

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 06/01/2022 and ending 05/31/2023	
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 LOCAL #210 RETIREMENT FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2004
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) TRUSTEES OF PLUMBERS LOCAL #210 RETIREMENT FUND 2901 E. 83RD PLACE MERRILLVILLE, IN 46410
2b	Employer Identification Number (EIN) 32-0100178
2c	Plan Sponsor's telephone number 219-942-7224
2d	Business code (see instructions) 238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/17/2024	KEVIN KEOUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/17/2024	SALVADOR ESPINO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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		5 370
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) 242
a(2) Total number of active participants at the end of the plan year		6a(2) 259
b Retired or separated participants receiving benefits		6b 22
c Other retired or separated participants entitled to future benefits.....		6c 103
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 384
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 6
f Total. Add lines 6d and 6e		6f 390
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 390
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 32
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(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		b General Schedules
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ 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 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 06/01/2022 and ending 05/31/2023	
A Name of plan PLUMBERS LOCAL #210 RETIREMENT FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS LOCAL #210 RETIREMENT FUND	D Employer Identification Number (EIN) 32-0100178

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BAIRD FUNDS INC	777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CAUSEWAY CAPITAL MANAGEMENT TRUST	11111 SANTA MONICA BLVD, SUITE 1500 LOS ANGELES, CA 90025

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
EATON VANCE MANAGEMENT	TWO INTERNATIONAL PLACE BOSTON, MA 02110

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY FIXED INCOME TRUST	82 DEVONSHIRE STREET BOSTON, MA 02109

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

THE VANGUARD GROUP, INC

P.O. BOX 1110
VALLEY FORGE, PA 19482

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

TOUCHSTONE FUNDS GROUP TRUST

303 BROADWAY, SUITE 1100
CINCINNATI, OH 45202

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

BLACKROCK EMERGING MRKTS FUND, INC

100 BELLEVUE PARKWAY
WILMINGTON, DE 19809

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

NEWTOWER TRUST COMPANY

30-0872552

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

NORTHERN TRUST CORPORATION

36-2723087

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

THE BANK OF NEW YORK MELLON

25-6078093

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

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

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

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

MARQUETTE ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	47488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M. KALUZA

32-0047529

(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?
30	EMPLOYEE	30331	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	30319	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)

SOLXSYS ADMINISTRATIVE SOLUTIONS

83-2454243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	19675	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REGIONS INSTITUTIONAL SERVICES

63-0935103

(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 28 51	NONE	19661	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19516	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)

JOHNSON & KROL, LLC

36-4342024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	18245	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(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	15189	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

CHEVY CHASE TRUST COMPANY

52-2037618

(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	15159	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)

ASCENSUS, INC.

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	10668	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 06/01/2022 and ending 05/31/2023	

A Name of plan PLUMBERS LOCAL #210 RETIREMENT FUND		B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS LOCAL #210 RETIREMENT FUND		D Employer Identification Number (EIN) 32-0100178	

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 FUND			
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY			
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) 4229063	
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST			
b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY			
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4642095	
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON AFL-CIO SL BRD MKT SIF			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON CORPORATION			
c EIN-PN 25-6078093-340	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27322518	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE QUAL SMALL CAP VAL FD			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC			
c EIN-PN 45-6138589-071	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

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 06/01/2022 and ending 05/31/2023		
A Name of plan PLUMBERS LOCAL #210 RETIREMENT FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS LOCAL #210 RETIREMENT FUND	D Employer Identification Number (EIN) 32-0100178	

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	56133	87347
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	429944	458824
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	652521	202064
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1646028	945194
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	12744583	36193676
(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)	52927444	34100432
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	68456653	71987537

Liabilities

g Benefit claims payable	1g	58468	144719
h Operating payables	1h	26712	27377
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	85180	172096

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	68371473	71815441
---	-----------	----------	----------

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)	4535777	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4535777
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	80246	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		80246
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1625549	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1625549
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	29954949	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	29954949	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		392868
(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)		-1269394
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5365046
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1685847	
(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)		1685847
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)	37761	
(2) Contract administrator fees	2i(2)	30343	
(3) Investment advisory and management fees	2i(3)	127989	
(4) Other	2i(4)	39138	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		235231
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1921078
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3443968
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: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

