

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 10/01/2022 and ending 09/30/2023	
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 & FITTERS LOCAL 101 RESTATED PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 10/01/1960
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) BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN 8 PREMIER DRIVE BELLEVILLE, IL 62220-3421	2b Employer Identification Number (EIN) 37-6025801
		2c Plan Sponsor's telephone number 618-234-5504
		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.	06/27/2024	DAN MCKENNA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/28/2024	JAMES LUGGE
	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 BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN 8 PREMIER DRIVE BELLEVILLE, IL 62220-3421	3b Administrator's EIN 37-6025801 3c Administrator's telephone number 618-234-5504
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	5 393
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 199 6a(2) 202 6b 89 6c 85 6d 376 6e 23 6f 399 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 40
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

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

A Name of plan PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN	D Employer Identification Number (EIN) 37-6025801

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

1a Enter the valuation date: Month 10 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 61614830
(2) Actuarial value of assets for funding standard account	1b(2) 61614830
c (1) Accrued liability for plan using immediate gain methods	1c(1)
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b) 66122957
(c) Normal cost under entry age normal method	1c(2)(c) 904513
(3) Accrued liability under unit credit cost method	1c(3) 58232176
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 117268455
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3987099
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 2414035
(3) Expected plan disbursements for the plan year	1d(3) 2414035

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

SIGN HERE	07/01/2024
Signature of actuary	Date
KEITH KOWALCZYK	23-02812
Type or print name of actuary	Most recent enrollment number
EKON BENEFITS	314-367-6555
Firm name	Telephone number (including area code)
4940 WASHINGTON BLVD., ST. LOUIS, MO 63108	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	61614830
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	104	36149287
(2) For terminated vested participants	90	14917135
(3) For active participants:		
(a) Non-vested benefits		299054
(b) Vested benefits		65902979
(c) Total active	199	66202033
(4) Total	393	117268455
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	52.54 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/15/2023	2705139	0			
Totals ▶			3(b)	2705139	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	105.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.38 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P21
(2) Females	6c(2)	9FP21
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	0.00 % ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	5.92 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	-13.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-13.0 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	120000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2393592

c Amortization charges as of valuation date:

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

(2) Funding waivers.....

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

	Outstanding balance	
9c(1)		
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 167551**e** Total charges. Add lines 9a through 9d.....**9e** 2561143**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 8571632**g** Employer contributions. Total from column (b) of line 3.....**9g** 2705139**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h		

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 672126**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit.....

9j(1)	5791525	
9j(2)	106952491	
9j(3)	0	

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

(2) Other credits.....

9k(2) 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 11948897**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 9387754**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1)

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

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

9o(2)(a)

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

9o(2)(b) 0

(3) Total as of valuation date

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
A Name of plan PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN	D Employer Identification Number (EIN) 37-6025801

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	
NEWTOWER TRUST COMPANY	7315 WISCONSIN AVENUE SUITE 350W BETHESDA, MD 20814
30-0872552	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
RBC GLOBAL ASSET MANAGEMENT (US)	100 SOUTH FIFTH STREET SUITE 2350 MINNEAPOLIS, MN 55402
41-1460668	

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

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

ASB CAPITAL MANAGEMENT

7501 WISCONSIN AVENUE
14TH FLOOR
BETHESDA, MD 20814

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	38696	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BMO HARRIS BANK N.A.

111 W. MONROE STREET
CHICAGO, IL 60603

36-2085229

(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 50	NONE	32927	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE COMMERCE TRUST COMPANY

922 WALNUT STREET
KANSAS CITY, MO 64106

48-0962626

(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	32785	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)

PLUMBERS LOCAL 25 BENEFIT FUND LLC

4600 46TH AVENUE
ROCK ISLAND, IL 61201

47-1064332

(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?
38 50 15 16 13	UNION LOCAL	30375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDCO CONSULTING

4901 VINELAND ROAD
SUITE 600
ORLANDO, FL 32811

59-3676225

(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 70	NONE	29000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EKON BENEFITS

4940 WASHINGTON BLVD
ST. LOUIS, MO 63108

43-1317863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	28350	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)

CHARLES L. CRANE AGENCY COMPANY

400 CHESTERFIELD CENTER
SUITE 100
CHESTERFIELD, MO 63017

43-1394059

(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?
23	NONE	15690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHEFFEL BOYLE

222 EAST MAIN STREET
BELLEVILLE, IL 62220

37-1206530

(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	15300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAMMOND AND SHINNERS PC

7730 CARONDELET
SUITE 200
ST LOUIS, MO 63105

43-1429257

(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	15169	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)

RBC GLOBAL ASSET MANAGEMENT (US)INC

100 SOUTH FIFTH STREET
SUITE 2350
MINNEAPOLIS, MN 55402

41-1460668

(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	14279	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

(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.
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN	D Employer Identification Number (EIN) 37-6025801	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: RBC GAM INTERNATIONAL FUND		
b Name of sponsor of entity listed in (a): STATE STREET		
c EIN-PN 04-3405915-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2125889
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) 3587256
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST		
b Name of sponsor of entity listed in (a): NEWTOWER 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) 3351539
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN		D Employer Identification Number (EIN) 37-6025801

