted Prices In Active Markets for Identical Assets Level 1</u>	<u>Significant Other Observable Inputs Level 2</u>	<u>Significant Unobservable Inputs Level 3</u>	
Cash Equivalents	\$ 3,993,671	\$ 3,993,671	\$ -	\$ -
Corporate Obligations	3,329,784	-	3,329,784	-
Common Stocks	16,086,618	16,086,618	-	-
Foreign Stocks	161,857	-	161,857	-
Mutual Funds	24,625,414	24,625,414	-	-
Real Estate Funds	2,955,749	-	-	2,955,749
Building Investment Trust	<u>2,655,745</u>	<u>-</u>	<u>-</u>	<u>2,655,745</u>
	<u>\$ 53,808,838</u>	<u>\$ 44,705,703</u>	<u>\$ 3,491,641</u>	<u>\$ 5,611,494</u>

<u>Level 3 As of December 31, 2021</u>	<u>Real Estate Fund</u>	<u>Building Investment Trust</u>
Beginning Balance	\$ 2,570,956	\$ 2,356,592
Transfers In(Out)	-	-
Total Realized And Unrealized Gains And Losses	384,793	299,153
Earnings	-	-
Management Fees	-	-
Ending Balance	<u>\$ 2,955,749</u>	<u>\$ 2,655,745</u>

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

	<u>December 31, 2022</u>		<u>December 31, 2021</u>	
	<u>Cost</u>	<u>Market</u>	<u>Cost</u>	<u>Market</u>
Vanguard Total Bond Index Fund	\$ -	\$ -	\$ 2,943,688	\$ 3,640,620
Baird Core Plus Institutional Fund	\$ 4,138,480	\$ 3,645,213	\$ 4,027,915	\$ 4,183,459
AFL-CIO Stock Index Fund	\$ 7,854,649	\$ 11,284,284	\$ 8,406,530	\$ 14,689,909
ASB Allegiance Trust	\$ 1,500,000	\$ 3,271,298	\$ 1,500,000	\$ 2,955,749
AFL-CIO Building Trust	\$ 1,500,000	\$ 2,564,934	\$ 1,500,000	\$ 2,655,745
Baird Core Plus	\$ 4,138,480	\$ 3,645,213	-	-
Neuberger Strategic	\$ 3,000,000	\$ 2,710,843	-	-
BGO	\$ 2,500,000	\$ 2,351,950	-	-

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 4 - ACCUMULATED PLAN BENEFITS

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

	<u>Benefit Information Date</u>	
	<u>January 1,</u>	
	<u>2022</u>	<u>2021</u>
1. Actuarial present value of accrued vested benefits:		
a) Participants currently receiving benefits	\$ 32,561,060	\$ 30,471,875
b) Terminated Vested	4,779,501	3,840,408
c) Active Participants Vested	<u>14,781,339</u>	<u>13,610,525</u>
d) Total vested benefits	52,121,900	47,922,808
2. Actuarial present value of non-vested accumulated plan benefits	<u>1,315,138</u>	<u>1,265,532</u>
3. Total actuarial present value of accumulated plan benefits	<u>\$ 53,437,038</u>	<u>\$ 49,188,340</u>

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

1. Actuarial present values of accumulated plan benefits - beginning of year	\$ 49,188,340	\$ 47,579,667
2. Increase (decrease) during the year attributable to:		
a) Benefits paid	(3,441,429)	(3,334,259)
b) Decrease in Discount Period	3,324,771	3,330,774
c) Plan Amendments	518,606	-
d) Changes in actuarial assumptions	33,175	1,197,909
e) Accrual of benefits and plan experience	<u>3,813,575</u>	<u>414,249</u>
3. Actuarial present values of accumulated plan benefits - end of year.	<u>\$ 53,437,038</u>	<u>\$ 49,188,340</u>

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 5 - CONCENTRATION OF CREDIT RISK

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

NOTE 6 - RISKS AND UNCERTAINTIES

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

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

NOTE 7 - PRIORITIES UPON TERMINATION

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

2022 Form 5500 for Plumbers and Steamfitters Local No. 83 Pension Fund

EIN/PN: 55-0463652/001

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

Attained Age	Years of Service										Total
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
< 25	1	40	6	0	0	0	0	0	0	0	47
25-30	0	20	10	0	0	0	0	0	0	0	30
30-35	0	11	23	5	0	0	0	0	0	0	39
35-40	2	9	12	6	7	1	0	0	0	0	37
40-45	0	5	10	3	9	5	0	0	0	0	32
45-50	0	2	10	3	7	7	2	0	0	0	31
50-55	0	1	4	2	2	6	6	1	0	0	22
55-60	0	0	2	1	3	2	4	2	3	0	17
60-65	0	0	2	0	1	1	1	0	2	3	10
65-70	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
unknown	0	0	0	0	0	0	0	0	0	0	0
Total	3	88	79	20	29	22	13	3	5	3	265

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

As of January 1, 2022

Mortality	Healthy:	Society of Actuaries (SOA) headcount weighted Pri-2012 healthy lives mortality with blue-collar adjustment, gender distinct, with separate rates for pre-commencement and post-commencement.
	Disabled:	SOA headcount weighted Pri-2012 Total Dataset disabled mortality, gender distinct.
	Improvement Scale:	Based on the most recently available mortality experience study from the Society of Actuaries. For the current valuation, projected on a fully generational basis using SOA MP-2021 for years 2012 and later.

Interest Rate	7.00%
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Turnover	Based on age as follows:
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<u>Age</u>	<u>Rate</u>
20	5.00%
25	3.40
30	2.40
35	2.00
40+	2.00

Retirement	Based on age as follows:
-------------------	--------------------------

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

Terminated vested participants are assumed to retire at age 63 *if they have at least 10 years of vesting service (eligible for early retirement). Otherwise, they are assumed to retire at age 65 (Normal Retirement Date).* In the prior year, all TV participants were assumed to retire at age 63 even if not eligible for Early Retirement.

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

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

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

Expenses The normal cost is increased by the prior year's non-investment related expenses, rounded to the nearest \$1,000. For projections, this amount has been increased by 2.50% annually.

Percent Married 85% of the participants are assumed to be married with the female spouse four years younger than the male spouse.

Asset Valuation Plan assets are carried at market value with a 5-year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.

Funding Method Entry Age Normal. Under this method the Actuarial Present Value of the Projected Benefit is allocated on a level basis over the service of the individual between entry age and assumed retirement age. The portion of the Actuarial Present Value not provided for at a Valuation date by the Actuarial Present Value of Future Normal Costs is called the Actuarial Accrued Liability. Under this method the Actuarial Gains/(Losses), as they occur, reduce/(increase) the Unfunded Accrued Liability.

Liabilities were projected to future valuation dates using original measurements and data as of January 1, 2022. Liabilities for Funded Percentage measurements utilize the Unit Credit funding method as required by law.

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

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

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

Contributions As proxy for the various contribution rates for Journeyman/Apprentice and work type, an average hourly rate of \$7.95 is assumed during 2022-2023 (to reflect large increase in active members with apprentice rates), and a rate of \$8.80 is the long-term assumption.

Projected Industry Activity Total hours for the years 2022-2023 are assumed to equal 449,000 annually and then steadily decrease to a long-term assumption for future work equal to 291,000 total annual hours. This assumption was set with input from the Board of Trustees.

Projected New Entrant Population Estimated future membership is projected to remain level at the active member count as of January 1, 2022. Future new entrants are set to resemble new entrants to the plan in the year prior to this valuation.

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

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

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

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

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		<u>10/10/23</u>	JAMES COCHRAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/10/23</u>	JOHN WILSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (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	5 535
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 265 6a(2) 250 6b 159 6c 69 6d 478 6e 44 6f 522 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 29

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83

PENSION PLAN

REPORTABLE (5%) TRANSACTIONS

YEAR ENDED DECEMBER 31, 2022

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

FORM 5500, Schedule H, Part IV, Question J

Individual Transactions:

<u>(a) Identity Party Involved</u>	<u>(b) Description of asset (include interest rate and maturity in case of a loan)</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(e) Lease Rental</u>	<u>(f) Expenses incurred with transaction</u>	<u>(g) Cost of asset</u>	<u>(h) Current value of asset on transaction date</u>	<u>(i) Net gain or (loss)</u>
Vanguard Bond Fund	325,346 (SHS)	-	3,564,943	-	-	2,943,688	3,640,620	(75,677)
Neuberger Strategic	258,176 (SHS)	3,000,000	-	-	-	3,000,000	3,000,000	-

II Series of Transactions:

<u>Description of Investment</u>	<u>Total number of purchases</u>	<u>Total number of sales</u>	<u>Total value of purchases</u>	<u>Total value of sales</u>	<u>Net gain or loss</u>
Federated Gov't Obligations Fund 117			\$ 3,881,619	\$ 7,404,599	\$ -
Federated Gov't Obligations Fund 395			\$ 6,245,696	\$ 6,188,961	\$ -
BGO Diversified	2	-	\$ 2,500,000	\$ -	\$ -