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		1200000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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 06/01/2022 and ending 05/31/2023		
A Name of plan PLUMBERS LOCAL #210 RETIREMENT FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS LOCAL #210 RETIREMENT FUND		D Employer Identification Number (EIN) 32-0100178
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
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): 23-3060382		
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
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

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
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
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
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 LOCAL #210 RETIREMENT FUND

FINANCIAL STATEMENTS

MAY 31, 2023

PLUMBERS LOCAL #210 RETIREMENT FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION

MAY 31, 2023 AND 2022

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REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
Plumbers Local #210 Retirement Fund

Opinion

We have audited the financial statements of Plumbers Local #210 Retirement Fund (the 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 May 31, 2023 and 2022, 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Plumbers Local #210 Retirement Fund as of May 31, 2023 and 2022, 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 *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our 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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (continued)

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.

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Schererville, Indiana

January 11, 2024

PLUMBERS LOCAL #210 RETIREMENT FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MAY 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS - at fair value		
Mutual funds	\$ 34,100,432	\$ 52,927,444
Common collective trusts	36,193,676	12,744,583
Money market funds	<u>945,194</u>	<u>1,646,028</u>
Total investments	<u>71,239,302</u>	<u>67,318,055</u>
RECEIVABLES		
Employer contributions	458,824	429,944
Due from related organizations - net	178,266	645,404
Accrued interest income	<u>4,758</u>	<u>653</u>
Total receivables	<u>641,848</u>	<u>1,076,001</u>
PREPAID EXPENSES	<u>19,040</u>	<u>6,464</u>
CASH	<u>87,347</u>	<u>56,133</u>
Total assets	<u>71,987,537</u>	<u>68,456,653</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	5,883	10,367
Reciprocity payable	<u>21,494</u>	<u>16,345</u>
Total liabilities	<u>27,377</u>	<u>26,712</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 71,960,160</u>	<u>\$ 68,429,941</u>

See accompanying notes to financial statements.

PLUMBERS LOCAL #210 RETIREMENT FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED MAY 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS		
Investment income		
Net (depreciation) in fair value of investments	\$ (876,526)	\$ (3,426,062)
Interest and dividends	<u>1,705,795</u>	<u>1,713,023</u>
	829,269	(1,713,039)
Less investment expenses	<u>(127,989)</u>	<u>(134,327)</u>
Investment income (loss) - net	701,280	(1,847,366)
Employer contributions	<u>4,535,777</u>	<u>4,264,203</u>
Total additions	<u>5,237,057</u>	<u>2,416,837</u>
DEDUCTIONS		
Benefits paid	1,599,596	2,371,305
Administrative expenses	<u>107,242</u>	<u>94,423</u>
Total deductions	<u>1,706,838</u>	<u>2,465,728</u>
NET INCREASE (DECREASE)	3,530,219	(48,891)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>68,429,941</u>	<u>68,478,832</u>
End of year	<u>\$ 71,960,160</u>	<u>\$ 68,429,941</u>

See accompanying notes to financial statements.

PLUMBERS LOCAL #210 RETIREMENT FUND

NOTES TO FINANCIAL STATEMENTS

MAY 31, 2023 AND 2022

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of Plumbers Local #210 Retirement Fund (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Employer contributions due as determined by payroll compliance audits are recorded as income when collected. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked and the contribution rate set forth in the collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 in the plumbing industry within a jurisdiction located in Lake, Porter, Newton, Jasper and LaPorte counties in Indiana.

Reciprocal Contributions - The Plan has entered into reciprocity agreements with other multiemployer pension plans for its participants who perform work outside the geographic jurisdiction of the local union. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union. When a participant works in the territory of a reciprocating local union, the Plan is required to make contributions to the participant's home local benefit plans on the participant's behalf. The Plan's contribution revenue includes monies received pursuant to reciprocity agreements. The Plan uses the same recognition and measurement criteria for such revenue as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Reciprocal Contributions (continued) - The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of \$90,978 and \$218,161 for the years ended May 31, 2023 and 2022, respectively, from various affiliated pension plans under the terms of reciprocity agreements. The Plan remitted a total of \$208,674 and \$69,831 in reciprocal contributions to various affiliated pension plans under the terms of reciprocity agreements for the years ended May 31, 2023 and 2022, respectively.