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	331775	513197
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	99119	115313
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	906458	587656
(2) U.S. Government securities	1c(2)	2958978	3724795
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	7687187	7089451
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(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)	8366736	6938795
(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)	1827331	2125889
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	36596306	42978478
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	2896064	2802169

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	61669954	66875743

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	58649	58141
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	58649	58141

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	61611305	66817602
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2750083	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	55000	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2805083
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	23439	
(B) U.S. Government securities	2b(1)(B)	173762	
(C) Corporate debt instruments	2b(1)(C)	291956	
(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)		489157
(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)	705126	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		705126
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-1397044	
(B) Other	2b(5)(B)	6283315	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		4886271

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		199064
c Other income	2c		-79170
d Total income. Add all income amounts in column (b) and enter total	2d		9005531
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3479434	
(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)		3479434
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)	136119	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	183681	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		319800
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3799234
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		5206297
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: SCHEFFEL BOYLE

(2) EIN: 37-1206530

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.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
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.)			
4m			
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 376025801.

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 10/01/2022 and ending 09/30/2023		
A Name of plan PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN		D Employer Identification Number (EIN) 37-6025801
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 39-6436442		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **HAYES PMC**

b EIN **37-1346786**

c Dollar amount contributed by employer **460721**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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) **6.75**

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

a Name of contributing employer **HAIER PLUMBING**

b EIN **37-1032594**

c Dollar amount contributed by employer **197295**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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) **6.75**

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

a Name of contributing employer **BEL-O-SALES & SERVICE**

b EIN **37-0841756**

c Dollar amount contributed by employer **365011**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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) **6.75**

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

a Name of contributing employer **EHRET, INC.**

b EIN **37-0711195**

c Dollar amount contributed by employer **233587**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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) **6.75**

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

a Name of contributing employer **LITTEKEN PLUMBING**

b EIN **46-4966277**

c Dollar amount contributed by employer **179056**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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) **6.75**

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

a Name of contributing employer **ICON MECHANICAL CONST & ENG**

b EIN **37-1339546**

c Dollar amount contributed by employer **244067**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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) **6.75**

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	0
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	0
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	0
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.01
b	The corresponding number for the second preceding plan year.....	15b	1.07
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 _____



ALTON EDWARDSVILLE BELLEVILLE HIGHLAND
JERSEYVILLE COLUMBIA CARROLLTON

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Plumbers & Pipefitters Local 101
Pension Plan

Opinion

We have audited the accompanying financial statements of Plumbers & Pipefitters Local 101 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Plumbers & Pipefitters Local 101 Pension Plan as of September 30, 2023 and 2022, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers & Pipefitters Local 101 Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers & Pipefitters Local 101 Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers & Pipefitters Local 101 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers & Pipefitters Local 101 Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

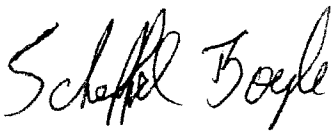
Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules 1 through 11, together referred to as "supplemental information", are presented for the purpose of additional analysis and are not a required part of the basic financial statements. The Schedules of Investments Held in Schedules 2 through 9 and Schedule of Reportable Transactions in Schedule 10 are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Such information is the responsibility of the Plan's management and was derived from and relates to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in black ink, appearing to read "Scheffel Boyle". The signature is written in a cursive, flowing style.

SCHEFFEL BOYLE
Edwardsville, Illinois

July 12, 2024

PLUMBERS & FITTERS LOCAL 101
PENSION PLAN
EIN: 37-6025801 PN: 001

Schedule MB, line 8B - Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	-	14	1	-	-	-	-	-	-	-	15
25 - 29	-	7	8	-	-	-	-	-	-	-	15
30 - 34	-	2	7	8	3	-	-	-	-	-	20
35 - 39	-	2	3	4	10	3	-	-	-	-	22
40 - 44	-	3	3	4	13	8	-	-	-	-	31
45 - 49	-	1	-	2	8	10	5	1	-	-	27
50 - 54	-	-	1	1	7	6	3	1	-	-	19
55 - 59	-	1	-	1	5	8	2	1	9	-	27
60 - 64	-	1	-	-	2	5	4	-	3	3	18
65 - 69	-	-	-	-	2	2	-	-	-	1	5
70 +	-	-	-	-	-	-	-	-	-	-	0
	0	31	23	20	50	42	14	3	12	4	199

**PLUMBERS & FITTERS LOCAL 101
PENSION PLAN**

EIN: 37 – 6025801 PN: 001

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

Funding Method:

Aggregate Funding Method - Under this method, the Present Value of Future Normal Costs equals the Present Value of Benefits reduced by Plan Assets. These future costs are spread as a level percentage over current and future expected years of service. The portion attributable to expected years of service is the current year Normal Cost.

Experience gains and losses are included in the Present Value of Future Normal Costs, and therefore are spread over future expected years of service.