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

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

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2022

b Assets	
(1) Current value of assets	1b(1) 54,319,407
(2) Actuarial value of assets for funding standard account.....	1b(2) 47,775,642
c (1) Accrued liability for plan using immediate gain methods	1c(1) 54,249,099
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 53,437,038
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 110,280,127
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3,348,084
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 3,683,197
(3) Expected plan disbursements for the plan year	1d(3) 3,683,197

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

SIGN HERE	Amy M. Crouse AMC	9/29/2023
AMY M. CROUSE	Signature of actuary	Date
	Type or print name of actuary	2308695
COWDEN ASSOCIATES, INC.	Firm name	Most recent enrollment number
		412-394-9330
		Telephone number (including area code)
FOUR GATEWAY CENTER, SUITE 605		
PITTSBURGH PA 15222-1222	Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	52,121,900
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	207	52,230,078
(2) For terminated vested participants	69	13,013,667
(3) For active participants:		
(a) Non-vested benefits		3,922,701
(b) Vested benefits		41,113,681
(c) Total active	265	45,036,382
(4) Total	541	110,280,127
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	47.26 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2022	3,139,055	0			
Totals ▶			3(b)	3,139,055	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)**

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	89.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		☐
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

a ☐ Attained age normal	b ☒ Entry age normal	c ☐ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j

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

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability 6a 2.22 %
- | | Pre-retirement | Post-retirement |
|--|--|--|
| b Rates specified in insurance or annuity contracts | ☐ Yes ☐ No ☒ N/A | ☐ Yes ☐ No ☒ N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) 9P | 9P |
| (2) Females | 6c(2) 9FP | 9FP |
| d Valuation liability interest rate | 6d 7.00 % | 7.00 % |
| e Salary scale | 6e % ☒ N/A | |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) ☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) | 7.00 % |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | 12.2 % |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | 16.8 % |
| i Expense load included in normal cost reported in line 9b | 6i | ☐ N/A |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage | 6i(1) | % |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) | 181,000 |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) | ☐ |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	627,421	64,381
4	34,041	3,493
3	679,468	69,721

8 Miscellaneous information:

- a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval 8a
- b** Demographic, benefit, and contribution information
- (1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☐ Yes ☒ No
- (2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No
- (3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☐ Yes ☒ No
- c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No
- d** If line c is "Yes," provide the following additional information:
- (1)** Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No
- (2)** If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. 8d(2)
- (3)** Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No
- (4)** If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). 8d(4)
- (5)** If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension 8d(5)
- (6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)

8e**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any

9a

0

b Employer's normal cost for plan year as of valuation date

9b

1,011,437

c Amortization charges as of valuation date:

Outstanding balance

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

9c(1)

21,421,694

3,035,463

(2) Funding waivers

9c(2)

0

0

(3) Certain bases for which the amortization period has been extended

9c(3)

0

0

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

9d

283,283

e Total charges. Add lines 9a through 9d

9e

4,330,183

Credits to funding standard account:

f Prior year credit balance, if any

9f

9,071,502

g Employer contributions. Total from column (b) of line 3

9g

3,139,055

Outstanding balance

h Amortization credits as of valuation date

9h

5,876,735

832,567

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

9i

785,527

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

17,902,679

(2) "RPA '94" override (90% current liability FFL)

9j(2)

54,071,193

(3) FFL credit

9j(3)

0

k (1) Waived funding deficiency

9k(1)

0

(2) Other credits

9k(2)

0

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

9l

13,828,651

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

9m

9,498,468

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

9n**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year

9o(1)

0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

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

10

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

☒ Yes ☐ No

Schedule MB, Line 3 - Contributions

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

Schedule MB, Line 6 – Summary of Plan Provisions**Plan Provisions**

Effective January 1, 1963

Last Amendment Effective January 1, 2022

The following is a summary of the major provisions of the plan as of January 1, 2022. Refer to the plan document for a more complete description of the most recent plan provisions.

Participation	Upon the completion of one hour of service in Covered Employment.
Credited Employment	One year of Credited Service is awarded for any Plan Year, on or after January 1, 1985, during which the participant works at least 400 hours.
Accrued Benefit	A monthly benefit equal to the sum of (A) through (E) below, subject to the limitations of (F) and (G), plus (H): (A) For Past Service Credits (generally, service before June 1, 1963), the number of such credits (up to a maximum of 15 years) multiplied by \$10.00; (B) For Employer contributions made through December 31, 1989 for the Participant's Future Service (service in or after the year in which participation commences, but excluding any Past Service), 4% of the total of such contributions; and (C) For Employer contributions made from December 31, 1989 to December 31, 2013 for the Participant's Future Service, (1) or (2) below, as applicable, subject to (3): (1) For Participants retiring prior to January 1, 1997, 2% of such contributions; (2) For Participants retiring on or after January 1, 1997, (a) or (b) below, as applicable: (a) For a Participant who never attained non-Active status prior to January 1, 1997, 2.25% of such contributions; (b) For a Participant with one or more periods of non-Active status prior to January 1, 1997, 2.25% of any such contributions for hours worked after the Participant's return to Active status from the latest period of non-Active status before January 1, 1997, plus 2% of any such contributions for hours worked before the beginning of the latest period of non-Active status before January 1, 1997; (3) Beginning July 1, 2009 certain contributions solely improve funding and do not generate benefits for participants. (D) For Employer contributions made from January 1, 2014 to December 31, 2018 for the Participant's Future Service (service in or after the year in which participation commences, but excluding any Past Service), 1.25% of the total of such contributions; and

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

**Accrued
Benefit
(continued)**

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

**Normal
Retirement**

Eligibility: Age 65.

Benefit: The Accrued Benefit.

Early Retirement

Eligibility: Age 55 with 10 years of Vesting Service.

Benefit: The Accrued Benefit reduced by 1% (0% for retirements on or after January 1, 2022 if retiring from active status) for each year from age 62 to his Normal Retirement Date, 2% for each year between age 60 and 62, and 6% for each year below age 60.

**Vested
Termination**

Eligibility: Five Years of Vesting Service.

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

Schedule MB, Line 6 – Summary of Plan Provisions

Plan Provisions (continued)

Disability Retirement Eligibility: Total and Permanent Disability at any age with at least 10 years of Credited Service with eligibility based on Social Security approval.

Benefit: 66 2/3% of the Accrued Benefit at the date of disability payable immediately without actuarial reduction.

Pre-Retirement Death Upon the death of an active participant before retirement, the surviving spouse will receive, no earlier than the date the participant would have been eligible for early retirement, 60% of the amount the participant would have received, had the participant retired and elected this option.

Upon the death of an active participant who was ineligible for, or who waived rights to the benefit in the previous paragraph, the beneficiary shall receive the excess of 100% of contributions over the total amount of any pension payments made prior to death.

Post-Retirement Death Upon the death of a retired participant who has been receiving the normal form of benefit payment, the beneficiary shall receive the excess of (a) over (b):
 (a) Is 100% of contributions.
 (b) Is the sum of all retirement benefits paid prior to the date of death.

Method of Payment The normal form of benefit is a single life annuity; a Joint & 60% Survivor benefit is provided to married participants on an actuarially reduced basis, unless rejected by the participant and spouse.

Contributions Contribution rates vary by type of work and level of Journeyman/Apprentice.

SUPPLEMENTARY INFORMATION

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83

PENSION PLAN

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2022

Federal I.D. - 55-0463652

Plan No. - 001

FORM 5500, SCHEDULE H. PART IV, QUESTION I

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

<u>(a) (b) Identity of issuer, borrower, lessor or similar party</u>	<u>Description</u>	<u>Collateral</u>	<u>Maturity Date</u>	<u>Rate of Interest</u>	<u>Par/Shares or Maturity Value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
<u>Interest - bearing cash:</u>							
<u>Federated Gov't.</u>							
Obligation Fund 117	Money Market	N/A	N/A	Variable	400,715	\$ 400,715	\$ 400,715
Obligation Fund 395	Money Market	N/A	N/A	Variable	126,955	126,955	126,955
US Treasury Bill FUA	Money Market	N/A	N/A	Variable	122,884	<u>122,884</u>	<u>122,884</u>
						650,554	650,554
<u>U.S. Gov't Obligations::</u>							
(See attached page 12)						630,634	502,165
<u>Mortgage Backed Securities:</u>							
(See attached page 12)						330,177	299,688
<u>Collateralized Mortgages:</u>							
(See attached page 13)						165,592	162,343
<u>Corporate Obligations:</u>							
(See attached pages 13 - 19)						3,830,283	3,570,599
<u>Common Stocks:</u>							
(See attached pages 19 - 43)						8,268,255	10,303,125
<u>Preferred Stocks:</u>							
(See attached page 43)						43,637	35,460
<u>Foreign Stocks:</u>							
(See attached pages 43 - 45)						644,299	578,835
<u>Mutual Funds:</u>							
Baird Core Plus Institutional Class	Mutual Fund	N/A	N/A	N/A	369,323	4,138,480	3,645,213
Barclay's Bond Fund	Mutual Fund	N/A	N/A	N/A	2,300	223,000	213,325
Boyd Watterson Liquidate Fund	Mutual Fund	N/A	N/A	N/A	123,099	1,214,905	1,157,128
Bymm AFL-CIO Stock Index	Mutual Fund	N/A	N/A	N/A	897,002	7,854,649	11,284,284
Neuberger Strategic	Mutual Fund	N/A	N/A	N/A	258,176	3,000,000	2,710,843
WCM Focused Int'l Growth Fund	Mutual Fund	N/A	N/A	N/A	77,748	<u>932,352</u>	<u>1,501,191</u>
						17,393,386	20,511,984
<u>Real Estate Funds:</u>							
ASB Allegiance	Trust	N/A	N/A	N/A	1,553	1,500,000	3,271,291
BGO Diversified U. S. Pref Fund	Trust	N/A	N/A	N/A	792	<u>2,500,000</u>	<u>2,351,950</u>
						4,000,000	5,623,241
<u>Building Investment Trust:</u>							
AFL-CIO Bldg Trust	UIT	N/A	N/A	N/A	311	<u>1,500,000</u>	<u>2,564,934</u>
TOTAL						<u>\$ 37,456,817</u>	<u>\$ 44,802,928</u>

