Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
PLUMBERS & STEAMFITTERS LOCAL 141 ANNUITY PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

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 & STEAMFITTERS LOCAL 141 ANNUITY PLAN

7113 WEST BERT KOUNS INDUSTRIAL LOO
SHREVEPORT, LA 71129

2b Employer Identification Number (EIN) 72-0376748

2c Plan Sponsor's telephone number 318-688-6990

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.	09/16/2024	MICHAEL HALE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/16/2024	KEN PAYNE
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	717
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	699
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	765
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	32
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	797
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	800
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	717
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	769
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	28

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

2E 2G

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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan	**B** Three-digit plan number (PN) ▶
PLUMBERS & STEAMFITTERS LOCAL 141 ANNUITY PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
BOARD OF TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL 141 ANNUITY PLAN	72-0376748

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

MASSACHUETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
04-1590850	65935	780936-01	65	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	531331
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		**7b**	525250
c	Additions: (1) Contributions deposited during the year	**7c(1)**	52112	
	(2) Dividends and credits	**7c(2)**		
	(3) Interest credited during the year	**7c(3)**	7145	
	(4) Transferred from separate account	**7c(4)**	19766	
	(5) Other (specify below) ▶	**7c(5)**		
	(6)Total additions		**7c(6)**	79023
d	Total of balance and additions (add lines **7b** and **7c(6)**).		**7d**	604273
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	56443	
	(2) Administration charge made by carrier	**7e(2)**	8866	
	(3) Transferred to separate account	**7e(3)**	7633	
	(4) Other (specify below) ▶	**7e(4)**		
	(5) Total deductions		**7e(5)**	72942
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		**7f**	531331

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2023
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
PLUMBERS & STEAMFITTERS LOCAL 141 ANNUITY 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 & STEAMFITTERS LOCAL 141 ANNUITY PLAN

D Employer Identification Number (EIN)
72-0376748

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE CO. OF AM

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 50	RECORDKEEPER	114663	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

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

BENEFIT RESOURCES INC

8441 GULF FRWY STE 304
HOUSTON, TX 77017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMIN	10182	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

DENNIS G JENKINS CPA LLC

1690 STONE VILLAGE LN BLDG 500
STE 1
KENNESAW, GA 30152

(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	AUDITOR	9000	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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)

EDWARD D JONES & CO LP

12555 MANCHESTER RD
ST LOUIS, MO 63131

(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	INVEST ADVISOR	26717	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

EDWARDS AND LEATHERS, P.C.

4500 MAIN ST
STE C
BAYTOWN, TX 77521

20-8739519

(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	AUDITOR	14500	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

ROBEIN, URANN, SPENCER, PICARD

2540 SEVERN AVE., STE 400
METAIRIE, LA 70002

72-0999672

(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	ATTORNEY	34814	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 H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
PLUMBERS & STEAMFITTERS LOCAL 141 ANNUITY 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 & STEAMFITTERS LOCAL 141 ANNUITY PLAN

D Employer Identification Number (EIN)
72-0376748

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	283732	32734
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	97388	110939
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	186	192
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9181594	12013759
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	525250	531331
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	10088150	12688955
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	8492	
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	8492	
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10079658	12688955

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)	1098971	
(B) Participants	2a(1)(B)	261570	
(C) Others (including rollovers)	2a(1)(C)	231574	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1592115
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	19	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		19
(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)	437050	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		437050
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	895958	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	656382	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		239576
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1006422
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3275182
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	410169	
(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)		410169
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	8400	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	23500	
(5) Investment advisory and investment management fees	2i(5)	177827	
(6) Bank or trust company trustee/custodial fees	2i(6)	259	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	43737	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1993	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		255716
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		665885
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2609297
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) [X] 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)** [X] 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: EDWARDS AND LEATHERS, P.C. **(2)** EIN: 20-8739519

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

PLUMBERS AND STEAMFITTERS LOCAL 141
ANNUITY PLAN
REPORT ON AUDITS OF
FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2023 and 2022

CONTENTS

FINANCIAL INFORMATION

INDEPENDENT AUDITOR'S REPORT ..... PAGE 1

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2023 AND 2022 2

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022..... 3

NOTES TO FINANCIAL STATEMENTS ..... 4 - 11

SUPPLEMENTAL INFORMATION

SUPPLEMENTAL SCHEDULES 12

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR).. 13 - 14

SCHEDULE OF OPERATING EXPENSES..... 15

EDWARDS AND LEATHERS

Certified Public Accountants

The CPA. Never Underestimate The Value.