Valuation of Assets

All Assets are valued at Market Value

Mortality Rates

Pre-Retirement: Males: PRI-12 Employee Blue Collar Table for males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Females: PRI-12 Employee Blue Collar Table for females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Post-Retirement: Males: PRI-12 Annuitant Blue Collar Table for males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Females: PRI-12 Annuitant Blue Collar Table for females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Investment Earnings

7.00% per annum: compounded annually

Current Liability

Interest Rate: 2.38% per annum: compounded annually

**PLUMBERS & FITTERS LOCAL 101
PENSION PLAN**

EIN: 37 – 6025801 PN: 001

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

Assumed Retirement Age

<u>Age</u>	<u>Probability</u>
60	0.30
61	0.15
62	0.50
63	0.35
64	0.20
65	0.40
66	1.00

Termination prior to Retirement other than Death

T-1 Actuaries Table

<u>Age</u>	<u>Probability of Termination</u>
20	0.05441
30	0.03705
40	0.01130
50 & over	0.00000

Expense

\$120,000 added to Normal Cost

1/3 Lump Sum Optional Payment Form Load

8% liability load based on

- 45% assumed optional form take rate
- Lump sum interest rates as of October 2022 (5.10% / 5.83% / 5.68%)

Amortization Methods for Contribution Alternatives

The Minimum Required Contribution and the Maximum Deductible Contribution are based on IRS regulations and the Frozen Initial Liability Cost Method. The Recommended Contribution is based on the Aggregate Cost Method. Any other contribution alternatives are based on an open amortization period which is reset each year under the Frozen Initial Liability Cost Method.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>10/01/2022</u> and ending <u>09/30/2023</u>	

- A** This return/report is for:
- ☒ a multiemployer plan

☐ a single-employer plan

☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

☐ a DFE (specify) ____
- B** This return/report is:
- ☐ the first return/report
☐ an amended return/report

☐ the final 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
☐ special extension (enter description)

☐ automatic extension
☐ the DFVC program
- 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 & FITTERS LOCAL 101 RESTATED PENSION PLAN 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) BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN 8 PREMIER DRIVE BELLEVILLE IL 62220-3421	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>10/01/1960</u> 2b Employer Identification Number (EIN) <u>37-6025801</u> 2c Plan Sponsor's telephone number <u>618-234-5504</u> 2d Business code (see instructions) <u>238220</u>
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Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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

SIGN HERE		<u>6/27/24</u>	DAN MCKENNA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>6/28/24</u>	JAMES LUGGE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☐ Same as Plan Sponsor BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN 8 PREMIER DRIVE BELLEVILLE IL 62220-3421	3b Administrator's EIN 37-6025801 3c Administrator's telephone number 618-234-5504
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	5 393
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 199 6a(2) 202 6b 89 6c 85 6d 376 6e 23 6f 399 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 40
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

PLUMBERS & PIPEFITTERS LOCAL 101

PENSION PLAN

EIN 37-6025801, PLAN NUMBER 001

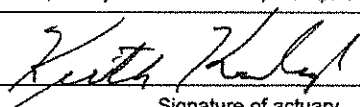
SCHEDULE OF REPORTABLE TRANSACTIONS

SCHEDULE H, PAGE 4 LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

SEPTEMBER 30, 2023

IDENTITY OF PARTY INVOLVED (a)	DESCRIPTION OF ASSET (INCLUDE INTEREST RATE AND MATURITY IN CASE OF A LOAN) (b)	PURCHASE PRICE (c)	SELLING PRICE (d)	LEASE RENTAL (e)	EXPENSE INCURRED WITH TRANSACTION (f)	COST OF ASSET (g)	CURRENT VALUE OF ASSET ON TRANSACTION DATE (h)	NET GAIN OR (LOSS) (i)
Category 1 - Single Transaction Exceeds 5% of Value:								
No Transactions	N/A	\$ -	\$ -	\$ -	-	\$ -	-	\$ -
Category 2 - Series of Transactions with Same Person, Involving Property Other Than Securities Exceeds 5% of Value:								
No Transactions	N/A	-	-	-	-	-	-	-
Category 3 - Series of Transactions with Same Security Exceeds 5% of Value:								
Commerce Bank	Financial Square Tr Government	1,599,249	-	-	-	1,599,249	1,599,249	-
Commerce Bank	Financial Square Tr Government	-	1,710,346	-	-	1,710,346	1,710,346	-
BMO Financial Group	GS Fin Sq Gov #466	3,091,755	-	-	-	3,091,755	3,091,755	-
BMO Financial Group	GS Fin Sq Gov #466	-	3,251,221	-	-	3,251,221	3,251,221	-