McELHANEY & ASSOCIATES, LLC

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

DECEMBER 31, 2022

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

FORM 5500, Schedule H, Part IV, Question I

(a)	(b & c) Identity & Description	(d)	(e)
US GOV'T OBLIGATIONS			
65,000	US TREASURY NOTE 1.875% 02/15/2032 91282CDY4 ACCOUNT 1040005288	57,737.69	55,336.45
265,000	US TREASURY BOND 1.125% 08/15/2040 912810SQ2 ACCOUNT 1040005288	214,083.60	165,831.70
195,000	US TREASURY 2% 02/15/2050 912810SL3 ACCOUNT 1040005288	181,248.24	130,026.00
215,000	US TREASURY BOND 2.25% 02/15/2052 912810TD0 ACCOUNT 1040005288	177,564.46	150,970.85
	TOTAL U S GOVERNMENT OBLIGATION	630,633.99	502,165.00
MORTGAGE BACKED SECURITIES			
94,344.78	FHLMC SD8201 3% 03/01/2052 3132DWDE0 ACCOUNT 1040005288	94,226.87	82,981.89
94,330.24	FNMA MA4564 3% 03/01/2052 31418ECA6 ACCOUNT 1040005288	94,890.31	82,952.13
72,125.99	FHLMC SD8214 3.5% 05/01/2052 3132DWD7 ACCOUNT 1040005288	69,776.25	65,695.96
72,460.68	FNMA MA4626 4% 06/01/2052 31418ED80 ACCOUNT 1040005288	71,283.19	68,057.97
	TOTAL MORTGAGE BACKED SECURITIES	330,176.62	299,687.95

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83

PENSION PLAN

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DECEMBER 31, 2022

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Plan No. - 001

FORM 5500, Schedule H, Part IV, Question I

(b & c)			
(a)	Identity & Description	(d)	(e)
COLLATERALIZED MORTGAGE			
50,000	CARMAX AUTO OWNER TRUST 2019-3 C 2.6% 06/16/2025 14315PAG0 ACCOUNT 1040005288	50,468.75	48,833.28
40,000	GM FINANCIAL 2021-1 D 2.5% 07/21/2025 36261RAG3 ACCOUNT 1040005288	38,925.00	38,649.01
40,000	SDART 2021-1 D 1.13% 11/16/2026 80286NAG1 ACCOUNT 1040005288	38,387.50	37,785.72
40,000	SANTANDER DRIVE AUTO REC 2021-3 D 1.33% 09/15/2027 80287EAF2 ACCOUNT 1040005288	37,810.94	37,074.52
	TOTAL COLLATERALIZED MTG OBLIG	165,592.19	162,342.53
CORPORATE OBLIGATIONS			
20,000	TRAVEL AND LEISURE CO 3.9% 03/01/2023-2022 98310WAL2 ACCOUNT 1040004323	20,124.83	19,838.00
25,000	DCP MIDSTREAM OPERATING LP 3.875% 03/15/2023-2022 23311VAD6 ACCOUNT 1040004323	25,054.43	24,858.00
90,000	FREEPORT-MCMORAN 3.875% 03/15/2023-2022 35671DAZ8 ACCOUNT 1040004323	85,182.79	89,754.30
50,000	SPRINGLEAF FINANCE CORP 5.625% 03/15/2023 85172FAL3 ACCOUNT 1040004323	50,137.27	49,820.50
75,000	SEAGATE HDD CAYMAN 4.75% 06/01/2023 81180WAH4 ACCOUNT 1040004323	75,417.32	74,580.00
85,000	ADT CORP 4.125% 06/15/2023 00101JAH9 ACCOUNT 1040004323	85,983.68	84,155.10

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83

PENSION PLAN

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2022

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

FORM 5500, Schedule H, Part IV, Question I

(b & c)		(d)	(e)
(a)	Identity & Description		
CORPORATE OBLIGATIONS (Continued)			
30,000	GLP CAPITAL LP/FIN II 5.375% 11/01/2023-2023 361841AF6 ACCOUNT 1040004323	30,716.80	29,895.90
20,000	SEAGATE HDD CAYMAN 4.875% 03/01/2024-2024 81180WAT8 ACCOUNT 1040004323	20,521.81	19,604.00
35,000	SPRINGLEAF FINANCE CORP 6.125% 03/15/2024-2023 85172FAP4 ACCOUNT 1040004323	35,234.10	33,863.90
36,000	AMC NETWORKS 5% 04/01/2024-2020 00164VAD5 ACCOUNT 1040004323	36,320.49	33,660.00
90,000	QVC INC 4.85% 04/01/2024 747262AS2 ACCOUNT 1040004323	89,511.16	83,250.00
85,000	MGM GROWTH 5.625% 05/01/2024-2024 55303XAC9 ACCOUNT 1040004323	89,304.13	83,770.90
85,000	AMERIGAS PART/FIN CORP 5.625% 05/20/2024-2024 030981AH7 ACCOUNT 1040004323	88,168.22	82,507.80
95,000	SPRINT CORP 7.125% 06/15/2024 85207UAH8 ACCOUNT 1040004323	102,289.45	96,902.85
95,000	ICAHN ENTERPRISES 4.75% 09/15/2024-2024 451102BW6 ACCOUNT 1040004323	97,748.73	91,067.00
45,000	HOWMET AEROSPACE INC 5.125% 10/01/2024-2024 013817AW1 ACCOUNT 1040004323	46,541.17	44,437.50

McELHANEY & ASSOCIATES, LLC

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

DECEMBER 31, 2022

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

FORM 5500, Schedule H, Part IV, Question 1

(b & c)			
(a)	Identity & Description	(d)	(e)
CORPORATE OBLIGATIONS (Continued)			
80,000	ISTAR FINANCIAL 4.75% 10/01/2024-2024 45031UCF8 ACCOUNT 1040004323	79,657.00	79,398.40
100,000	FORD MOTOR CREDIT 4.063% 11/01/2024-2024 345397ZX4 ACCOUNT 1040004323	99,782.11	96,066.00
80,000	HCA INC 5.375% 02/01/2025 404119BR9 ACCOUNT 1040004323	82,449.25	79,964.00
95,000	WESTERN MIDSTREAM OPERATING 02/01/2025-2025 958667AB3 ACCOUNT 1040004323	92,248.10	89,940.30
90,000	STARWOOD PROPERTY 4.75% 03/15/2025-2024 85571BAL9 ACCOUNT 1040004323	93,628.85	85,882.50
95,000	CDW LLC 4.125% 05/01/2025-2022 12513GBE8 ACCOUNT 1040004323	92,873.55	92,252.60
42,000	HOWMET AEROSPACE INC 6.875% 05/01/2025-2025 443201AA6 ACCOUNT 1040004323	46,795.16	43,099.14
80,000	ENLINK MIDSTREAM PARTNER 4.1% 06/01/2025-2025 29336UAE7 ACCOUNT 1040004323	77,953.75	75,604.00
55,000	GLP CAPITAL LP/FIN II 5.25% 06/01/2025-2025 361641AJ8 ACCOUNT 1040004323	57,621.41	54,025.40
30,000	MERITAGE HOMES CORP 6% 06/01/2025-2025 59001AAY8 ACCOUNT 1040005288	31,698.59	29,855.70

