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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                                   |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                            |
| 1a      | Name of plan<br>PLUMBING AND PIPEFITTING INDUSTRY LOCAL 219 PENSION PLAN                                                                                                                                                                                                                                                                          |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                |
| 1c      | Effective date of plan<br>05/02/1958                                                                                                                                                                                                                                                                                                              |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>TRUSTEES OF LOCAL 219 PENSION TRUST<br><br>3660 STUTZ DR., SUITE 101<br>CANFIELD, OH 44406 |
| 2b      | Employer Identification Number (EIN)<br>34-6682376                                                                                                                                                                                                                                                                                                |
| 2c      | Plan Sponsor's telephone number<br>330-270-0453                                                                                                                                                                                                                                                                                                   |
| 2d      | Business code (see instructions)<br>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. | 02/12/2025 | GREG MCMILLEN                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 02/07/2025 | JOHN H. KERR                                                 |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                               |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 638                                                                                                                                                                                                                                   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 248<br><b>6a(2)</b> 270<br><b>6b</b> 209<br><b>6c</b> 80<br><b>6d</b> 559<br><b>6e</b> 98<br><b>6f</b> 657<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b> 44                                                                                                                                                                                                                                    |

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

1A

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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 \_\_\_\_\_
- (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 \_\_\_\_\_

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public<br/>Inspection</div> |
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For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

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.

|                                                                                                                             |                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>PLUMBING AND PIPEFITTING INDUSTRY LOCAL 219 PENSION PLAN</div>                               | <div>B Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>TRUSTEES OF LOCAL 219 PENSION TRUST</div> | <div>D Employer Identification Number (EIN)</div> <div>34-6682376</div> |

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

|                                                                                                                    |                                          |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <div>1a Enter the valuation date:</div> <div>Month 05 Day 01 Year 2023</div>                                       |                                          |
| <div>b Assets</div>                                                                                                |                                          |
| <div>(1) Current value of assets</div>                                                                             | <div>1b(1)</div> <div>40934655</div>     |
| <div>(2) Actuarial value of assets for funding standard account</div>                                              | <div>1b(2)</div> <div>43395253</div>     |
| <div>c (1) Accrued liability for plan using immediate gain methods</div>                                           | <div>1c(1)</div> <div>70223115</div>     |
| <div>(2) Information for plans using spread gain methods:</div>                                                    |                                          |
| <div>(a) Unfunded liability for methods with bases</div>                                                           | <div>1c(2)(a)</div> <div>0</div>         |
| <div>(b) Accrued liability under entry age normal method</div>                                                     | <div>1c(2)(b)</div> <div>0</div>         |
| <div>(c) Normal cost under entry age normal method</div>                                                           | <div>1c(2)(c)</div> <div>0</div>         |
| <div>(3) Accrued liability under unit credit cost method</div>                                                     | <div>1c(3)</div> <div>70223115</div>     |
| <div>d Information on current liabilities of the plan:</div>                                                       |                                          |
| <div>(1) Amount excluded from current liability attributable to pre-participation service (see instructions)</div> | <div>1d(1)</div> <div>0</div>            |
| <div>(2) "RPA '94" information:</div>                                                                              |                                          |
| <div>(a) Current liability</div>                                                                                   | <div>1d(2)(a)</div> <div>125632791</div> |
| <div>(b) Expected increase in current liability due to benefits accruing during the plan year</div>                | <div>1d(2)(b)</div> <div>2534415</div>   |
| <div>(c) Expected release from "RPA '94" current liability for the plan year</div>                                 | <div>1d(2)(c)</div> <div>5819721</div>   |
| <div>(3) Expected plan disbursements for the plan year</div>                                                       | <div>1d(3)</div> <div>6039721</div>      |

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.