Payment of Benefits - Benefits paid to or on behalf of participants are recorded upon distribution. Amounts allocated to participants who elected a withdrawal from the Plan at May 31, 2023 and 2022 totaled \$144,719 and \$58,468 respectively.

Expenses - Certain investment related expenses are included in net depreciation in fair value of investments.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through January 11, 2024, which is the date the financial statements were available to be issued.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established in 2004 under the terms of a collective bargaining agreement between the local union and various employers to provide benefits upon termination or retirement. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreement. The Plan is a multiemployer defined contribution retirement plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Benefits under the Plan are not insured by the Pension Benefit Guaranty Corporation.

An individual account is established for each participant. Employer contributions made on the participant's behalf are credited to the individual account and are adjusted for Plan earnings or losses, less administrative expenses. As defined, income allocations are based on individual account balances. Effective June 1, 2022, participant accounts are charged a quarterly fee of \$150 to cover administrative costs incurred by the Plan. The quarterly fee charged to participant accounts was \$125 from March 1, 2022 through May 31, 2022 and \$100 prior to March 1, 2022. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Under current Plan provisions, each participant's account is immediately vested in all employer contributions paid on the participant's behalf. Upon death, disability, retirement or a separation from service for more than two years, participants are entitled to receive their account balance subject to the payment provisions of the Plan.

NOTE 2. DESCRIPTION OF THE PLAN (CONTINUED)

Included in net assets available for benefits is an administrative reserve, which is available to pay administrative expenses and establish individual accounts for employer contributions that are deemed delinquent. At May 31, 2023 and 2022, the Plan had a surplus of \$181,062 and \$231,107 respectively, in the administrative reserve.

Participants should refer to the summary plan description for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the participants and their beneficiaries, except that provision may be made for the payment of necessary expenses resulting from termination of the Plan.

In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

NOTE 4. TAX STATUS

The Plan's latest determination letter is dated October 1, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

NOTE 5. FUNDING POLICY

Employer contributions to the Plan are made in accordance with the collective bargaining agreement. The hourly contribution rate was \$11.20 for each of the years ended May 31, 2023 and 2022.

NOTE 6. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

- | | |
|---------|---|
| Level 1 | Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities |
| Level 2 | Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly |
| Level 3 | Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable |

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 following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of May 31, 2023 and 2022. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

		Fair Value Measurements at 5/31/23 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Mutual funds	\$ 34,100,432	\$ 34,100,432	\$ -	\$ -
Money market funds	945,194	-	945,194	-
	35,045,626	<u>\$ 34,100,432</u>	<u>\$ 945,194</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common collective trusts	36,193,676			
Total	<u>\$ 71,239,302</u>			

		Fair Value Measurements at 5/31/22 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Mutual funds	\$ 52,927,444	\$ 52,927,444	\$ -	\$ -
Money market funds	1,646,028	-	1,646,028	-
	54,573,472	<u>\$ 52,927,444</u>	<u>\$ 1,646,028</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common collective trusts	12,744,583			
Total	<u>\$ 67,318,055</u>			

Level 1 Measurements

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

Level 2 Measurements

The money market fund is valued at cost, which approximates its fair value.

Measurements Using Net Asset Value as a Practical Expedient

The Plan's investments in the common collective trusts are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liability. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)**Measurements Using Net Asset Value as a Practical Expedient (continued)**

The common collective trusts are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the investment strategies of DFE investments. Redemption information is summarized below:

Fair Value		Redemptions	
2023	2022	Frequency	Notice Period
\$ 27,322,518	\$ -	Daily	None
\$ 4,229,063	\$4,449,734	Quarterly	30 days
\$ 4,642,095	\$4,707,118	Quarterly	45 days
\$ -	\$3,587,731	Daily	1 day

NOTE 7. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

Due to inherent uncertainties involved in the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

NOTE 8. RELATED ORGANIZATIONS**Identification of Related Organizations**

The Plan has a number of related organizations including a local union, a health and welfare plan and a training fund, all of which are tax-exempt.