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CORPORATE OBLIGATIONS (Continued)			
90,000	BALL CORP. 5.25% 07/01/2025 058498AT3 ACCOUNT 1040004323	98,511.30	88,798.50
65,000	DCP MIDSTREAM OPERATING LP 5.375% 07/15/2025-2025 23311VAG2 ACCOUNT 1040004323	70,100.57	64,395.50
90,000	CHARTER COMM OPT LLC 4.908% 07/23/2025-2025 161175AY0 ACCOUNT 1040004323	91,063.45	88,281.00
100,000	PENSKE AUTO GROUP 3.5% 09/01/2025-2022 70959WAJ2 ACCOUNT 1040004323	101,830.05	92,806.00
70,000	TRAVEL AND LEISURE CO 6.6% 10/01/2025-2025 98310WAMO ACCOUNT 1040004323	74,115.27	68,974.50
55,000	SLM CORP 4.2% 10/29/2025-2025 78442PGD2 ACCOUNT 1040004323	56,201.66	50,322.80
90,000	MERCER INTERNATIONAL 5.5% 01/15/2026-2021 588056AW1 ACCOUNT 1040004323	91,949.80	85,237.20
90,000	CROWN HOLDINGS 4.75% 02/01/2026-2021 228187AB6 ACCOUNT 1040004323	92,249.48	87,221.70
90,000	WESTERN DIGITAL CORP. 4.75% 02/15/2026-2025 958102AM7 ACCOUNT 1040004323	95,279.77	84,753.00
90,000	UNDER ARMOUR, INC. 3.25% 06/15/2026-2026 904311AA5 ACCOUNT 1040004323	92,563.50	80,064.90

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CORPORATE OBLIGATIONS (Continued)			
	ACCOUNT 1040003832		
464	DOLLAR TREE 256746108	42,335.98	65,201.28
	ACCOUNT 1040003832		
50	DOMINO'S PIZZA 25754A201	17,043.66	28,216.50
	ACCOUNT 1040004975		
270	EXPEDIA GROUP INC 30212P303	20,937.77	48,794.40
	ACCOUNT 1040003832		
34	FLOOR & DECOR HOLDINGS INC -A 339750101	1,031.34	4,420.34
	ACCOUNT 1040004975		
35,000	SABRA HEALTH CARE 5.125% 08/15/2026-2026 14162VAB2	33,381.25	33,358.15
	ACCOUNT 1040004323		
90,000	HILLENBRAND INC 4.5% 09/15/2026-2026 431571AB4	97,855.34	86,877.00
	ACCOUNT 1040004323		
40,000	SLM CORP 3.125% 11/02/2026-2026 78442PGE0	37,551.80	34,018.00
	ACCOUNT 1040004323		
25,000	OAKTREE SPECIALTY LEND 2.7% 01/15/2027-2026 67401PAC2	23,827.50	21,257.25
	ACCOUNT 1040005288		
95,000	SBA COMMUNICATIONS CORP 3.875% 02/15/2027-2023 78410GAD6	98,066.59	85,822.05
	ACCOUNT 1040004323		
95,000	HILTON WORLDWIDE FIN 4.875% 04/01/2027-2022 432891AK5	97,928.71	90,423.85
	ACCOUNT 1040004323		

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CORPORATE OBLIGATIONS (Continued)			
80,000	SUNOCO LP 6% 04/15/2027-2022 86765LAQ0 ACCOUNT 1040004323	83,291.56	78,776.00
95,000	UNITED RENTALS 5.5% 05/15/2027-2022 911365BF0 ACCOUNT 1040004323	96,705.76	93,784.00
30,000	DANA INC 5.375% 11/15/2027-2022 235825AF3 ACCOUNT 1040005288	30,524.40	27,828.60
40,000	CENTENE CORP 4.25% 12/15/2027-2022 15135BAR2 ACCOUNT 1040004323	37,006.55	37,551.20
45,000	SERVICE CORP INTL 4.625% 12/15/2027-2022 817565CD4 ACCOUNT 1040004323	42,340.75	41,941.80
30,000	UNITED RENTALS 4.875% 01/15/2028-2023 911365BG8 ACCOUNT 1040005288	30,496.50	28,429.50
30,000	CENTRAL GARDEN & PET CO 5.125% 02/01/2028-2023 153527AM8 ACCOUNT 1040005288	30,738.60	27,908.40
30,000	HB FULLER CO 4.25% 10/15/2028-2023 40410KAA3 ACCOUNT 1040005288	29,330.40	26,550.00
40,000	VERISK ANALYTICS 4.125% 03/15/2029-2028 92345YAF3 ACCOUNT 1040005288	42,369.32	37,536.80
30,000	SERVICE CORP INTL 5.125% 06/01/2029-2024 817565CE2 ACCOUNT 1040005288	30,797.89	28,126.50

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CORPORATE OBLIGATIONS (Continued)			
25,000	JP MORGAN CHASE 6% 12/29/2049-2023 48126HAA8 ACCOUNT 1040005288	25,676.29	24,452.50
40,000	SYSCO CORP 3.3% 02/15/2050-2049 871829BJ5 ACCOUNT 1040005288	35,480.40	27,616.00
35,000	NVIDIA CORP 3.5% 04/01/2050-2049 67066GAH7 ACCOUNT 1040005288	35,295.03	26,505.85
25,000	NEXTERA ENERGY CAPITAL 4.8% 12/01/2077-2027 65339KAV2 ACCOUNT 1040005288	25,175.73	20,454.50
	TOTAL CORPORATE BONDS	3,830,283.41	3,570,598.69
COMMON STOCKS			
3,690	AMAZON.COM INC. 023135106 ACCOUNT 1040003832 ACCOUNT 1040004412 ACCOUNT 1040004975	476,873.13	309,960.00
528	AMERICAN AXLE & MANUFACTURING HOLDINGS, INC. 024061103 ACCOUNT 1040004975	3,835.92	4,128.96
291	ARAMARK 03852U106 ACCOUNT 1040004975	10,741.04	12,029.94
292	BLOOMIN' BRANDS INC 094235108 ACCOUNT 1040004975	5,913.68	5,875.04
400	BORGWARNER, INC. 099724106 ACCOUNT 1040004975	14,507.72	16,100.00
196	DOLLAR GENERAL CORP 256677105 ACCOUNT 1040003832	24,498.22	48,265.00

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COMMON STOCKS (Continued)			
333	DOLLAR TREE 256746108 ACCOUNT 1040003832	32,546.11	47,099.52
181	DOMINO'S PIZZA 25754A201 ACCOUNT 1040003832	74,458.78	62,698.40
581	EBAY INC 278642103 ACCOUNT 1040004975	25,396.62	24,094.07
300	GENTHERM INC. 37253A103 ACCOUNT 1040004412	21,858.96	19,587.00
419	HOME DEPOT INC. 437076102 ACCOUNT 1040004412 ACCOUNT 1040004975	56,078.01	132,345.34
117	HYATT HOTELS CORP 448579102 ACCOUNT 1040004975	10,071.27	10,582.65
110	LEAR CORP 521865204 ACCOUNT 1040004975	14,426.20	13,642.20
463	LENNAR CORP 526057104 ACCOUNT 1040004975	35,577.10	41,901.50
241	LOWES COS INC 548661107 ACCOUNT 1040004975	55,663.32	48,016.84
138	LULULEMON ATHLETICA 550021109 ACCOUNT 1040003832	43,002.64	44,212.44
98	MARRIOTT VACATIONS WORLDWIDE 57164Y107 ACCOUNT 1040004975	14,582.34	13,189.82

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COMMON STOCKS (Continued)			
370	MARRIOTT INTERNATIONAL INC CLASS A 571903202 ACCOUNT 1040004975	58,751.11	55,089.30
17	MERCADOLIBRE INC 58733R102 ACCOUNT 1040003832	13,993.11	14,386.08
402	NIKE INC 654106103 ACCOUNT 1040003832	47,745.56	47,038.02
230	NORDSTROM INC 655664100 ACCOUNT 1040004975	5,019.66	3,712.20
58	O'REILLY AUTOMOTIVE 67103H107 ACCOUNT 1040004975	34,235.39	48,953.74
73	OXFORD INDUSTRIES, INC. 691497309 ACCOUNT 1040004975	4,763.00	6,802.14
152	PVH CORP 693656100 ACCOUNT 1040004975	10,837.39	10,729.68
200	POLARIS INDUSTRIES INC. 731068102 ACCOUNT 1040004412	27,120.95	20,200.00
268	PULTE HOMES, INC. 745867101 ACCOUNT 1040004975	11,514.61	12,202.04
200	SLEEP NUMBER CORPORATION 83125X103 ACCOUNT 1040004412	16,921.59	5,196.00
400	TARGET CORP 87612E106 ACCOUNT 1040004412	24,029.90	59,616.00

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COMMON STOCKS (Continued)			
374	ALTRIA GROUP INC. 02209S103 ACCOUNT 1040004975	19,078.28	17,095.54
1,930	COCA-COLA CO 191216100 ACCOUNT 1040003832	80,001.92	122,767.30
313	CONSTELLATION BRANDS, INC. 21036P108 ACCOUNT 1040003832	69,092.77	72,537.75
131	COSTCO WHOLESALE CORP 22160K105 ACCOUNT 1040004975	58,147.85	59,801.50
184	GENERAL MILLS INC 370334104 ACCOUNT 1040004975	11,518.45	15,428.40
200	THE HERSHEY COMPANY 427866108 ACCOUNT 1040004412	22,907.95	46,314.00
1,000	HORMEL FOODS CORP. 440452100 ACCOUNT 1040004412	22,988.48	45,550.00
546	KROGER CO 501044101 ACCOUNT 1040004975	19,855.61	24,340.68
1,589	MONDELEZ INTERNATIONAL 609207105 ACCOUNT 1040003832	78,243.20	112,571.85
165	PEPSICO INC 713448108 ACCOUNT 1040004975	28,435.16	29,808.90
478	SPROUTS FARMERS MARKET 85208M102 ACCOUNT 1040004975	12,548.04	15,472.86
300	SYSCO CORP 871829107 ACCOUNT 1040004412	13,786.02	22,935.00