|                                                                          |  |                                                   |
|--------------------------------------------------------------------------|--|---------------------------------------------------|
| <div>SIGN HERE</div>                                                     |  | <div>01/21/2025</div>                             |
| <div>Signature of actuary</div>                                          |  | <div>Date</div>                                   |
| <div>KEVIN A. COLE</div>                                                 |  | <div>23-08895</div>                               |
| <div>Type or print name of actuary</div>                                 |  | <div>Most recent enrollment number</div>          |
| <div>CUNI, RUST &amp; STRENK</div>                                       |  | <div>513-891-0270</div>                           |
| <div>Firm name</div>                                                     |  | <div>Telephone number (including area code)</div> |
| <div>4555 LAKE FOREST DRIVE - SUITE 620, CINCINNATI, OH 45242-3760</div> |  |                                                   |
| <div>Address of the firm</div>                                           |  |                                                   |

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:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 40934655                     |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 307                               | 68978635                     |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 83                                | 16009605                     |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 869592                       |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 39774959                     |
| <b>(c)</b> Total active .....                                                                                                       | 248                               | 40644551                     |
| <b>(4)</b> Total .....                                                                                                              | 638                               | 125632791                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 32.58 %                      |

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

| (a) Date<br>(MM/DD/YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 05/01/2023                                                                      | 0                                 |                                 |                          |                                   |                                 |
| 04/30/2024                                                                      | 4880105                           |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 4880105                           | <b>3(c)</b> 0                   |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b> 0                   |

**4** Information on plan status:

|                                                                                                                                                                            |           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                           | <b>4a</b> | 61.8 %                                                              |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....     | <b>4b</b> | C                                                                   |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                  |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....      | <b>4e</b> |                                                                     |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                       | <b>4f</b> | 2033                                                                |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                     |           |                                                                     |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here. .... <input type="checkbox"/>                      |           |                                                                     |
| • 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):

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                                                |                                                                                                  |                                                                                                                                                 |                                                                                                  |        |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                                   |                                                                                                  |                                                                                                                                                 | <b>6a</b>                                                                                        | 2.75 % |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |        |
| <b>c</b> Mortality table code for valuation purposes:                                                                          |                                                                                                  |                                                                                                                                                 |                                                                                                  |        |
| <b>(1)</b> Males .....                                                                                                         | <b>6c(1)</b>                                                                                     | 9P                                                                                                                                              | 9P                                                                                               |        |
| <b>(2)</b> Females .....                                                                                                       | <b>6c(2)</b>                                                                                     | 9FP                                                                                                                                             | 9FP                                                                                              |        |
| <b>d</b> Valuation liability interest rate .....                                                                               | <b>6d</b>                                                                                        | 7.50 %                                                                                                                                          | 7.50 %                                                                                           |        |
| <b>e</b> Salary scale .....                                                                                                    | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |                                                                                                  |        |
| <b>f</b> Withdrawal liability interest rate:                                                                                   |                                                                                                  |                                                                                                                                                 |                                                                                                  |        |
| <b>(1)</b> Type of interest rate .....                                                                                         | <b>6f(1)</b>                                                                                     | <input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |                                                                                                  |        |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b>                                                                                     |                                                                                                                                                 | %                                                                                                |        |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                  | <b>6g</b>                                                                                        | 6.0 %                                                                                                                                           |                                                                                                  |        |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                    | <b>6h</b>                                                                                        | 0.5 %                                                                                                                                           |                                                                                                  |        |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                        | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |                                                                                                  |        |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b>                                                                                     | %                                                                                                                                               |                                                                                                  |        |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b>                                                                                     | 220000                                                                                                                                          |                                                                                                  |        |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |                                                                                                  |        |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 975466              | 102798                         |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                             |                                                                     |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------|
| <b>a</b> 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 .....                                                                                             | <b>8a</b>                                                           |         |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                                                                                 |                                                                     |         |
| <b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |         |
| <b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |         |
| <b>c</b> 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? .....                                                                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                  |                                                                     |         |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                               | <b>8d(2)</b>                                                        | 5       |
| <b>(3)</b> 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? .....                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |         |
| <b>(4)</b> 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)) .....                                                                                                | <b>8d(4)</b>                                                        |         |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                        | <b>8d(5)</b>                                                        |         |
| <b>(6)</b> 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? .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |         |
| <b>e</b> 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) ..... | <b>8e</b>                                                           | 6895820 |