Shared Administrative Expenses

The Plan shares facilities, equipment and staff with the related organizations. The local union provides office space to the Plan at no cost. Salary, payroll taxes and fringe benefit expenses for an employee shared with the related local union, training fund and health and welfare plan are initially paid by the local union and are allocated to the Plan based on estimated time spent and actual costs incurred. Shared administrative expenses allocated to the Plan for the years ended May 31, 2023 and 2022 totaled \$30,331 and \$29,641 respectively. As of May 31, 2023, the Plan owed the local union \$19,675 for contribution processing fees initially paid by the local union.

NOTE 8. RELATED ORGANIZATIONS (CONTINUED)

Shared Administrative Expenses (continued)

As of May 31, 2023, the related training fund owed the Plan \$104 for investment fees initially paid by the Plan.

Lockbox Account

Contributions for the Plan and other affiliated organizations are received and deposited in a lockbox account owned by the health and welfare plan. On a regular basis, contributions due to the Plan are transferred from the lockbox account into the Plan's cash account.

Contributions received in the lockbox account and not processed at year end are included as a receivable on the statements of net assets available for benefits. At May 31, 2023 and 2022, the health and welfare plan owed the Plan \$197,837 and \$645,404 respectively, for such amounts.

NOTE 9. MAJOR EMPLOYERS

Contributions from three employers accounted for approximately 39% and 34% of total employer contributions for the years ended May 31, 2023 and 2022, respectively. In the event these employers were to suspend contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

NOTE 10. CONCENTRATION OF PLAN INVESTMENTS

As of May 31, 2023, the Plan has a significant portion of its assets invested in an equity common collective trust that seeks to approximate the risk and return characteristics of the Russell 3000 Index, an index that tracks the performance of the 3,000 largest U.S.-traded stocks. The common collective trust represents approximately 38% of the Plan's net assets available for benefits. As of May 31, 2022, the Plan had a significant portion of its assets invested in a certain equity mutual fund. The equity mutual fund represented approximately 29% of the Plan's net assets available for benefits.

The Plan's exposure to a concentration of credit risk is limited by the diversification of investments across the Plan's investments. Additionally, the investments within each directed fund are further diversified into varied financial instruments.

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ 71,960,160	\$ 68,429,941
Less - benefit obligations currently payable	<u>(144,719)</u>	<u>(58,468)</u>
Net assets available for benefits per the Form 5500	<u>\$ 71,815,441</u>	<u>\$ 68,371,473</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended May 31, 2023:

Benefits paid to or for participants per the financial statements	\$ 1,599,596
Add - amounts currently payable at end of year	144,719
Less - amounts payable at end of year prior year	<u>(58,468)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 1,685,847</u>

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Plumbers Local #210 Retirement Fund

We have audited the financial statements of Plumbers Local #210 Retirement Fund (the Plan) as of and for the years ended May 31, 2023 and 2022, and our report thereon dated January 11, 2024, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 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 GAAS.

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

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

Legacy Professionals LLP

Schererville, Indiana

January 11, 2024

SCHEDULE H	OTHER RECEIVABLES	STATEMENT	1
DESCRIPTION	BEGINNING	ENDING	
ACCRUED INTEREST AND DIVIDENDS	653.	4,758.	
DUE FROM RELATED ORGANIZATIONS - NET	645,404.	178,266.	
PREPAID EXPENSES	6,464.	19,040.	
TOTAL TO SCHEDULE H, LINE 1B(3)	652,521.	202,064.	

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT	2
DESCRIPTION	AMOUNT		
INSURANCE	7,247.		
OFFICE EXPENSE	1,560.		
SHARED EMPLOYEE	30,331.		
TOTAL TO SCHEDULE H, LINE 2I(4)	39,138.		