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COMMON STOCKS (Continued)

733	TYSON FOODS INC CL A 902494103 ACCOUNT 1040004975	63,548.93	45,629.25
1,183	UNILEVER PLC 904767704 ACCOUNT 1040003832	51,768.14	59,564.05
454	WALMART INC 931142103 ACCOUNT 1040004975	63,350.21	64,372.66
1,712	APA CORP 03743Q108 ACCOUNT 040004975	71,862.28	79,916.16
335	CNX RESOURCES CORP 12653C108 ACCOUNT 1040004975	5,127.45	5,641.40
152	CACTUS INC -A 127203107 ACCOUNT 1040004975	6,414.05	7,639.52
137	CHEVRON CORPORATION 156764100 ACCOUNT 1040004975	15,576.28	24,590.13
382	DELEK US HOLDINGS INC 24665A103 ACCOUNT 1040004975	9,635.55	10,314.00
95	DENBURY INC 24790A101 ACCOUNT 1040004975	7,413.29	8,266.90
609	HALLIBURTON 406216101 ACCOUNT 1040004975	22,393.75	23,964.15
773	KOSMOS 500688106 ACCOUNT 1040004975	4,737.25	4,916.28
421	MARATHON PETROLEUM CORP 56585A102 ACCOUNT 1040004975	43,066.83	49,000.19

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COMMON STOCKS (Continued)			
166	MURPHY OIL CORP 626717102 ACCOUNT 1040004975	3,514.80	7,139.66
453	NOV INC 62955J103 ACCOUNT 1040004975	7,907.30	9,463.17
174	OCCIDENTAL PETROLEUM 674599105 ACCOUNT 1040004975	11,014.64	10,960.26
392	OVINTIV INC. 69047Q102 ACCOUNT 1040004975	18,489.16	19,878.32
211	PAR PACIFIC HOLDINGS INC 69688T207 ACCOUNT 1040004975	3,846.59	4,905.75
127	PHILLIPS 66 718546104 ACCOUNT 1040004975	10,682.09	13,218.16
146	TALOS ENERGY INC 87484T108 ACCOUNT 1040004975	2,911.82	2,756.48
455	US SILICA HOLDINGS 90346E103 ACCOUNT 1040004975	6,777.77	5,687.50
213	VALERO ENERGY 91913Y100 ACCOUNT 1040004975	18,959.63	27,021.18
17	AFFILIATED MANAGERS GROUP INC 008252108 ACCOUNT 1040004975	1,978.08	2,693.31
179	AMERICAN EQUITY INVESTMENT LIFE HOLDING COMPANY 025676206 ACCOUNT 1040004975	7,146.84	8,165.98

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COMMON STOCKS (Continued)			
432	AMERICAN EXPRESS CO 025816109 ACCOUNT 1040004412 ACCOUNT 1040004975	40,747.43	63,828.00
105	AMERIS BANCORP 03076K108 ACCOUNT 1040004975	5,327.55	4,949.70
432	BANK OF AMERICA 060505104 ACCOUNT 1040004975	16,346.36	14,307.84
1,325	BANK OF NY MELLON CORP 064058100 ACCOUNT 1040004975	62,760.23	60,314.00
144	BANK OZK 06417N103 ACCOUNT 1040004975	5,723.22	5,768.64
84	BANKUNITED INC 06652K103 ACCOUNT 1040004975	3,393.98	2,853.48
45	BLACKROCK INC 09247X101 ACCOUNT 1040003832	22,340.94	31,868.35
203	BRIGHTHOUSE FINANCIAL INC 10922N103 ACCOUNT 1040004975	10,550.48	10,407.81
351	CBOE HOLDINGS INC. 12503M108 ACCOUNT 1040003832	38,757.35	44,039.97
275	CITIGROUP INC 172967424 ACCOUNT 1040004975	12,322.28	12,438.25
241	COLUMBIA BANKING SYSTEM INC 197236102 ACCOUNT 1040004975	7,383.57	7,261.33

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COMMON STOCKS (Continued)			
42	COMERICA 200340107 ACCOUNT 1040004975	3,125.47	2,807.70
152	COMPASS DIVERSIFIED HOLDINGS 20451Q104 ACCOUNT 1040004975	3,522.25	2,770.96
532	EAST WEST BANCORP INC 27579R104 ACCOUNT 1040003832 ACCOUNT 1040004975	22,844.72	35,058.80
233	FIFTH THIRD BANCORP 316773100 ACCOUNT 1040004975	11,473.90	7,644.73
194	FIRST HAWAIIAN INC 32051X108 ACCOUNT 1040004975	4,902.44	5,051.76
191	FIRST INTERSTATE BANCSYSTEM -A 32055Y201 ACCOUNT 1040004975	7,525.25	7,382.15
433	FRANKLIN BSP REALTY TRUST INC 35243J101 ACCOUNT 1040004975	6,640.40	5,585.70
564	FRANKLIN RESOURCES, INC. 354613101 ACCOUNT 1040004975	14,104.23	14,878.32
201	FULTON FINANCIAL CORP. 360271100 ACCOUNT 1040004975	3,388.89	3,382.83
1,000	GENWORTH FINANCIAL INC. 37247D106 ACCOUNT 1040004975	3,890.80	5,290.00
520	INTERCONTINENTAL EXCHANGE GRP 45866F104 ACCOUNT 1040003832	42,988.31	53,346.80

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COMMON STOCKS (Continued)			
1,031	JP MORGAN CHASE 46625H100 ACCOUNT 1040003832 ACCOUNT 1040004412	83,137.69	138,257.10
128	JEFFERIES FINANCIAL GROUP INC 47233W109 ACCOUNT 1040004975	4,259.89	4,387.84
35	LPL FINANCIAL HOLDINGS 50212V100 ACCOUNT 1040004975	6,723.39	7,565.95
431	METLIFE INC 59156R108 ACCOUNT 1040004975	27,761.43	31,191.47
288	MOODY'S CORP. 615369105 ACCOUNT 1040003832	62,566.05	80,242.56
461	NY COMMUNITY BANCORP INC 649445103 ACCOUNT 1040004975	4,591.27	3,954.60
100	NORTHERN TRUST CORP 685859104 ACCOUNT 1040004412	12,284.45	8,849.00
457	OLD NATIONAL BANCORP 680033107 ACCOUNT 1040004975	7,941.06	8,216.86
46	PRIMERICA INC 74164M108 ACCOUNT 1040004975	5,665.93	6,523.72
137	PROGRESSIVE CORP 743315103 ACCOUNT 1040004975	16,880.58	17,770.27
191	S&P GLOBAL INC 78409V104 ACCOUNT 1040003832	46,707.52	63,973.54
600	CHARLES SCHWAB CORP 808513105	47,213.19	49,956.00

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COMMON STOCKS (Continued)			
	ACCOUNT 1040004412		
159	SIMMONS FIRST NATIONAL CORPORATION CLASS A 828730200	3,884.77	3,431.22
	ACCOUNT 1040004975		
55	TEXAS CAPITAL BANCSHARES 88224Q107	3,489.16	3,317.05
	ACCOUNT 1040004975		
596	TRUIST FINANCIAL CORP 88832Q109	34,597.95	25,645.88
	ACCOUNT 1040004975		
2,000	US BANCORP 902973304	80,631.09	87,220.00
	ACCOUNT 1040004412		
319	VIRTU FINANCIAL INC -CLASS A 928254101	10,163.20	6,510.79
	ACCOUNT 1040004975		
103	WASHINGTON FEDERAL INC. 938824109	3,690.13	3,455.65
	ACCOUNT 1040004975		
2,179	WELLS FARGO & CO 949746101	80,776.18	89,970.91
	ACCOUNT 1040004412		
	ACCOUNT 1040004975		
74	RENAISSANCE HOLDINGS LTD. G7496G103	10,737.58	13,633.02
	ACCOUNT 1040004975		
124	CHUBB LIMITED H1467J104	22,617.39	27,354.40
	ACCOUNT 1040004975		
108	AMN HEALTHCARE SERVICES 001744101	10,281.07	11,104.56
	ACCOUNT 1040004975		
1,300	ABBOTT LABORATORIES 002624100	52,962.73	142,727.00
	ACCOUNT 1040004412		