Larry V. Edwards
Michael R. Leathers

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Plumbers and Steamfitters Local 141
Annuity Plan
Shreveport, Louisiana

Opinion

We have audited the accompanying financial statements of Plumbers and Steamfitters Local 141 Annuity Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022, and the related Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2023 and 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Plumbers and Steamfitters Local 141 Annuity Plan as of December 31, 2023 and 2022, and the Changes in its Net Assets Available for Benefits for the years ended December 31, 2023 and 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis of Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers and Steamfitters Local 141 Annuity Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local 141 Annuity Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

4500C N. Main Street • P.O. Box 860 • Baytown, Texas 77522-0860 • (281) 428-1655 • Fax 1 (832) 218-5313
Member of the American Institute of Certified Public Accountants
MEMBER OF THE TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

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 theretofore 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 including examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers and Steamfitters Local 141 Annuity Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local 141 Annuity Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

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

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

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

Other Matters

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Operating Expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying account and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Edwards & Leathers, P.C.

Baytown, Texas
August 20, 2024

Edwards and Leathers, P.C.
Certified Public Accountants

PLUMBERS AND STEAMFITTERS LOCAL 141
ANNUITY PLAN
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	2023	2022
ASSETS		
Investments, at fair value		
Cash Equivalents	$ 25,311	$ 22,114
Mutual Funds	12,013,759	9,181,594
Guaranteed Income Account	506,213	503,322
Total Investments	12,545,282	9,707,030
Receivables		
Employer contributions	110,939	97,388
Total Receivables	110,939	97,388
Prepaid Expenses	-0-	-0-
Cash in Bank	32,734	283,732
TOTAL ASSETS	12,688,955	10,088,150
LIABILITIES		
Accounts Payable	-0-	8,492
Reciprocals Payable	-0-	-0-
Total Liabilities	-0-	8,492
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 12,688,955	$ 10,079,658

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

PLUMBERS AND STEAMFITTERS LOCAL 141
ANNUITY PLAN
Statements of Changes in Net Assets Available for Benefits
December 31, 2023 and 2022

	2023	2022
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation in fair value of investments – (Note 4)	$ 1,245,998	$(2,541,945)
Investment Income	437,069	892,193
	1,683,067	(1,649,752)
Less: investment expenses	(177,827)	(100,204)
Total Investment Gain/(Loss)	1,505,240	(1,749,957)
Contributions:		
Employer contributions	1,101,374	1,004,346
401(k) Contributions	261,570	227,423
Reciprocal Contributions	231,574	375,823
Less: Reciprocals Paid to Other Funds	(2,403)	-0-
Total Net Contributions	1,592,115	1,607,592
Total Additions	3,097,355	(142,365)
Deductions from net assets attributed to:		
Benefits Paid	410,169	313,469
Operating Expenses	77,889	48,782
Deductions from Plan Assets Attributed to:		
Total Deductions	488,058	362,251
Net Increase (Decrease) in Net Assets	2,609,297	(504,616)
Net Assets Available for Plan Benefits – Beginning of Year	10,079,658	10,584,274
Net Assets Available for Plan Benefits – End of Year	$ 12,688,955	$ 10,079,658

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

PLUMBERS AND STEAMFITTERS LOCAL 141
ANNUITY PLAN
Notes to Financial Statements
December 31, 2023 and 2022

A. Description of Plan

The following description of the Plumbers and Steamfitters Local 141 Annuity Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. General – The Fund is a profit sharing plan and is subject to the provisions of the Employee Retirement Income Security Act (ERISA) OF 1974.

   The Plan is sponsored by the Board of Trustees of the Plumbers and Steamfitters Local 141 Annuity Plan ("Trustees"). The Plan was created by collective bargaining between the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, Local Union 141 ("Union") and Contributing Employers who have agreed to contribute to this Plan on your behalf, and is initially effective August 1, 2007.

2. Contractor Contributions – The employers contribute an amount for each participant which is computed in accordance with the Collective Bargaining Agreement in effect.

3. Contributions Receivable. Contributions receivable as of the end of the year represented contributions received during the sixty days subsequent to year – end and attributable to the prior year. Contributions are accrued based upon subsequent remittance reports and cash receipts. Accordingly, no provision for uncollectible amounts has been recorded.