Plumbers Local Union No. 210

Retirement Plan

EIN #32-0100178

Schedule of Investments Held

May 31, 2023

<u>Description</u>	<u>Shares</u>	<u>Cost</u>	<u>Fair Value</u>
Mutual Funds:			
Baird Aggregate Bond Fund	1,345,414	\$ 14,343,857	\$ 13,090,881
BlackRock Emerging Markets Fund Inc	57,359	1,719,187	1,311,224
Causeway International Value Fund	308,422	4,598,206	5,619,450
Fidelity Global ex US Index Fund	512,496	6,572,577	6,759,825
Parametric Volatility Risk Premium Defensive Fund	272,316	3,042,550	3,610,908
Touchstone Active Bond Fund	400,016	4,457,837	3,708,144
Total		<u>\$ 34,734,214</u>	<u>\$ 34,100,432</u>
Common Collective Trusts:			
ASB Allegiance Real Estate Fund	2,125	\$ 2,218,911	\$ 4,229,063
BNYM Mellon AFL-CIO SL Broad Market SIF	2,192,818	26,500,000	27,322,518
Multi-Employer Property Trust	308	2,260,693	4,642,095
Total		<u>\$ 30,979,604</u>	<u>\$ 36,193,676</u>
Interest Bearing Cash:			
Goldman Financial Square Government Fund	945,194	<u>\$ 945,194</u>	<u>\$ 945,194</u>



5% Series Reportable Transactions By Issue

Beginning Market Value: \$67,330,108.20

Comparative Value (5%): \$3,366,505.41

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
<i>Goldman Sachs Financial Square Government Fund</i>					
Purchases					
June 2, 2022 June 2, 2022	Purchase 652.58 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	652.58	652.58	652.58	
June 27, 2022 June 27, 2022	Purchase 13,482.57 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	13,482.57	13,482.57	13,482.57	
June 30, 2022 June 30, 2022	Purchase 965.60 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	965.60	965.60	965.60	
July 5, 2022 July 5, 2022	Purchase 1,376.21 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	1,376.21	1,376.21	1,376.21	
July 22, 2022 July 22, 2022	Purchase 763,157.44 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	763,157.44	763,157.44	763,157.44	
July 29, 2022 July 29, 2022	Purchase 475.77 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	475.77	475.77	475.77	
August 2, 2022 August 2, 2022	Purchase 2,420.15 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	2,420.15	2,420.15	2,420.15	
August 23, 2022 August 23, 2022	Purchase 328,837.60 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	328,837.60	328,837.60	328,837.60	
August 31, 2022 August 31, 2022	Purchase 1,418.16 Units of Goldman Sachs Trust - Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	1,418.16	1,418.16	1,418.16	



5% Series Reportable Transactions By Issue (continued)

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
Purchases (continued)					
September 2, 2022 September 2, 2022	Purchase 4,060.59 Units of Goldman Sachs Trust - Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	4,060.59	4,060.59	4,060.59	
September 14, 2022 September 14, 2022	Purchase 424,695.97 Units of Goldman Sachs Trust - Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	424,695.97	424,695.97	424,695.97	
September 30, 2022 September 30, 2022	Purchase 904.13 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	904.13	904.13	904.13	
October 4, 2022 October 4, 2022	Purchase 5,266.77 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	5,266.77	5,266.77	5,266.77	
October 31, 2022 October 31, 2022	Purchase 261.93 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	261.93	261.93	261.93	
November 2, 2022 November 2, 2022	Purchase 7,294.63 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	7,294.63	7,294.63	7,294.63	
November 3, 2022 November 3, 2022	Purchase 1,997.44 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	1,997.44	1,997.44	1,997.44	
November 4, 2022 November 4, 2022	Purchase 120.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	120.00	120.00	120.00	
November 16, 2022 November 16, 2022	Purchase 198.37 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	198.37	198.37	198.37	
November 21, 2022 November 21, 2022	Purchase 326,649.51 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	326,649.51	326,649.51	326,649.51	



5% Series Reportable Transactions By Issue (continued)