The above transactions or series of transactions represent more than 5% of plan assets.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>10/01/2022</u> and ending <u>09/30/2023</u>		
▶ Round off amounts to nearest dollar.		
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan <u>PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN</u>		D Employer Identification Number (EIN) <u>37-6025801</u>
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2022</u>		
b Assets		
(1) Current value of assets	1b(1)	<u>61,614,830</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>61,614,830</u>
c (1) Accrued liability for plan using immediate gain methods		
(2) Information for plans using spread gain methods:	1c(1)	
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	<u>66,122,957</u>
(c) Normal cost under entry age normal method	1c(2)(c)	<u>904,513</u>
(3) Accrued liability under unit credit cost method.....	1c(3)	<u>58,232,176</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>117,268,455</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>3,987,099</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>2,414,035</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>2,414,035</u>
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE	 Signature of actuary	<u>07/01/2024</u> Date
<u>KEITH KOWALCZYK</u> Type or print name of actuary		<u>2302812</u> Most recent enrollment number
<u>EKON BENEFITS</u> Firm name		<u>314-367-6555</u> Telephone number (including area code)
<u>4940 WASHINGTON BLVD.</u> <u>ST. LOUIS MO 63108</u> Address of the firm		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule MB (Form 5500) 2022 v. 220413		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	61,614,830
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	104	36,149,287
(2) For terminated vested participants	90	14,917,135
(3) For active participants:		
(a) Non-vested benefits		299,054
(b) Vested benefits		65,902,979
(c) Total active	199	66,202,033
(4) Total	393	117,268,455
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	52.54 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/15/2023	2,705,139	0			
Totals ▶			3(b)	2,705,139	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	105.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability **6a** 2.38 %
- | | Pre-retirement | | Post-retirement | |
|--|------------------------------|---|------------------------------|---|
| | ☐ Yes | ☐ No ☒ N/A | ☐ Yes | ☐ No ☒ N/A |
| b Rates specified in insurance or annuity contracts | | | | |
| c Mortality table code for valuation purposes: | | | | |
| (1) Males | 6c(1) | 9P21 | | 9P21 |
| (2) Females | 6c(2) | 9FP21 | | 9FP21 |
| d Valuation liability interest rate | 6d | 7.00 % | | 7.00 % |
| e Salary scale | 6e | 0.00 % ☐ N/A | | |
| f Withdrawal liability interest rate: | | | | |
| (1) Type of interest rate | 6f(1) | ☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A | | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) | 5.92 % | | |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | -13.0 % | | |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | -13.0 % | | |
| i Expense load included in normal cost reported in line 9b | 6i | ☐ N/A | | |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage | 6i(1) | % | | |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) | 120,000 | | |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) | ☐ | | |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

8 Miscellaneous information:

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

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

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2,393,592

c Amortization charges as of valuation date:

	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	

d Interest as applicable on lines 9a, 9b, and 9c	9d	167,551
e Total charges. Add lines 9a through 9d	9e	2,561,143

Credits to funding standard account:

f Prior year credit balance, if any	9f	8,571,632
g Employer contributions. Total from column (b) of line 3	9g	2,705,139

h Amortization credits as of valuation date

	Outstanding balance	
9h		

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	672,126
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j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	5,791,525
(2) "RPA '94" override (90% current liability FFL)	9j(2)	106,952,491
(3) FFL credit	9j(3)	0

k (1) Waived funding deficiency

	9k(1)	0
(2) Other credits	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	11,948,897
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	9,387,754
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

☐ Yes ☒ No

**PLUMBERS FITTERS LOCAL 101
PENSION FUND**

EIN: 37 - 6025801 PN: 001

Schedule MB, Line 6 – Summary of Plan Provisions

Year of Service	One Year of Service is credited if Employee works more than 870 Hours of Service
Normal Pension	a) Eligibility requirements: Age 65 b) Benefit: \$0.0755 multiplied by total hours worked from October 1, 1960
Early Pension	a) Eligibility requirements: Age 60 b) Benefit: • Active participants who retire on or after January 1, 1998 - Accrued Benefit reduced by 2.0% per year until age 63 and then 1/180th for the next 36 months • For all other participants - Accrued Benefit reduced by 1/180th for each month early
Disability Pension	a) Eligibility requirements: Total and permanent disability b) Benefit: Accrued Benefit reduced by 1/600th per month for first 24 months, 1/180th per month for next 36 months, and 1/450th for each of the next 120 months prior to age 65 payable at Disability Retirement Date
Normal Form of Benefit	The Normal Form of payment of the Normal and Early Pension Benefit is a Life Only Annuity
Termination Pension	a) Eligibility requirements: 5,000 hours worked within 5 consecutive Years of Service or 10 Years of Service b) Benefit: 100% of Accrued Benefit due and payable commencing at Normal Retirement Date
Death Benefit	Present Value of Accrued Benefit payable to his spouse or designated beneficiary

PLUMBERS & PIPEFITTERS LOCAL 101PENSION PLANEIN 37-6025801, PLAN NUMBER 001SCHEDULE OF MUTUAL FUNDS HELDSCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)SEPTEMBER 30, 2023

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST (d)	CURRENT VALUE (e)
	Vanguard Small Cap Index Shares 36,239.461	Mutual Fund	\$ 1,559,857	\$ 3,282,208
	Vanguard Mid Cap Index Shares 16,570.758	Mutual Fund	2,534,208	4,273,764
	Vanguard Value Index Shares 299,697.258	Mutual Fund	12,648,636	16,126,709
	Vanguard Growth Index Shares 108,132.628	Mutual Fund	6,326,370	15,151,544
	American Europacific Growth Shares 39,197.955	Mutual Fund	2,210,911	2,013,207
	Transamerica International Shares 112,694.102	Mutual Fund	1,972,833	2,131,046
	TOTAL		<u>\$ 27,252,815</u>	<u>\$ 42,978,478</u>

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101

PENSION PLAN

EIN 37-6025801, PLAN NUMBER 001

SCHEDULE OF 103-12 INVESTMENT ENTITY

SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2023

		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)	(e)
	RBC International Fund	Mutual Fund	\$ 1,453,615	\$ 2,125,889

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101PENSION PLANEIN 37-6025801, PLAN NUMBER 001SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS HELDSCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)SEPTEMBER 30, 2023

		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)	(e)
	ASB Allegiance Real Estate Fund	Commingled Trust Fund	\$ 1,755,842	\$ 3,587,256
	Multi-Employer Property Trust	Commingled Trust Fund	2,901,704	3,351,539
	TOTAL		<u>\$ 4,657,546</u>	<u>\$ 6,938,795</u>