3. Voluntary Employee Wage Reduction – Each employee is eligible to participate in this Plan on the first date you are employed by an Employer required to make contributions to the Plan on your behalf under the Collective Bargaining Agreement or other written agreement requiring contributions on your behalf. You are also eligible to participate in the Plan if you are an employee of the Union, Joint Apprenticeship Fund or other related benefit plan established through the collective bargaining.

   Once you are eligible to participate in the Plan, you are fully vested in any contributions made on your behalf and allocated to your Account, which is maintained on your behalf.

   For payroll periods before February 1, 2014, you were permitted to make a salary reduction election to defer a portion of your wages, which contributions are maintained in your notational Elective Account established on your behalf. Since the Plan no longer permits you to defer a portion of your wages, your Elective Account will continue to be maintained under the Plan and held in trust and invested pursuant to your instructions to the Trustees. Investment of your Elective Account is discussed in more detail under Article XIII entitled "Participant-Directed Investments".

The provisions of this Plan will govern when you are able to receive a distribution of your Elective Account. Distributions from your Elective Account are generally not permitted before age 59-1/2. However, distributions are generally permitted only in the following circumstances:

a. Upon death;
b. Upon disability; or,
c. Upon separation from service.

Upon the receipt of contributions from your Employer pursuant to the Collective Bargaining Agreement or other written agreement, the Trustees will establish and maintain an Account on your behalf. All contributions are credited to your Account once the funds are received and processed by the Fund Office. Your total interest under the Plan, including all contributions made on your behalf and earnings/losses thereon, will be credited and maintained in your Account. You will be individually notified on a quarterly basis regarding the status and value of your Account. Under this Plan, you are able to direct the investment of your Account.

In 2023 the Board of Trustees selected Empower Retirement to administer the participant directed accounts.

5. Reciprocal Agreements – The Fund has signed a national reciprocal agreement with other participating Funds. Under this agreement, certain employer contributions are received from and/or paid to reciprocating Local Union Pension Funds for hours worked within each Local Union's respective jurisdiction.

6. Vesting – Amounts credited to a participant's account shall be 100% vested and non-forfeitable at all times.

7. Payment of Benefits – Retirement benefits under the Plan are recorded when paid.

B. Summary of Accounting Policies

Date of Management' Review. Subsequent events were evaluated through August 20, 2024, which is the date the financial statements were available to be issued.

Basis of Accounting. The accompanying financial statements have been prepared in conformity with generally accepted accounting principles and conform to the 2023 Audit Guide of Employee Benefit Plans prepared by the American Institute of Certified Public Accountants.

Use of Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and

liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The estimates contained in these financial statements are those for the fair value of investments. Actual results could differ from those estimates. Estimates may change prior to December 31, 2024.

C. Fair Value Measurements

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

			Fair Value Measurements at Reporting Data Using: Quoted Prices in Active Markets for Identical Assets	
	Level 1	Level 2	Level 3	TOTAL
December 31, 2023				
Mutual Funds	$12,013,759			$ 12,013,759
Fixed Annuities		506,213		506,213
Cash Equivalent	25,311			25,311
Total Assets in the Fair Value Hierarchy	12,039,069	506,213		12,545,282
Total Investments at Fair Value				

	Level 1	Level 2	Level 3	TOTAL
December 31, 2022				
Mutual Funds	$ 9,181,594			$ 9,181,594
Fixed Annuities		$503,322		503,322
Cash Equivalent	22,114			22,114
Total Assets in the Fair Value Hierarchy	$ 9,203,708	$503,322		$ 9,707,030
Total Investments at Fair Value				$ 9,707,030

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority.

Level 2 inputs consist of observable inputs other that quoted prices for identical assets, and

Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements

The fair values of Mutual Funds, and Money Market accounts are based on quoted market prices from active markets.

Level 2

The fair value of certain fixed annuities for which no quoted market price is available are based on yields currently available on comparable investments.

Level 3

None

D. Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note C for discussion of fair value measurements.

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

The Plan's investments were held in Empower during the year and are all trustee directed. The following table presents investments at fair value determined by quoted market price.

	2023	2022
Empower	$ 12,545,282	$ 9,707,030
Total	$ 12,545,282	$ 9,707,030

During 2023 and 2022, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated)/appreciated in value by as follows:

	2023	2022
Mutual Funds	$ 1,245,998	$ (2,541,945)
Total	$ 1,245,998	$ (2,541,945)

The fair value of investments held in trust is based on the quoted prices in an active market.