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
Purchases (continued)					
November 30, 2022 November 30, 2022	Purchase 1,358.63 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	1,358.63	1,358.63	1,358.63	
December 1, 2022 December 1, 2022	Purchase 323,724.71 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	323,724.71	323,724.71	323,724.71	
December 2, 2022 December 2, 2022	Purchase 4,153.78 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	4,153.78	4,153.78	4,153.78	
December 7, 2022 December 7, 2022	Purchase 135.01 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	135.01	135.01	135.01	
December 20, 2022 December 20, 2022	Purchase 452,184.82 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	452,184.82	452,184.82	452,184.82	
December 30, 2022 December 30, 2022	Purchase 318.18 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	318.18	318.18	318.18	
January 4, 2023 January 4, 2023	Purchase 5,270.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	5,270.00	5,270.00	5,270.00	
January 12, 2023 January 12, 2023	Purchase 316,914.66 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	316,914.66	316,914.66	316,914.66	
January 18, 2023 January 18, 2023	Purchase 30,458.99 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	30,458.99	30,458.99	30,458.99	
January 18, 2023 January 18, 2023	Purchase 23,845.64 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	23,845.64	23,845.64	23,845.64	



5% Series Reportable Transactions By Issue (continued)

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
Purchases (continued)					
January 31, 2023 January 31, 2023	Purchase 478.12 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	478.12	478.12	478.12	
February 17, 2023 February 17, 2023	Purchase 510,831.99 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	510,831.99	510,831.99	510,831.99	
February 24, 2023 February 24, 2023	Purchase 45,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	45,000.00	45,000.00	45,000.00	
February 28, 2023 February 28, 2023	Purchase 790.15 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	790.15	790.15	790.15	
March 2, 2023 March 2, 2023	Purchase 7,743.46 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	7,743.46	7,743.46	7,743.46	
March 20, 2023 March 20, 2023	Purchase 335,766.52 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	335,766.52	335,766.52	335,766.52	
March 31, 2023 March 31, 2023	Purchase 785.16 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	785.16	785.16	785.16	
April 4, 2023 April 4, 2023	Purchase 9,672.70 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	9,672.70	9,672.70	9,672.70	
April 14, 2023 April 14, 2023	Purchase 360,414.69 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	360,414.69	360,414.69	360,414.69	
April 18, 2023 April 18, 2023	Purchase 17,511.63 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	17,511.63	17,511.63	17,511.63	



5% Series Reportable Transactions By Issue (continued)

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
Purchases (continued)					
April 27, 2023 April 27, 2023	Purchase 10,000,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	10,000,000.00	10,000,000.00	10,000,000.00	
April 28, 2023 April 28, 2023	Purchase 3,716,300.35 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	3,716,300.35	3,716,300.35	3,716,300.35	
May 2, 2023 May 2, 2023	Purchase 12,213.69 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	12,213.69	12,213.69	12,213.69	
May 4, 2023 May 4, 2023	Purchase 8,782.39 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	8,782.39	8,782.39	8,782.39	
May 5, 2023 May 5, 2023	Purchase 10,683,166.60 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	10,683,166.60	10,683,166.60	10,683,166.60	
May 9, 2023 May 9, 2023	Purchase 642.25 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	642.25	642.25	642.25	
May 22, 2023 May 22, 2023	Purchase 413,938.47 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	413,938.47	413,938.47	413,938.47	
May 31, 2023 May 31, 2023	Purchase 642.70 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	642.70	642.70	642.70	
Total Purchases			\$29,167,280.71	\$29,167,280.71	\$0.00



5% Series Reportable Transactions By Issue (continued)

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
Sales					
June 1, 2022 June 1, 2022	Sale 40,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	40,000.00	40,000.00	40,000.00	
July 7, 2022 July 7, 2022	Sale 7,284.32 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	7,284.32	7,284.32	7,284.32	
July 19, 2022 July 19, 2022	Sale 44,676.84 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	44,676.84	44,676.84	44,676.84	
July 25, 2022 July 25, 2022	Sale 18,467.94 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	18,467.94	18,467.94	18,467.94	
July 26, 2022 July 26, 2022	Sale 50,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	50,000.00	50,000.00	50,000.00	
July 28, 2022 July 28, 2022	Sale 7,968.45 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	7,968.45	7,968.45	7,968.45	
August 3, 2022 August 3, 2022	Sale 40,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	40,000.00	40,000.00	40,000.00	
August 18, 2022 August 18, 2022	Sale 24,541.20 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	24,541.20	24,541.20	24,541.20	
August 19, 2022 August 19, 2022	Sale 25,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	25,000.00	25,000.00	25,000.00	
August 22, 2022 August 22, 2022	Sale 51,333.87 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	51,333.87	51,333.87	51,333.87	