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COMMON STOCKS (Continued)			
484	ABBVIE INC 00287Y109 ACCOUNT 1040004975	72,199.92	78,219.24
91	AMGEN INC 031162100 ACCOUNT 1040004975	22,396.64	23,900.24
397	BIOMARIN PHARMACEUTICAL 09061G101 ACCOUNT 1040003832	29,770.56	41,065.53
1,600	BIO-TECHNE CORP 09073M104 ACCOUNT 1040004412	36,492.28	132,608.00
586	BOSTON SCIENTIFIC CORP 101137107 ACCOUNT 1040003832	21,636.00	27,114.22
347	BRISTOL-MYERS SQUIBB COMPANY 110122108 ACCOUNT 1040004975	24,975.22	24,966.65
63	CIGNA CORP 125523100 ACCOUNT 1040004975	14,273.91	20,874.42
904	CVS HEALTH CORP 126650100 ACCOUNT 1040003832 ACCOUNT 1040004975	90,380.11	84,243.76
196	CARDINAL HEALTH INC. 14149Y108 ACCOUNT 1040004975	11,208.71	15,066.52
77	COOPER COS. INC. 216648402 ACCOUNT 1040003832	21,283.75	25,461.59
279	CORCEPT THERAPEUTICS INC 218352102 ACCOUNT 1040004975	6,795.16	5,666.49
541	DYNAVAX TECHNOLOGIES CORP 266158201 ACCOUNT 1040004975	6,420.05	5,756.24

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COMMON STOCKS (Continued)			
125	HARMONY BIOSCIENCES HOLDINGS 413197104 ACCOUNT 1040004975	6,524.03	6,887.50
183	HESKA CORP 42805E306 ACCOUNT 1040003832	22,095.54	11,375.28
46	HUMANA INC. 444859102 ACCOUNT 1040003832	18,885.58	23,560.74
158	IDEXX LABORATORIES, INC. 45168D104 ACCOUNT 1040003832	71,476.80	64,457.68
144	INTEGRA LIFESCIENCES 457985208 ACCOUNT 1040004975	7,910.83	8,074.08
184	INTUITIVE SURGICAL, INC. 46120E602 ACCOUNT 1040003832	30,948.53	48,824.40
572	IRONWOOD PHARMACEUTICALS 46333X108 ACCOUNT 1040004975	6,309.22	7,087.08
994	JOHNSON & JOHNSON 478160104 ACCOUNT 1040003832 ACCOUNT 1040004412	104,264.41	175,590.10
500	ELI LILLY & CO 532457108 ACCOUNT 1040004412	37,514.71	182,920.00
35	NEUROCRINE BIOSCIENCES INC 64125C109 ACCOUNT 1040004975	3,666.61	4,180.40
407	NOVARTIS A G ADR 66987V109 ACCOUNT 1040003832	30,492.68	36,923.04
269	ORGANON & CO 68622V106 ACCOUNT 1040004975	10,098.99	7,513.17

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(a)	Identity & Description	(d)	(e)
COMMON STOCKS (Continued)			
500	PFIZER INC 717081103 ACCOUNT 1040004412	14,149.09	25,620.00
186	PREMIER INC 74051N102 ACCOUNT 1040004975	7,202.12	6,506.28
335	QUEST DIAGNOSTICS 74634L100 ACCOUNT 1040004975	50,897.18	52,407.40
187	HENRY SCHEIN INC 806407102 ACCOUNT 1040004975	15,213.64	14,935.69
201	SEAGEN INC 81181C104 ACCOUNT 1040003832	26,160.00	25,830.51
89	THERMO FISHER SCIENTIFIC 883556102 ACCOUNT 1040003832	19,934.70	49,011.41
27	US PHYSICAL THERAPY INC 90337L108 ACCOUNT 1040004975	2,115.89	2,187.81
510	UNITEDHEALTH GROUP INC 91324P102 ACCOUNT 1040003832 ACCOUNT 1040004412 ACCOUNT 1040004975	130,660.36	270,391.80
118	VERTEX PHARMACEUTICALS INC 92532F100 ACCOUNT 1040003832	23,572.99	34,076.04
120	ZOETIS INC 98978V103 ACCOUNT 1040003832	20,235.74	17,586.00
51	ACUITY BRANDS, INC. 00508Y102 ACCOUNT 1040004975	8,935.28	8,446.11

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(a)	Identity & Description	(d)	(e)
COMMON STOCKS (Continued)			
192	AECOM TECHNOLOGY CORP 00766T100 ACCOUNT 1040004975	12,819.92	16,306.56
107	AIR LEASE CORP 00912X302 ACCOUNT 1040004975	4,042.01	4,110.94
61	ALBANY INTL CORP CLASS A 012348108 ACCOUNT 1040004975	3,762.71	6,013.99
646	ALIGHT INC -CLASS A 01626W101 ACCOUNT 1040004975	5,578.08	5,400.56
333	BAE SYSTEMS PLC -SPONSORED ADR 05523R107 ACCOUNT 1040003832	13,205.63	14,034.29
146	BEACON ROOFING SUPPLY INC 073685109 ACCOUNT 1040004975	8,561.06	7,707.34
95	THE BRINK'S COMPANY 109696104 ACCOUNT 1040004975	5,659.71	5,102.45
633	C.H. ROBINSON WORLDWIDE, INC. 12541W209 ACCOUNT 1040004412 ACCOUNT 1040004975	46,095.80	57,957.48
311	CSX CORP 126408103 ACCOUNT 1040004975	10,675.14	9,634.78
271	CATERPILLAR INC 149123101 ACCOUNT 1040004975	55,633.80	64,920.76
424	COPART INC 217204106 ACCOUNT 1040003832	16,934.42	25,817.36
400	DONALDSON 257651109 ACCOUNT 1040004412	16,272.98	23,548.00

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(a)	Identity & Description		
COMMON STOCKS (Continued)			
171	ENERPAC TOOL GROUP CORP 292765104 ACCOUNT 1040004975	4,320.09	4,351.95
75	ESAB CORP 29605J106 ACCOUNT 1040004975	3,187.22	3,519.00
87	EXPEDITORS INTERNATIONAL OF WASHINGTON, INC. 302130109 ACCOUNT 1040004975	10,867.97	9,041.04
71	EXPONENT INC 30214U102 ACCOUNT 1040004975	6,499.48	7,035.39
1,682	FASTENAL CO. 311900104 ACCOUNT 1040004412 ACCOUNT 1040004975 FEDEX CORP 31428X106	44,888.30 0.00	79,592.24 0.00
285	FLUOR CORP 343412102 ACCOUNT 1040004975	7,821.43	9,878.10
650	GENERAC HOLDINGS 368736104 ACCOUNT 1040004412	27,428.53	65,429.00
124	GENERAL DYNAMICS CO 369550108 ACCOUNT 1040004975	25,490.50	30,765.64
1,300	GRACO INC 384109104 ACCOUNT 1040004412	33,883.59	87,438.00
300	HONEYWELL INTERNATIONAL INC 438516106 ACCOUNT 1040004412	31,455.63	64,290.00
302	KBR INC 48242W106 ACCOUNT 1040004975	14,893.93	15,945.60

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COMMON STOCKS (Continued)			
70	KNIGHT-SWIFT TRANSPORTATION 499049104 ACCOUNT 1040004975	3,265.77	3,668.70
73	KORNFERRY INTL 500643200 ACCOUNT 1040004975	3,524.19	3,695.26
204	L3 HARRIS TECHNOLOGIES INC 502431109 ACCOUNT 1040003832	46,862.15	42,474.84
81	LANDSTAR SYSTEM INC 515098101 ACCOUNT 1040004975	10,776.62	13,194.90
122	LOCKHEED MARTIN 539830109 ACCOUNT 1040004975	52,431.70	59,351.78
304	MASCO CORP 574599106 ACCOUNT 1040004975	18,688.42	14,187.66
104	MIDDLEBY CORP 596278101 ACCOUNT 1040004975	14,813.61	13,925.60
165	NORFOLK SOUTHERN CORP 655844108 ACCOUNT 1040003832	38,148.69	40,659.30
72	NORTHROP GRUMMAN CORP 666807102 ACCOUNT 1040003832	32,333.07	39,283.92
538	PACCAR INC 693718108 ACCOUNT 1040004975	45,638.97	53,245.86
.5	ROLLINS INC. 775711104 ACCOUNT 1040004975	12.44	18.27
438	RYANAIR HOLDINGS PLC 783513203 ACCOUNT 1040003832	36,118.93	32,744.88

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COMMON STOCKS (Continued)			
109	TEREX CORP. 880779103 ACCOUNT 1040004975	3,174.98	4,656.48
222	TEXTRON INC 883203101 ACCOUNT 1040004975	8,560.36	15,717.60
191	3M COMPANY 88579Y101 ACCOUNT 1040004975	26,732.44	22,904.72
1,211	TORO COMPANY 891092108 ACCOUNT 1040004412 ACCOUNT 1040004975	52,851.78	137,085.20
690	UNITED PARCEL SERVICE 911312106 ACCOUNT 1040004412 ACCOUNT 1040004975	101,485.70	119,949.60
109	WESCO INTERNATIONAL, INC. 95082P105 ACCOUNT 1040004975	9,589.47	13,646.80
1,300	NVENT ELECTRIC PLC G6700G107 ACCOUNT 1040004412	26,536.31	50,011.00
154	ALLEGRO MICROSYSTEMS INC 01749D105 ACCOUNT 1040004975	3,583.84	4,623.08
1,404	APPLE INC 037833100 ACCOUNT 1040004975	133,893.23	182,421.72
557	APPLIED MATERIALS 038222105 ACCOUNT 1040003832 ACCOUNT 1040004975	67,308.08	54,240.66
62	ARROW ELECTRONICS 042735100 ACCOUNT 1040004975	7,110.59	6,483.34