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101PENSION PLANEIN 37-6025801, PLAN NUMBER 001SCHEDULE OF MORTGAGES HELDSCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)SEPTEMBER 30, 2023

(a)	(b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)	(e)
Commerce Core:				
	Bear Stearns	Variable Interest, Due 10/25/33	\$ 2,375	\$ 2,701
	Bear Stearns	Variable Interest, Due 1/25/34	2,362	1,931
	Fed Home Loan Mortgage	4.500%, Due 2/1/26	1,651	1,494
	Fed Home Loan Mortgage	3.500%, Due 8/1/52	91,925	87,307
	Fed Home Loan Mortgage	3.000%, Due 6/1/45	4,520	3,678
	Fed Home Loan Mortgage	3.000%, Due 3/1/40	39,389	33,061
	Fed Home Loan Mortgage	4.000%, Due 4/1/47	3,174	2,746
	Fed Home Loan Mortgage	Variable Interest, Due 11/1/46	13,692	12,346
	Fed Home Loan Mortgage	3.000%, Due 10/15/41	4,508	4,143
	Fed Home Loan Mortgage	3.000%, Due 6/15/27	62,813	57,254
	Fed Home Loan Mortgage	3.000%, Due 12/15/43	650	613
	Fed Home Loan Mortgage	2.250%, Due 6/15/44	3,713	3,241
	Fed Home Loan Mortgage	3.000%, Due 8/15/45	8,884	8,305
	Fed Home Loan Mortgage	2.500%, Due 10/15/42	10,413	9,480
	Fed Home Loan Mortgage	2.000%, Due 9/25/45	150,245	115,289
	Fed Home Loan Mortgage	2.000%, Due 12/25/50	109,920	81,231
	Fed Home Loan Mortgage	3.000%, Due 7/15/47	5,066	4,251
	Fed Home Loan Mortgage	2.000%, Due 3/25/50	158,850	111,990
	Fed Home Loan Mortgage	1.500%, Due 3/25/51	128,842	103,951
	Fed Home Loan Mortgage	3.000%, Due 6/25/48	126,292	108,308
	FNMA	1.750%, Due 12/25/46	15,297	13,689
	FNMA	3.000%, Due 3/1/50	35,155	28,624
	FNMA	2.000%, Due 8/1/51	137,199	103,031
	FNMA	2.000%, Due 6/1/36	123,633	102,574
	FNMA	5.500%, Due 8/1/53	141,903	138,007
	FNMA	3.000%, Due 10/1/26	3,598	3,368
	FNMA	4.000%, Due 8/1/32	2,667	2,325
	FNMA	2.500%, Due 8/1/28	6,572	5,964
	FNMA	2.500%, Due 5/1/28	3,776	3,379
	FNMA	3.500%, Due 3/1/47	6,970	5,942
	FNMA	5.000%, Due 8/1/48	3,285	3,028
	FNMA	4.000%, Due 12/1/47	5,570	4,883

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN

EIN 37-6025801, PLAN NUMBER 001

SCHEDULE OF MORTGAGES HELD

SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2023

		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY				
(a)	(b)	(c)	(d)	(e)
Commerce Core (cont'd):				
FNMA		Variable Interest, Due 11/1/48	7,305	6,709
FNMA		4.500%, Due 3/1/38	6,376	5,730
FNMA		3.000%, Due 4/1/28	6,105	5,639
FNMA		3.500%, Due 12/1/44	9,524	7,930
FNMA		2.500%, Due 2/1/32	6,905	6,098
FNMA		2.000%, Due 2/25/43	32,916	27,195
FNMA		2.250%, Due 3/25/44	9,499	8,471
FNMA		1.750%, Due 11/25/45	10,577	426
FNMA		2.500%, Due 12/25/41	68,783	54,120
FNMA		3.000%, Due 6/25/48	133,282	114,067
Freddie Mac		3.500%, Due 11/25/28	27,595	26,129
GNMA		2.500%, Due 6/20/31	2,843	2,525
GNMA		4.000%, Due 5/16/26	3,154	2,889
GNMA		2.250%, Due 5/20/45	20,304	17,862
GNMA		2.500%, Due 7/20/46	10,043	8,543
GNMA		2.400%, Due 7/16/53	124,319	95,743
GNMA		2.350%, Due 9/16/61	136,723	103,786
Gsr Mortgage		Variable Interest, Due 3/25/33	6,189	6,635
Impac Secured Assets Corp		Variable Interest, Due 5/25/36	1,771	1,748
Master Alternative		5.500%, Due 5/25/34	2,675	2,462
Residential Asset Sec		Variable Interest, Due 12/25/34	6,325	6,110
TOTAL			<u>\$ 2,048,122</u>	<u>\$ 1,678,951</u>

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101PENSION PLANEIN 37-6025801, PLAN NUMBER 001SCHEDULE OF CORPORATE BONDS HELDSCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)SEPTEMBER 30, 2023