E. Plan Termination

In the event of the termination of this Agreement and Declaration of Trust, the Trustees will provide for the payment out of the Trust Fund of expenses incurred up to the date of termination of the Trust and the expenses in connection with the termination, also they will arrange for a final audit and report of their transactions and accounts for the purpose of terminating their Trusteeship.

The Trustees will give any notice and prepare and file any reports which may be required by law and apply the Trust Fund in accordance with the provisions of the Plan of Benefits including amendments adopted as part of the termination until the Fund is disbursed.

No part of the corpus of income of the Trust Fund will be used for or diverted to purposes other than for the exclusive benefit of the Employees and Beneficiaries or the administrative expenses of the Trust Fund. Under no circumstances will any portion of the Trust Fund revert or inure to the benefit of any contributing Employer, the Association or Additional Association or the Unions either directly or indirectly.

F. Tax Status

The Internal Revenue Service has determined and informed the Plan by letter dated January 8, 2014, that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Generally accepted accounting principles require management to evaluate tax positions taken and recognize a tax liability if the entity has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2023 there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. Management believes the Plan is no longer subject to income tax examinations for years prior to 2020.

G. Party-In-Interest Transactions

Transactions with Plan's auditor was for accounting and auditing services, while transactions with the Plan's attorney was for legal services. Transactions with the plan's administrator was for administration services. Transactions with the Plan's investment manager was for investment services. All of the transactions were conducted in the ordinary course of business. Transactions with all parties-in-interest are equivalent to those that prevail in arms-length transactions.

H. Significant Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates contained in the financial statements are estimates for investments and contributions receivable. It is at least reasonably possible that a change in the estimates will occur in the near term.

I. Reconciliation of Financial Statements and Internal Revenue Service Form 5500 Amounts

	2023	2022
Statement of Changes in Net Assets Available for benefits – total additions	$ 3,097,355	$ (142,365)
Add: investment expenses	177,827	100,204
Total income per the Form 5500	$ 3,275,182	$ (242,569)
Statement of Changes in Net Assets Available for benefits – total deductions	$ 488,058	$ 362,251
Add: investment expenses	177,827	100,204
Total deductions per the Form 5500	$ 665,885	$ 462,455

J. Funding Policy

Contractors' contributions to the Plan totaled $1,101,374 and $1,004,346 for 2023 and 2022, respectively. The Plan is also funded by reciprocal contributions which were $231,574 and $375,823 for 2023 and 2022, respectively. The Plan is also funded by investment income and participant contributions. The funding policy has not been changed since the previous audit report was issued.

K. Concentration of Risk

During the years ended December 31, 2023 and 2022 no employer accounted for 50% respectively of employers' contribution.

L. Risks and Uncertainties

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

SUPPLEMENTAL SCHEDULES

PLUMBERS AND STEAMFITTERS LOCAL 141
ANNUITY PLAN
Supplemental Schedules
December 31, 2023 and 2022

(A) Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

See Schedule 1

(B) Schedule of Investment Assets That Were Both Acquired and Disposed of Within the Plan Year

None

(C) Schedule of Loans and Fixed Income Obligations

None

(D) Schedule of Leases in Default or Classified as Uncollectible

None

(E) Schedule of Reportable Transactions

None

(F) Schedule of Nonexempt (Prohibited) Transactions That Are Disclosed in Notes to the Financial Statements

None

(G) Schedule of Nonexempt (Prohibited) Transactions That Are Not Disclosed in Notes to the Financial Statements