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

|                                                                          |           |         |
|--------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> | 298306  |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 1141659 |

**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 |         |
|--------------|---------------------|---------|
| <b>9c(1)</b> | 33403304            | 4754686 |
| <b>9c(2)</b> | 0                   | 0       |
| <b>9c(3)</b> | 0                   | 0       |

**d** Interest as applicable on lines 9a, 9b, and 9c .....**9d** 464598**e** Total charges. Add lines 9a through 9d .....**9e** 6659249**Credits to funding standard account:****f** Prior year credit balance, if any .....**9f** 0**g** Employer contributions. Total from column (b) of line 3 .....**9g** 4880105**h** Amortization credits as of valuation date .....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 257172**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL) .....**(2)** "RPA '94" override (90% current liability FFL) .....**(3)** FFL credit .....

|              | Outstanding balance |         |
|--------------|---------------------|---------|
| <b>9h</b>    | 6873748             | 1033008 |
| <b>9j(1)</b> | 32712378            |         |
| <b>9j(2)</b> | 72800908            |         |

**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** 6170285**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m****n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....**9n** 488964**o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year .....**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date .....**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....**9o(2)(b)** 0**(3)** Total as of valuation date .....**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) .....**10** 488964**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☒ Yes ☐ No

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

|                                                                                               |                                                      |     |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024    |                                                      |     |
| A Name of plan<br>PLUMBING AND PIPEFITTING INDUSTRY LOCAL 219 PENSION PLAN                    | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TRUSTEES OF LOCAL 219 PENSION TRUST | D Employer Identification Number (EIN)<br>34-6682376 |     |

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

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

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

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

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

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

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

BENESYS

38-2383170

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50                  |                                                                                                   | 63346                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STRATEGIC CAPITAL INVESTMENT

ADVISORS, INC.  
700 E. BUTTERFIELD ROAD, STE 320  
LOMBARD, IL 60148

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     |                                                                                                   | 51831                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CUNI, RUST AND STRENK

31-1227755

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  |                                                                                                   | 35725                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

JOHNSON & KROL LLC

311 S. WACKER DR, STE 1050  
CHICAGO, IL 60606

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  |                                                                                                   | 32435                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CIUNI & PANICHI, INC.

34-1322309

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  |                                                                                                   | 22076                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

L. CALVIN JONES AND CO. INC.

34-0667613

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 22 50                  |                                                                                                   | 16692                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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 & PIPEFITTERS 219 COMBINED

54-2172847

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 64                            | FUND SERVICE OFFICE                                                                                      | 15574                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

WASHINGTON CAPITAL MANAGEMENT, INC.

1200 SIXTH AVE, SUITE 700  
SEATTLE, WA 98101

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50                         |                                                                                                          | 14344                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

NATIONAL INVESMENT SERVICES

777 E. WISCONSIN, STE 2350  
MILWAUKEE, WI 53202

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 16 50                         |                                                                                                          | 14089                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

AMERICAN CORE REALTY FUND, LLC

801 NORTH BRAND BOULEVARD, STE 800  
GLENDALE, CA 91203

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  |                                                                                                   | 11939                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PNC BANK

249 FIFTH AVENUE  
PITTSBURGH, PA 15222

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  |                                                                                                   | 8356                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STOCKBRIDGE CAPITAL GROUP, LLC

4 EMBARCADERO CENTER, SUITE 3300  
SAN FRANCISCO, CA 94111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  |                                                                                                   | 6481                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(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<br>(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<br>(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)

|                    |                                                                 |                     |              |
|--------------------|-----------------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | ALLEN L. PAULY                                                  | <b>b</b> EIN:       | 31-1227755   |
| <b>c</b> Position: | ENROLLED ACTUARY                                                |                     |              |
| <b>d</b> Address:  | 4555 LAKE FOREST DRIVE - SUITE 620<br>CINCINNATI, OH 45242-3760 | <b>e</b> Telephone: | 513-891-0270 |
|                    |                                                                 |                     |              |

Explanation: THE ENROLLED ACTUARY WAS CHANGED BECAUSE WORK INTERNALLY AT CUNI, RUST &amp; STRENK WAS REASSIGNED.