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)	(e)
Commerce Core:				
	Air Lease Corp	3.625%, Due 4/1/27	\$ 14,214	\$ 13,572
	Air Lease Corp	3.250%, Due 10/1/29	34,609	29,777
	Alexandria Real Estate	2.950%, Due 3/15/34	79,757	60,748
	Alleghany Corp	4.900%, Due 9/15/44	14,897	13,153
	American Honda	3.550%, Due 1/12/24	29,992	29,805
	American Water Capital	3.000%, Due 12/1/26	28,062	27,749
	Amgen Inc	5.650%, Due 3/2/53	69,899	65,514
	Applied Materials Inc	3.300%, Due 4/1/27	49,823	46,870
	Avalonbay Communities Inc	3.500%, Due 11/15/24	46,160	43,809
	Baltimore Gas & Electric	2.400%, Due 8/15/26	69,790	64,398
	Bank of American Corp	Variable Rate, Due 4/23/27	65,000	60,982
	Bank of America	Variable Rate, Due 2/13/26	75,000	70,570
	Bank of Nova Scotia	2.951%, Due 3/11/27	30,000	27,364
	Bank of NY Mellon	2.100%, Due 10/24/24	157,857	144,124
	Baptist Health South Florida	4.342%, Due 11/15/41	20,160	15,558
	BB&T Corp	2.500%, Due 8/1/24	158,057	145,413
	Bell Canada	4.464%, Due 4/1/48	15,000	11,646
	BHP Billiton Finance	6.420%, Due 3/1/26	17,504	15,284
	Black Hills Corp	4.350%, Due 5/1/33	14,931	12,783
	Boardwalk Pipelines LP	3.600%, Due 9/1/32	79,922	65,261
	Boeing Co	2.500%, Due 3/1/25	60,602	61,874
	Boeing Company	6.875%, Due 3/15/39	25,997	21,053
	Borgwarner Inc	4.375%, Due 3/15/45	67,401	52,116
	Boston University	5.200%, Due 10/1/45	14,930	13,346
	BP Capital Markets America	4.234%, Due 11/6/28	48,009	42,789
	Brookfield Finance Inc	4.250%, Due 6/2/26	55,164	52,741
	Burlington North Sante Fe	5.400%, Due 6/1/41	14,953	14,224
	Burlington North Sante Fe	3.400%, Due 9/1/24	62,543	58,744
	Canadian Nat'l Railway	6.250%, Due 8/1/34	154,761	115,010
	Canadian Pacific Railway	3.125%, Due 6/1/26	33,593	32,854
	Centerpoint Energy Resources	4.400%, Due 7/1/32	69,936	63,093
	Ch Robinson Worldwide	4.200%, Due 4/15/28	61,274	56,294
	Citigroup Inc	Variable Rate, Due 6/9/27	80,000	70,714
	CNA Financial Corp	3.950%, Due 5/15/24	15,017	14,804

PLUMBERS & PIPEFITTERS LOCAL 101PENSION PLANEIN 37-6025801, PLAN NUMBER 001SCHEDULE OF CORPORATE BONDS HELDSCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)SEPTEMBER 30, 2023

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)	(e)
Commerce Core (cont'd):				
	Comcast Corp	3.450%, Due 2/1/50	44,892	30,426
	Comerica Inc	3.800%, Due 7/22/26	26,518	22,856
	Comerica Inc	4.000%, Due 2/1/29	37,580	29,233
	Commonwealth Edison Co	3.000%, Due 3/1/50	129,821	80,187
	Conocophillips Canada Note	5.950%, Due 10/13/36	25,952	20,218
	Conocophillips Company	5.050%, Due 9/15/33	99,807	95,731
	Cons Edison Co of NY	5.850%, Due 3/15/36	24,111	19,450
	Constellation Brands Inc	3.500%, Due 5/9/27	34,918	32,485
	Consumers Energy Co	3.800%, Due 11/15/28	133,631	130,010
	Cummins Inc	7.125%, Due 3/1/28	149,893	122,416
	Danaher Corp	3.350%, Due 9/15/25	45,922	43,231
	Eaton Vance Corp	3.500%, Due 4/6/27	59,779	55,740
	Emerson Electric Co	2.750%, Due 10/15/50	144,823	85,888
	Enbridge Inc	2.500%, Due 2/14/25	79,947	76,228
	Energy Transfer LP	5.550%, Due 2/15/28	69,982	68,762
	Entergy Arkansas Inc	3.500%, Due 4/1/26	24,918	23,827
	Fedex Corp	4.900%, Due 1/15/34	9,986	9,330
	Fidelity Natl Info Serv	4.700%, Due 7/15/27	74,881	72,696
	Florida Power Co	5.650%, Due 4/1/40	21,598	18,940
	Fortive Corporation	4.300%, Due 6/15/46	83,343	52,604
	Gatx Corp	4.700%, Due 4/1/29	34,943	32,656
	General Motors Financial	5.800%, Due 6/23/28	29,994	29,308
	Goldman Sachs Group Inc	Variable Rate, Due 6/5/28	15,000	13,824
	Goldman Sachs Group Inc	Variable Rate, Due 3/9/27	29,964	26,709
	Gonzaga University	4.158%, Due 4/1/46	15,000	11,221
	Henry J Kaiser Family	3.356%, Due 12/1/25	85,037	79,378
	Hollyfrontier Corp	5.875%, Due 4/1/26	86,161	74,420
	Idaho Power Co	4.200%, Due 3/1/48	130,183	77,416
	Illinois Tool Works Inc	4.875%, Due 9/15/41	19,708	18,618
	Ingersoll-Rand Lux Finance	3.500%, Due 3/21/26	24,974	23,728
	John Deere Capital Corp	3.450%, Due 3/7/29	59,814	54,826
	JpMorgan Chase & Co	Variable Rate, Due 4/26/33	100,000	90,145
	Kimco Realty Corp	2.700%, Due 3/1/24	44,770	44,322