None

PLUMBERS AND STEAMFITTERS LOCAL 141 ANNUITY PLAN
EIN# 72-0376748
PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

Schedule 1

(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
EMPOWER - PLAN NO. 780936-01			
CASH		$ 25,311	$ 25,311
TOTAL CASH		**$ 25,311**	**$ 25,311**
MUTUAL FUNDS			
ALLSPRING SPECIAL SMALL CAP VALUE R6		N/A	$ 139,262
AMERICAN CENTURY MID CAP VALUE INV		N/A	157,808
AMERICAN FUNDS WASHINGTON MUTUAL R4		N/A	660,866
FEDERATED HERMES TOTAL RETURN BOND R6		N/A	73,892
FRANKLIN STRATEGIC INCOME A		N/A	21,676
INVESCO INTERNATIONAL DIVERSIFIED Y		N/A	410,959
IVY SMALL CAP GROWTH Y		N/A	179,660
MASSMUTUAL MID CAP GROWTH SERVICE		N/A	859,326
MASSMUTUAL RETIRESMART BY JPM 2020 SVC		N/A	2,004,264
MASSMUTUAL RETIRESMART BY JPM 2030 SVC		N/A	1,579,836
MASSMUTUAL RETIRESMART BY JPM 2040 SVC		N/A	2,470,502
MASSMUTUAL RETIRESMART BY JPM 2050 SVC		N/A	1,766,774
MASSMUTUAL RETIRESMART BY JPM 2060 SVC		N/A	1,645,862
MASSMUTUAL RETIRESMART BY JPM IN RET SVC		N/A	43,072
NORTHERN SMALL CAP VALUE		N/A	0
WESTERN ASSET CORE PLUS BOND A		N/A	0
TOTAL MUTUAL FUNDS		**$ -**	**$ 12,013,759**
FIXED ANNUITIES			
GUARATEED INCOME ACCOUNT		N/A	$ 506,213
TOTAL FIXED ANNUITIES		**N/A**	**$ 506,213**
TOTAL INVESTMENTS		**N/A**	**$ 12,545,282**

PLUMBERS AND STEAMFITTERS LOCAL 141 ANNUITY PLAN
EIN# 72-0376748
PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2022

Schedule I

(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
EMPOWER - PLAN NO. 780936-01			
CASH		$ 22,114	$ 22,114
TOTAL CASH		**$ 22,114**	**$ 22,114**
MUTUAL FUNDS			
AMERICAN CENTURY MID CAP VALUE INV		N/A	134,274
AMERICAN FUNDS WASHINGTON MUTUAL R4		N/A	518,932
FRANKLIN STRATEGIC INCOME A		N/A	17,889
INVESCO INTERNATIONAL DIVERSIFIED Y		N/A	328,313
IVY SMALL CAP GROWTH Y		N/A	138,570
MASSMUTUAL MID CAP GROWTH SERVICE		N/A	667,106
MASSMUTUAL RETIRESMART BY JPM 2020 SVC		N/A	1,755,127
MASSMUTUAL RETIRESMART BY JPM 2030 SVC		N/A	1,247,111
MASSMUTUAL RETIRESMART BY JPM 2040 SVC		N/A	1,888,015
MASSMUTUAL RETIRESMART BY JPM 2050 SVC		N/A	1,300,301
MASSMUTUAL RETIRESMART BY JPM 2060 SVC		N/A	993,098
MASSMUTUAL RETIRESMART BY JPM IN RET SVC		N/A	31,077
NORTHERN SMALL CAP VALUE		N/A	106,566
WESTERN ASSET CORE PLUS BOND A		N/A	55,216
TOTAL MUTUAL FUNDS		**0**	**9,181,594**
FIXED ANNUITIES			
GUARATEED INCOME ACCOUNT		N/A	503,322
TOTAL FIXED ANNUITIES		**N/A**	**503,322**
TOTAL INVESTMENTS		**N/A**	**$ 9,707,030**

PLUMBERS AND STEAMFITTERS LOCAL 141
ANNUITY PLAN
Schedules of Operating Expenses
December 31, 2023 and 2022

	2023	2022
Administration Fees	$ 8,400	$ 9,345
Audit Fees	23,500	$ 14,616
Bank Service Charges	259	40
Fidelity Bond Expense	1,993	-0-
Fiduciary Liability Expense	-0-	-0-
Legal Fees	43,737	24,781
Total Administrative Expenses	$ 77,889	$ 48,782

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2023 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning and ending

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide 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 ▶ [X]

D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Plumbers & Steamfitters Local 141 Annuity Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 1/1/2007

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Plumbers & Steamfitters Local 141 Annuity Plan

Electronic Filing Only

7113 West Bert Kouns Industrial Loo
Shreveport LA 71129

2b Employer Identification Number (EIN)
72-0376748

2c Plan Sponsor's telephone number
(318) 688 -6990

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 Signature of plan administrator	Date	Michael Hale Enter name of individual signing as plan administrator
SIGN HERE Signature of employer/plan sponsor	Date	Ken Payne Enter name of individual signing as employer or plan sponsor
SIGN HERE Signature of DFE	Date	Enter name of individual signing as DFE