5% Series Reportable Transactions By Issue (continued)

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
Sales (continued)					
August 23, 2022 August 23, 2022	Sale 3,500.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	3,500.00	3,500.00	3,500.00	
September 1, 2022 September 1, 2022	Sale 21,000.00 Units of Goldman Sachs Trust - Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	21,000.00	21,000.00	21,000.00	
September 12, 2022 September 12, 2022	Sale 66,000.00 Units of Goldman Sachs Trust - Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	66,000.00	66,000.00	66,000.00	
September 15, 2022 September 15, 2022	Sale 35,000.00 Units of Goldman Sachs Trust - Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	35,000.00	35,000.00	35,000.00	
October 27, 2022 October 27, 2022	Sale 256,794.61 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	256,794.61	256,794.61	256,794.61	
October 28, 2022 October 28, 2022	Sale 160,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	160,000.00	160,000.00	160,000.00	
November 7, 2022 November 7, 2022	Sale 5,672.03 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	5,672.03	5,672.03	5,672.03	
November 8, 2022 November 8, 2022	Sale 1,400.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	1,400.00	1,400.00	1,400.00	
November 10, 2022 November 10, 2022	Sale 1,000,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	1,000,000.00	1,000,000.00	1,000,000.00	
November 10, 2022 November 10, 2022	Sale 500,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	500,000.00	500,000.00	500,000.00	



5% Series Reportable Transactions By Issue (continued)

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
Sales (continued)					
November 23, 2022 November 23, 2022	Sale 23,624.41 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	23,624.41	23,624.41	23,624.41	
December 2, 2022 December 2, 2022	Sale 82,757.85 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	82,757.85	82,757.85	82,757.85	
December 13, 2022 December 13, 2022	Sale 10,315.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	10,315.00	10,315.00	10,315.00	
December 27, 2022 December 27, 2022	Sale 6,974.95 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	6,974.95	6,974.95	6,974.95	
January 3, 2023 January 3, 2023	Sale 73.03 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	73.03	73.03	73.03	
January 6, 2023 January 6, 2023	Sale 73,100.03 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	73,100.03	73,100.03	73,100.03	
February 2, 2023 February 2, 2023	Sale 49,118.78 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	49,118.78	49,118.78	49,118.78	
February 7, 2023 February 7, 2023	Sale 16,432.27 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	16,432.27	16,432.27	16,432.27	
February 21, 2023 February 21, 2023	Sale 45,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	45,000.00	45,000.00	45,000.00	
February 23, 2023 February 23, 2023	Sale 66,914.92 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	66,914.92	66,914.92	66,914.92	



5% Series Reportable Transactions By Issue (continued)

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
Sales (continued)					
March 1, 2023 March 1, 2023	Sale 60,772.42 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	60,772.42	60,772.42	60,772.42	
March 17, 2023 March 17, 2023	Sale 35,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	35,000.00	35,000.00	35,000.00	
March 20, 2023 March 20, 2023	Sale 180,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	180,000.00	180,000.00	180,000.00	
March 27, 2023 March 27, 2023	Sale 9,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	9,000.00	9,000.00	9,000.00	
April 20, 2023 April 20, 2023	Sale 56,550.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	56,550.00	56,550.00	56,550.00	
April 24, 2023 April 24, 2023	Sale 3,590.81 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	3,590.81	3,590.81	3,590.81	
April 28, 2023 April 28, 2023	Sale 13,500,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	13,500,000.00	13,500,000.00	13,500,000.00	
May 3, 2023 May 3, 2023	Sale 5,313.62 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	5,313.62	5,313.62	5,313.62	
May 5, 2023 May 5, 2023	Sale 13,000,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	13,000,000.00	13,000,000.00	13,000,000.00	
May 17, 2023 May 17, 2023	Sale 202,172.59 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	202,172.59	202,172.59	202,172.59	