PLUMBERS & PIPEFITTERS LOCAL 101PENSION PLANEIN 37-6025801, PLAN NUMBER 001SCHEDULE OF CORPORATE BONDS HELDSCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)SEPTEMBER 30, 2023

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)	(e)
Commerce Core (cont'd):				
	Laclede Group Inc	4.700%, Due 8/15/44	94,784	62,104
	Lockheed Martin Corp	4.750%, Due 2/15/34	139,544	132,534
	Loews Corp	4.125%, Due 5/15/43	131,239	85,805
	Louisville Gas & Electric	4.650%, Due 11/15/43	43,804	31,568
	Magna International Inc	3.625%, Due 6/15/24	93,691	88,571
	Marathon Petroleum Corp	6.500%, Due 3/1/41	10,739	9,892
	Mid-America Apartments	2.750%, Due 3/15/30	24,941	21,030
	Midamerican Energy	3.650%, Due 4/15/29	175,434	155,321
	Morgan Stanley	Variable Rate, Due 4/20/28	65,000	61,119
	National Rural Utility Coop	4.150%, Due 12/15/32	139,495	124,614
	Nike Inc	2.375%, Due 11/1/26	59,915	55,208
	Northern States Power Co/Minn	3.300%, Due 6/15/24	24,912	24,558
	Northern Trust Corp	3.150%, Due 5/3/29	64,939	57,723
	Northwestern University	4.643%, Due 12/1/44	25,000	22,401
	Nutrien LTD	5.875%, Due 12/1/36	68,402	52,170
	Paccar Financial Corp	2.850%, Due 4/7/25	74,981	72,011
	Pacificorp	3.500%, Due 6/15/29	29,945	26,747
	Paypal Holdings Inc	4.400%, Due 6/1/32	144,498	134,047
	Pepsico Inc	4.650%, Due 2/15/53	139,910	124,300
	PNC Financial Service	3.150%, Due 5/19/27	24,949	22,808
	PNC Financial Service	1.150%, Due 8/13/26	59,887	52,897
	Praxair Inc	3.200%, Due 1/30/26	61,276	57,432
	Precision Castparts Corp	4.200%, Due 6/15/35	149,292	111,439
	Procter & Gamble Co	1.900%, Due 2/1/27	159,773	144,958
	Prologis LP	2.250%, Due 1/15/32	80,000	61,976
	Public Service Electric & Gas	3.950%, Due 5/1/42	24,839	19,682
	Public Storage	3.094%, Due 9/15/27	90,924	87,549
	Puget Sound Energy Inc	5.483%, Due 6/1/35	28,834	22,790
	Reinsurance Group of America	3.900%, Due 5/15/29	39,902	35,829
	Rio Tinto Financing USA	7.125%, Due 7/15/28	27,139	21,460
	Rockwell Automation	2.875%, Due 3/1/25	44,914	43,360
	Roper Technologies Inc	1.000%, Due 9/15/25	74,901	68,547
	RTX Corporation	5.150%, Due 2/27/33	69,794	66,288

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN

EIN 37-6025801, PLAN NUMBER 001

SCHEDULE OF CORPORATE BONDS HELD

SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2023

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)	(e)
Commerce Core (cont'd):				
	Santander Holdings USA	3.244%, Due 10/5/26	84,586	72,470
	Shell International Finance	2.875%, Due 5/10/26	59,803	56,599
	State Street Corp	Variable Rate, Due 8/4/33	150,000	130,953
	Sunco Logistics Partner	4.000%, Due 10/1/27	29,765	27,857
	Tennessee Gas Pipeline	8.375%, Due 6/15/32	12,715	11,038
	Texas Instruments Inc	2.250%, Due 9/4/29	49,845	42,592
	Torchmark Corp	4.550%, Due 9/15/28	81,003	66,348
	Toronto-Dominion Bank	.750%, Due 1/6/26	157,371	142,760
	Toyota Motor Credit Corp	4.550%, Due 9/20/27	139,864	136,192
	Transcanada Pipelines	2.500%, Due 10/12/31	74,507	58,075
	Transcont Gas Pipeline	7.850%, Due 2/1/26	32,325	25,992
	Truist Financial Corp	Variable Rate, Due 3/2/27	155,000	137,336
	Trustees of Union College	4.877%, Due 7/1/35	25,000	22,508
	Udr Inc	3.200%, Due 1/15/30	34,882	29,981
	Unilever Capital Corp	1.750%, Due 8/12/31	148,521	116,247
	Union Pacific Corp	3.750%, Due 3/15/24	94,734	89,128
	US Bancorp	3.600%, Due 9/11/24	46,548	43,954
	Ventas Reality LP	4.125%, Due 1/15/26	14,883	14,356
	Verizon Communications	Variable Rate, Due 3/20/26	80,000	80,381
	Virginia Electric & Power Co	3.100%, Due 5/15/25	59,903	57,489
	Wells Fargo & Company	Variable Rate, Due 6/17/27	80,000	74,290
	Wisconsin Electric Power	4.750%, Due 9/30/32	79,835	75,362
	Ww Grainger Inc	4.200%, Due 5/15/47	105,873	73,851
	Xilinx Inc	2.950%, Due 6/1/24	44,789	44,089
TOTAL			\$ 8,162,013	\$ 7,089,451