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

3a	Plan administrator's name and address ☐ Same as Plan Sponsor	3b	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b	EIN
a	Sponsor's name	4d	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	5	717
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1)	Total number of active participants at the beginning of the plan year	6a(1)	699
a(2)	Total number of active participants at the end of the plan year	6a(2)	765
b	Retired or separated participants receiving benefits	6b	
c	Other retired or separated participants entitled to future benefits	6c	32
d	Subtotal. Add lines 6a(2), 6b, and 6c.	6d	797
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	3
f	Total. Add lines 6d and 6e	6f	800
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	717
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	769
h	Number of participants with terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	28

Electronic Filing Only

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E, 2G

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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

Electronic Filing Only

PLUMBERS AND STEAMFITTERS LOCAL 141 ANNUITY PLAN
EIN# 72-0376748
PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

Schedule 1

(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
EMPOWER - PLAN NO. 780936-01			
CASH		$ 25,311	$ 25,311
TOTAL CASH		**$ 25,311**	**$ 25,311**
MUTUAL FUNDS			
ALLSPRING SPECIAL SMALL CAP VALUE R6		N/A	$ 139,262
AMERICAN CENTURY MID CAP VALUE INV		N/A	157,808
AMERICAN FUNDS WASHINGTON MUTUAL R4		N/A	660,866
FEDERATED HERMES TOTAL RETURN BOND R6		N/A	73,892
FRANKLIN STRATEGIC INCOME A		N/A	21,676
INVESCO INTERNATIONAL DIVERSIFIED Y		N/A	410,959
IVY SMALL CAP GROWTH Y		N/A	179,660
MASSMUTUAL MID CAP GROWTH SERVICE		N/A	859,326
MASSMUTUAL RETIRESMART BY JPM 2020 SVC		N/A	2,004,264
MASSMUTUAL RETIRESMART BY JPM 2030 SVC		N/A	1,579,836
MASSMUTUAL RETIRESMART BY JPM 2040 SVC		N/A	2,470,502
MASSMUTUAL RETIRESMART BY JPM 2050 SVC		N/A	1,766,774
MASSMUTUAL RETIRESMART BY JPM 2060 SVC		N/A	1,645,862
MASSMUTUAL RETIRESMART BY JPM IN RET SVC		N/A	43,072
NORTHERN SMALL CAP VALUE		N/A	0
WESTERN ASSET CORE PLUS BOND A		N/A	0
TOTAL MUTUAL FUNDS		**$ -**	**$ 12,013,759**
FIXED ANNUITIES			
GUARATEED INCOME ACCOUNT		N/A	$ 506,213
TOTAL FIXED ANNUITIES		**N/A**	**$ 506,213**
TOTAL INVESTMENTS		**N/A**	**$ 12,545,282**

PLUMBERS AND STEAMFITTERS LOCAL 141 ANNUITY PLAN
EIN# 72-0376748
PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2022

Schedule 1

(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
EMPOWER - PLAN NO. 780936-01			
CASH		$ 22,114	$ 22,114
TOTAL CASH		**$ 22,114**	**$ 22,114**
MUTUAL FUNDS			
AMERICAN CENTURY MID CAP VALUE INV		N/A	134,274
AMERICAN FUNDS WASHINGTON MUTUAL R4		N/A	518,932
FRANKLIN STRATEGIC INCOME A		N/A	17,889
INVESCO INTERNATIONAL DIVERSIFIED Y		N/A	328,313
IVY SMALL CAP GROWTH Y		N/A	138,570
MASSMUTUAL MID CAP GROWTH SERVICE		N/A	667,106
MASSMUTUAL RETIRESMART BY JPM 2020 SVC		N/A	1,755,127
MASSMUTUAL RETIRESMART BY JPM 2030 SVC		N/A	1,247,111
MASSMUTUAL RETIRESMART BY JPM 2040 SVC		N/A	1,888,015
MASSMUTUAL RETIRESMART BY JPM 2050 SVC		N/A	1,300,301
MASSMUTUAL RETIRESMART BY JPM 2060 SVC		N/A	993,098
MASSMUTUAL RETIRESMART BY JPM IN RET SVC		N/A	31,077
NORTHERN SMALL CAP VALUE		N/A	106,566
WESTERN ASSET CORE PLUS BOND A		N/A	55,216
TOTAL MUTUAL FUNDS		**0**	**9,181,594**
FIXED ANNUITIES			
GUARATEED INCOME ACCOUNT		N/A	503,322
TOTAL FIXED ANNUITIES		**N/A**	**503,322**
TOTAL INVESTMENTS		**N/A**	**$ 9,707,030**