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COMMON STOCKS (Continued)			
126	AUTOMATIC DATA PROCESSING 053015103 ACCOUNT 1040004975	29,390.79	30,096.36
134	AXCELIS TECHNOLOGIES INC 054540208 ACCOUNT 1040004975	10,895.62	10,634.24
200	BADGER METER 056525108 ACCOUNT 1040004412	4,931.19	21,806.00
47	BELDEN CDT INC. 077454106 ACCOUNT 1040004975	3,191.35	3,379.30
78	BOOZ ALLEN HAMILTON HOLDING COR 099502106 ACCOUNT 1040004975	7,121.12	8,152.56
481	BOX INC 103151104 ACCOUNT 1040004975	12,424.90	14,973.53
592	CDW CORP OF DELAWARE 12514G108 ACCOUNT 1040003832 ACCOUNT 1040004975	93,811.79	105,719.36
216	CARS.COM INC 14575E105 ACCOUNT 1040004975	3,528.49	2,974.32
543	COGNEX CORP. 192422103 ACCOUNT 1040003832	32,633.17	25,580.73
794	COGNIZANT TECH SOLUTIONS CORP C A 192446102 ACCOUNT 1040004975	64,553.08	45,408.86
930	COMMScope HOLDING CO INC 20337X109 ACCOUNT 1040004975	8,575.52	8,835.50
101	COMMVAULT SYSTEMS 204166102 ACCOUNT 1040004975	6,526.07	8,346.84

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COMMON STOCKS (Continued)			
1,450	DIGI INTERNATIONAL INC. 253798102 ACCOUNT 1040004412	17,306.16	52,997.50
67	DIODES INC 254543101 ACCOUNT 1040004975	7,324.67	5,101.38
1,294	DOUBLEVERIFY HOLDINGS INC 25862V105 ACCOUNT 1040003832	33,204.41	28,416.24
629	DROPBOX INC -CLASS A 26210C104 ACCOUNT 1040004975	14,675.55	14,077.02
142	EVERTEC INC 30040P103 ACCOUNT 1040004975	4,877.91	4,597.96
44	EXLSERVICE HOLDINGS INC 302081104 ACCOUNT 1040004975	5,651.94	7,454.92
1,108	FISERV INC 337738108 ACCOUNT 1040004412 ACCOUNT 1040004975	103,729.06	111,985.56
512	HP INC 40434L105 ACCOUNT 1040004975	18,071.40	13,757.44
1,125	INTEL CORP 458140100 ACCOUNT 1040004975	56,935.23	29,733.75
104	INTUIT INC 461202103 ACCOUNT 1040003832	40,171.45	40,478.88
255	JABIL INC 466313103 ACCOUNT 1040004975	13,817.04	17,391.00
57	KLA-TENCOR CORP 482480100 ACCOUNT 1040004975	19,082.19	21,490.71

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COMMON STOCKS (Continued)			
274	KNOWLES CORP 49926D109 ACCOUNT 1040004975	5,827.32	4,499.08
149	LAM RESEARCH 512807108 ACCOUNT 1040004975	64,062.30	62,624.70
450	LITTELFUSE INC. 537008104 ACCOUNT 1040004412	87,119.07	99,090.00
64	MACOM TECHNOLOGY SOLUTIONS HOLDINGS INC 55405Y100 ACCOUNT 1040004975	4,659.31	4,030.72
466	MASTERCARD INC 57836Q104 ACCOUNT 1040003832 ACCOUNT 1040004975	82,889.58	162,042.18
144	MAXLINEAR INC 57776J100 ACCOUNT 1040004975	4,838.23	4,888.80
1,843	MICROSOFT CORP 594918104 ACCOUNT 1040003832 ACCOUNT 1040004412 ACCOUNT 1040004975	241,364.36	441,988.26
135	MICROCHIP TECHNOLOGY 595017104 ACCOUNT 1040004975	10,390.15	9,483.75
359	MICRON TECHNOLOGY 595112103 ACCOUNT 1040003832	22,922.33	17,942.82
500	MOTOROLA SOLUTIONS 620076307 ACCOUNT 1040004412	64,701.80	128,855.00
274	NCR CORP. 62886E108 ACCOUNT 1040004975	9,799.94	6,414.34

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COMMON STOCKS (Continued)			
1,000	NVIDIA CORP 67066G104 ACCOUNT 1040004412	39,052.80	146,140.00
331	ON SEMICONDUCTOR CORPORATION 682189105 ACCOUNT 1040004975	22,527.83	20,644.47
649	PAYPAL HOLDINGS 70450Y103 ACCOUNT 1040003832	62,814.90	46,221.76
1,000	QUALCOMM INC 747525103 ACCOUNT 1040004412	79,797.35	109,940.00
25	QUALYS INC 74758T303 ACCOUNT 1040004975	3,276.89	2,805.75
312	RAMBUS INC 750917106 ACCOUNT 1040004975	8,840.22	11,175.84
1,099	SALESFORCE INC 79466L302 ACCOUNT 1040003832 ACCOUNT 1040004412	265,007.23	145,716.41
234	SERVICENOW INC 81762P102 ACCOUNT 1040003832	45,922.84	90,855.18
399	SNOWFLAKE INC-CL A 833445109 ACCOUNT 1040003832	75,494.49	57,272.45
173	TEXAS INSTRUMENTS INC 882508104 ACCOUNT 1040004975	28,833.76	28,583.06
524	VIAVI SOLUTIONS INC 925550105 ACCOUNT 1040004975	8,436.92	5,507.24

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COMMON STOCKS (Continued)			
1,184	VISA INC CL A 92826C839 ACCOUNT 1040003832 ACCOUNT 1040004412 ACCOUNT 1040004975	145,191.89	245,987.84
344	VISHAY INTERTECHNOLOGY, INC. 928298108 ACCOUNT 1040004975	7,713.79	7,420.08
645	XEROX HOLDINGS CORP 98421M106 ACCOUNT 1040004975	12,921.89	9,417.00
93	AMDOCS LTD G02602103 ACCOUNT 1040004975	7,289.90	8,453.70
129	GENPACT LTD G3922B107 ACCOUNT 1040004975	5,987.95	5,975.28
144	SMART GLOBAL HOLDINGS INC G8232Y101 ACCOUNT 1040004975	2,978.11	2,142.72
40	ALPHA METALLURGICAL RESOURCES 020764106 ACCOUNT 1040004975	5,814.36	5,855.60
23	BALCHEM CORP 057665200 ACCOUNT 1040004975	3,451.32	2,808.53
183	DOW INC 260557103 ACCOUNT 1040004975	11,139.95	9,221.37
67	EAGLE MATERIALS INC 26969P108 ACCOUNT 1040004975	7,464.12	8,900.95
600	ECOLAB INC 278865100 ACCOUNT 1040004412	66,250.17	87,336.00
437	FMC CORPORATION 302491303 ACCOUNT 1040003832	42,606.34	54,537.60

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COMMON STOCKS (Continued)			
700	H.B FULLER COMPANY 359694106 ACCOUNT 1040004412	32,672.60	50,134.00
236	LSB INDUSTRIES 502160104 ACCOUNT 1040004975	3,708.65	3,138.80
378	NEWMONT CORP 651639106 ACCOUNT 1040003832	22,474.64	17,841.60
186	NUCOR CORP 670346105 ACCOUNT 1040004975	24,590.58	24,516.66
449	O-I GLASS INC 67096H104 ACCOUNT 1040004975	7,594.34	7,439.93
300	SHERWIN WILLIAMS 824348106 ACCOUNT 1040004412	39,315.36	71,199.00
118	SONOCO PRODUCTS COMPANY 835495102 ACCOUNT 1040004975	6,702.33	7,163.76
206	SUMMIT MATERIALS INC -CL A 86614U100 ACCOUNT 1040004975	5,383.71	5,848.34
511	AT&T 00206R102 ACCOUNT 1040004975	9,382.57	9,407.51
382	ACTIVISION BLIZZARD 00507V109 ACCOUNT 1040003832	22,572.72	29,242.10
2,955	ALPHABET INC CL C 02079K107 ACCOUNT 1040004412 ACCOUNT 1040004975	137,381.83	262,197.15
947	ALPHABET INC CL A 02079K305 ACCOUNT 1040003832	69,761.01	83,553.81

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COMMON STOCKS (Continued)			
400	WALT DISNEY COMPANY 254687106 ACCOUNT 1040004412	34,547.58	34,752.00
475	ELECTRONIC ARTS INC 285512109 ACCOUNT 1040003832	13,744.77	58,035.50
547	META PLATFORMS INC 30303M102 ACCOUNT 1040003832	114,184.67	65,825.98
2,436	UBISOFT ENTERTAINMENT -ADR 90348R102 ACCOUNT 1040003832	34,431.18	13,690.32
571	VERIZON COMMUNICATIONS 92343V104 ACCOUNT 1040004975	30,304.37	22,497.40
177	YELP INC 985817105 ACCOUNT 1040004975	5,503.80	4,839.18
614	EVERGY INC 30034W106 ACCOUNT 1040003832	37,165.21	38,639.02
524	EXELON CORPORATION 30161N101 ACCOUNT 1040004975	18,901.02	22,652.52
759	VISTRA ENERGY CORP 92840M102 ACCOUNT 1040004975	16,006.28	17,608.80
178	AGREE REALTY CORP 008492100 ACCOUNT 1040004975	12,799.94	12,625.54
106	EQUINIX 29444U700 ACCOUNT 1040003832	61,370.37	69,433.18
214	EQUITY LIFESTYLE PROPERTIES 29472R108 ACCOUNT 1040004975	14,947.06	13,824.40