5% Series Reportable Transactions By Issue (continued)

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
Sales (continued)					
May 26, 2023 May 26, 2023	Sale 36,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	36,000.00	36,000.00	36,000.00	
May 30, 2023 May 30, 2023	Sale 30,000.00 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	30,000.00	30,000.00	30,000.00	
May 31, 2023 May 31, 2023	Sale 16,764.50 Units of Goldman Sachs Financial Square Government Fund @ \$1.00, CUSIP 38141W273	16,764.50	16,764.50	16,764.50	
Total Sales			\$29,868,114.44	\$29,868,114.44	\$0.00
Total Goldman Sachs Financial Square Government Fund			\$59,035,395.15	\$59,035,395.15	\$0.00
<i>Vanguard Institutional Index Fund</i>					
Purchases					
June 22, 2022 June 23, 2022	Cash Dividend 1.3242 USD Vanguard Institutional Index Fund For 57,294.997 Units Due on 06/23/22 With Ex Date 06/22/22 Reinvested \$75,870.04 at \$318.33 For 238.338 Units, CUSIP 922040100	238.338	75,870.04	75,870.04	
September 22, 2022 September 23, 2022	Cash Dividend 1.4046 USD Vanguard Institutional Index Fund For 57,533.335 Units Due on 09/23/22 With Ex Date 09/22/22 Reinvested \$80,811.32 at \$318.07 For 254.068 Units, CUSIP 922040100	254.068	80,811.32	80,811.32	
December 28, 2022 December 29, 2022	Long Term Capital Gain Distribution 3.226 USD Vanguard Institutional Index Fund For 57,787.403 Units Due on 12/29/22 With Ex Date 12/28/22 Reinvested \$186,422.16 at \$316.86 For 588.342 Units, CUSIP 922040100	588.342	186,422.16	186,422.16	
December 28, 2022 December 29, 2022	Cash Dividend 1.5813 USD Vanguard Institutional Index Fund For 57,787.403 Units Due on 12/29/22 With Ex Date 12/28/22 Reinvested \$91,379.22 at \$316.86 For 288.39 Units, CUSIP 922040100	288.39	91,379.22	91,379.22	



5% Series Reportable Transactions By Issue (continued)

Trade Date Settlement Date	Description	Par Value or Shares	Cash	Federal Tax Cost	Realized Gain or Loss
Purchases (continued)					
March 23, 2023	Long Term Capital Gain Distribution 1.2616449 USD	224.63	74,013.31	74,013.31	
March 24, 2023	Vanguard Institutional Index Fund For 58,664.135 Units Due on 03/24/23 With Ex Date 03/23/23 Reinvested \$74,013.31 at \$329.49 For 224.63 Units, CUSIP 922040100				
March 23, 2023	Cash Dividend 1.3813999 USD Vanguard	245.952	81,038.64	81,038.64	
March 24, 2023	Institutional Index Fund For 58,664.135 Units Due on 03/24/23 With Ex Date 03/23/23 Reinvested \$81,038.64 at \$329.49 For 245.952 Units, CUSIP 922040100				
Total Purchases			\$589,534.69	\$589,534.69	\$0.00
Sales					
April 26, 2023	Sale 29,517.681 Units of Vanguard Institutional	29,517.681	10,000,000.00	5,343,426.91	4,656,573.09
April 27, 2023	Index Fund @ \$338.78, CUSIP 922040100				
May 4, 2023	Sale 29,617.036 Units of Vanguard Institutional	29,617.036	10,049,060.31	4,065,321.06	5,983,739.25
May 5, 2023	Index Fund @ \$339.30, CUSIP 922040100				
Total Sales			\$20,049,060.31	\$9,408,747.97	\$10,640,312.34
Total Vanguard Institutional Index Fund			\$20,638,595.00	\$9,998,282.66	\$10,640,312.34

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