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101

PENSION PLAN

EIN 37-6025801, PLAN NUMBER 001

SCHEDULE OF U. S. GOVERNMENT SECURITIES HELD

SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2023

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)	(e)
Commerce Core:				
	United States Treasury Bond	5.250%, Due 2/15/29	\$ 32,927	\$ 25,688
	United States Treasury Bond	2.750%, Due 8/15/42	44,446	33,004
	United States Treasury Bond	2.500%, Due 2/15/45	134,683	84,920
	United States Treasury Bond	2.875%, Due 8/15/45	501,682	326,075
	United States Treasury Bond	2.775%, Due 11/15/47	337,788	293,000
	United States Treasury Bond	3.125%, Due 5/15/48	140,173	123,611
	United States Treasury Bond	2.250%, Due 8/15/49	198,008	115,218
	United States Treasury Bond	2.000%, Due 2/15/50	140,052	78,812
	United States Treasury Bond	2.375%, Due 5/15/51	277,647	279,162
	United States Treasury Bond	1.750%, Due 8/15/41	227,063	186,948
	United States Treasury Note	2.875%, Due 5/15/32	282,949	263,379
	United States Treasury Note	3.375%, Due 5/15/33	135,422	136,056
	United States Treasury Note	2.000%, Due 8/15/25	61,411	56,702
	United States Treasury Note	2.250%, Due 11/15/25	62,353	56,700
	United States Treasury Note	2.250%, Due 2/15/27	142,066	124,604
	United States Treasury Note	1.750%, Due 12/31/26	404,766	364,112
	United States Treasury Note	2.625%, Due 3/31/25	152,350	144,375
	United States Treasury Note	2.875%, Due 4/30/25	112,000	96,465
	United States Treasury Note	2.375%, Due 5/15/29	341,790	293,340
	United States Treasury Note	2.125%, Due 5/31/26	53,771	46,612
	United States Treasury Inflationary	.750%, Due 2/15/42	41,062	30,775
	FNMA	2.625%, Due 9/6/24	59,393	58,449
	FNMA	.500%, Due 6/17/25	291,128	268,180
	New York Community Bank	.700%, Due 9/10/24	250,000	238,608
TOTAL			\$ 4,424,930	\$ 3,724,795

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN

EIN 37-6025801, PLAN NUMBER 001

SCHEDULE OF MUNICIPAL BONDS HELD

SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2023

		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE,		
IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY		RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)	(e)
Commerce Core:				
AK State Municipal Bond Bank		3.100%, Due 5/1/24	\$ 50,000	\$ 49,247
Baltimore MD Revenue		3.711%, Due 7/1/26	30,000	28,367
Bexar County TX		2.134%, Due 8/15/31	150,000	117,996
Cameron County TX Taxable		2.493%, Due 2/15/27	50,000	45,807
Cleveland OH Airport System Revenue		2.692%, Due 1/1/27	30,000	27,657
Commonwealth Financing Authority		3.864%, Due 6/1/38	25,000	21,114
Davidson County NC		5.500%, Due 6/1/26	20,000	20,101
Green Bay WI Water System		2.380%, Due 11/1/23	30,000	29,922
HI State Dept Business		3.242%, Due 1/1/31	56,144	52,905
MA State Development Finance Agency		1.392%, Due 7/1/26	150,000	133,880
MA State Educational Financing		3.272%, Due 7/1/26	50,000	47,249
MA State Housing Finance Agency		3.100%, Due 6/1/26	110,000	102,631
Miami Dade County FL		2.601%, Due 10/1/29	50,000	43,395
Montgomery County PA Higher		2.080%, Due 5/1/29	160,000	133,416
NC State University		4.000%, Due 10/1/41	25,000	20,811
New York City NY Housing		3.190%, Due 5/1/24	25,000	24,605
Tulare County CA		3.859%, Due 6/1/26	30,000	28,766
University of Cal Revenues		.985%, Due 5/15/25	160,000	148,862
VA State Commonwealth Univ		3.858%, Due 1/1/24	25,000	24,891
TOTAL			<u>\$ 1,226,144</u>	<u>\$ 1,101,622</u>

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN

EIN 37-6025801, PLAN NUMBER 001

SCHEDULE OF MONEY MARKETS HELD

SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2023

		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)	(e)
	BMO - General	Money Market	\$ 288,399	\$ 288,399
	BMO - Investment	Money Market	23,581	23,581
	SEI Daily Income	Money Market	539	539
	Multi-Employer Property Trust	Money Market	-	-
	Commerce - Core	Money Market	45,395	45,395
TOTAL			<u>\$ 357,914</u>	<u>\$ 357,914</u>

Money market accounts are held in BMO Trust Company, Commerce Trust and various real estate investments for 2023 and 2022. All values are quoted at \$1 per share and, therefore, are not subject to any market adjustments and earn interest, paid monthly, at current rates.

Note: There were no parties in interest.