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COMMON STOCKS (Continued)			
190	NATIONAL RETAIL PROPERTIES INC 637417106 ACCOUNT 1040004975	8,907.37	8,694.40
138	REGENCY CENTERS CORP. 758849103 ACCOUNT 1040004975	9,315.34	8,625.00
223	RETAIL OPPORTUNITY INVESTMENTS 76131N101 ACCOUNT 1040004975	4,257.08	3,351.69
265	SBA COMMUNICATIONS CORP 78410G104 ACCOUNT 1040003832	50,286.42	74,282.15
367	SABRA HEALTH CARE REIT INC 78573L106 ACCOUNT 1040004975	4,517.33	4,561.81
276	CUSHMAN & WAKEFIELD PLC G2717B106 ACCOUNT 1040004975	5,246.73	3,438.96
	TOTAL COMMON STOCK	8,268,254.81	10,303,124.75
PREFERRED STOCK			
1,000	HUNTINGTON BANCSHARES 446150823 ACCOUNT 1040005288	21,197.00	16,960.00
1,000	CHARLES SCHWAB CORP 808513865 ACCOUNT 1040005288	22,440.00	18,500.00
	TOTAL FINANCIALS	43,637.00	35,460.00
FOREIGN STOCK			
CONSUMER DISCRETIONARY			
585	ADIDAS AG 00687A107 ACCOUNT 1040003832	58,697.98	39,627.90
511	SONY CORP-ADR 835699307 ACCOUNT 1040003832	51,334.13	38,979.08
	TOTAL CONSUMER DISCRETIONARY	110,032.11	78,606.98

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FOREIGN STOCK (Continued)			
	ACCOUNT 1040004975		
349	ALCON INC H01301128	18,942.28	23,923.95
	ACCOUNT 1040003832		
	TOTAL HEALTHCARE	204,102.84	204,688.84
INDUSTRIALS			
375	CANADIAN NAT'L RAILWAY CO 136375102	42,265.32	44,580.00
	ACCOUNT 1040003832		
195	GRUPO AEROPORTUARIO ADR 400501102	5,955.07	12,058.80
	ACCOUNT 1040003832		
74	GRUPO AEROPORTUARIO PAC ADR 400506101	4,376.01	10,641.94
	ACCOUNT 1040003832		
49	GRUPO AEROPORTUARIO DEL SURESTE ADR 40051E202	4,903.47	11,416.51
	ACCOUNT 1040003832		
33	ALLEGION PUBLIC LIMITED CO G0176J109	4,237.27	3,473.58
	ACCOUNT 1040004975		
	TOTAL INDUSTRIALS	61,737.14	82,170.83
INFORMATION TECHNOLOGY			
258	TAIWAN SEMICONDUCTOR MANUFACTURING COMPANY LTD. 674039100	30,245.91	19,218.42
	ACCOUNT 1040003832		
278	ACCENTURE PLC G1151C101	94,882.23	74,181.52
	ACCOUNT 1040004975		
	TOTAL INFORMATION TECHNOLOGY	125,128.14	93,399.94

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FOREIGN STOCK (Continued)			
	MATERIALS		
1,399	AIR LIQUIDE -UNSPONSORED ADR 009126202 ACCOUNT 1040003832	43,709.99	39,567.92
246	BARRICK GOLD CORP 067901108 ACCOUNT 1040003832	5,140.34	4,226.28
	TOTAL MATERIALS	48,850.33	43,794.20
	COMMUNICATION SERVICES		
1,163	CELLNEX TELECOM S.A. -UNSP ADR 15117X105 ACCOUNT 1040003832	24,365.95	19,189.50
	TOTAL FOREIGN STOCK	644,299.40	578,834.65

2022 Form 5500 for Plumbers and Steamfitters Local No. 83 Pension Fund
 EIN/PN: 55-0463652/001
Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

Schedule of Actuarial Liabilities and Amortization Payments

MINIMUM FUNDING	<u>Initial</u> <u>Amount</u>	<u>Date</u> <u>Established</u>	<u>Remaining</u> <u>Period</u>	<u>Balance</u>	<u>Payment</u>
<u>Charges</u>					
95 Amendment	\$ 552,776	1/1/1995	3.0	\$ 119,559	\$ 42,578
96 Amendment	1,108,784	1/1/1996	4.0	309,323	85,346
96 Assumption Change	585,915	1/1/1996	4.0	163,450	45,098
97 Amendment	1,171,622	1/1/1997	5.0	395,391	90,124
98 Amendment	169,983	1/1/1998	6.0	662,979	129,991
99 Amendment	1,707,849	1/1/1999	7.0	756,601	131,205
00 Amendment	167,410	1/1/2000	8.0	82,131	12,854
04 Assumption Change	115,284	1/1/2004	12.0	75,044	8,830
09 Experience Loss	374,009	1/1/2009	2.0	75,755	39,159
09 Investment Loss	4,829,317	1/1/2009	16.0	3,763,732	372,355
11 Experience Loss	610,625	1/1/2011	4.0	230,748	63,667
12 Experience Loss	2,826,092	1/1/2012	5.0	1,290,191	294,080
Experience Loss 13	301,820	1/1/2013	6.0	159,873	31,347
Assumption Change 14	1,251,944	1/1/2014	7.0	748,393	129,782
Experience Loss 14	515,159	1/1/2014	7.0	307,953	53,404
Experience Loss 15	1,522,894	1/1/2015	8.0	1,006,835	157,582
Experience Loss 16	1,602,128	1/1/2016	9.0	1,153,662	165,488
Experience Loss 17	1,006,041	1/1/2017	10.0	779,615	103,738
Assumption Change 18	1,420,882	1/1/2018	11.0	1,173,611	146,270
Experience Loss 18	1,173,166	1/1/2018	11.0	969,004	120,770
Assumption Change 19	1,099,790	1/1/2019	12.0	960,629	113,033
Experience Loss 19	787,735	1/1/2019	12.0	688,059	80,961
Plan Change 19	2,979,994	1/1/2019	12.0	2,602,924	306,274
Experience Loss 20	523,160	1/1/2020	13.0	480,445	53,725
Assumption Change 21	1,171,475	1/1/2021	14.0	1,124,857	120,207
Experience Loss 22	627,421	1/1/2022	15.0	627,421	64,381
Assumption Change 22	34,041	1/1/2022	15.0	34,041	3,493
Plan Change 22	679,468	1/1/2022	15.0	679,468	69,721
Subtotal				\$ 21,421,694	\$ 3,035,463
<u>Credits</u>					
07 Assumption Change	\$ 2,379,516	1/1/2007	15.0	\$ 1,773,216	\$ 181,953
08 Experience Gain	153,670	1/1/2008	1.0	16,124	16,124
09 Method Change	1,894,777	1/1/2009	17.0	1,509,340	144,481
09 Plan Change	1,151,402	1/1/2009	2.0	233,204	120,546
10 Experience Gain	926,276	1/1/2010	3.0	271,747	96,776
11 Assumption Change	696,700	1/1/2011	4.0	263,274	72,641
Plan Change 14	112,038	1/1/2014	7.0	66,973	11,614
Assumption Change 20	479,321	1/1/2020	13.0	440,185	49,223
Experience Gain 21	1,356,659	1/1/2021	14.0	1,302,672	139,209
Subtotal				\$ 5,876,735	\$ 832,567
Net Amortization Balance and Payment				\$ 15,544,959	\$ 2,202,896

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

Assumption Changes

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

- The interest rate used to calculate RPA '94 current liability has been changed from 2.43% to 2.22% to fall within prescribed limitations that fluctuate yearly. The mortality assumption for RPA '94 current liability has also been updated as mandated.
- The mortality improvement scale has been updated from MP 2020 to MP 2021 to reflect an additional year of historical mortality experience through 2019, as published by the Society of Actuaries. This resulted in a \$107,000 increase in liability and is considered an experience loss.
- Retirement rates for terminated vested participants not eligible for early retirement are deferred to age 65. Those eligible for early retirement are assumed to retire at age 63, or on the valuation date if currently older than age 63. This refinement to non-eligible terminated vested participants decreased the liability by 0.1%, or \$73,000.
- Retirement rates for active members have been set to 100% starting at age 62 as a result of the plan amendment to provide unreduced early retirement at ages 62-65 for those who retire from active status. This assumption will be monitored as actual plan experience post-amendment develops. Liabilities increased roughly \$680,000, or 1.3%, as a result of the plan amendment and retirement assumption change.