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                      |                                                      |     |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024           |                                                      |     |
| A Name of plan<br>PLUMBING AND PIPEFITTING INDUSTRY LOCAL 219 PENSION PLAN                           | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>TRUSTEES OF LOCAL 219 PENSION TRUST | D Employer Identification Number (EIN)<br>34-6682376 |     |

|                                                                                |                                                                                                                                                                           |                                                                                                      |  |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|
| Part I                                                                         | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                      |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: NIS CORE FIXED INCOME QP FUND, LLC     |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC.  |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN 82-4028492-001                                                        | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3240228 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: NIS HIGH YIELD QP FUND, LLC            |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC.  |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN 82-4051841-001                                                        | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 150101  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: NIS TOTAL ABSOLUTE RETURN QP FUND      |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC.  |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN 82-4069919-001                                                        | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 428609  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAP JOINT MASTER TR MORT    |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC. |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN 91-1163419-001                                                        | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2914858 |  |
| 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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2023                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

|                                                                                               |                                                      |     |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024    |                                                      |     |
| A Name of plan<br>PLUMBING AND PIPEFITTING INDUSTRY LOCAL 219 PENSION PLAN                    | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TRUSTEES OF LOCAL 219 PENSION TRUST | D Employer Identification Number (EIN)<br>34-6682376 |     |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 851232                | 62173           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 1057698               | 597190          |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 524                   | 1601            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 154735                | 1297768         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               | 2494                  | 1908            |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 6606869               | 6733796         |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 32324040              | 35888548        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 17137                 | 17347           |

|                                                                           |              |                              |                        |
|---------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>1d</b> Employer-related investments:                                   |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                              |                        |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 41014729                     | 44600331               |
| <b>Liabilities</b>                                                        |              |                              |                        |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 80074                        | 154295                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                              |                        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 80074                        | 154295                 |
| <b>Net Assets</b>                                                         |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 40934655                     | 44446036               |

**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.

|                                                                                                            |                 |                   |                  |
|------------------------------------------------------------------------------------------------------------|-----------------|-------------------|------------------|
| <b>Income</b>                                                                                              |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
| <b>a</b> Contributions:                                                                                    |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 4880105           |                  |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |                   |                  |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |                   |                  |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 4880105          |
| <b>b</b> Earnings on investments:                                                                          |                 |                   |                  |
| (1) Interest:                                                                                              |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 26199             |                  |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 101103            |                  |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |                   |                  |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |                   |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 127302           |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |                   |                  |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |                   |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 393347            |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   | 393347           |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |                   |                  |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 42924             |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 597               |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |                   |                  |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -584049           |                  |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |                   |                  |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 127992    |
| (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) |            | 4351936   |
| c Other income .....                                                                            | 2c     |            | 2412      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 9341372   |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 5491104 |         |
| (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)  |         | 5491104 |
| 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)  | 63346   |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |         |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 22076   |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 55209   |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 6164    |         |
| (7) Actuarial fees .....                                                             | 2i(7)  | 35725   |         |
| (8) Legal fees .....                                                                 | 2i(8)  | 32435   |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) | 5459    |         |
| (11) Other expenses .....                                                            | 2i(11) | 118473  |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 338887  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 5829991 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 3511381 |
| 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: **CIUNI & PANICHI, INC.**

(2) EIN: **34-1322309**

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> 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.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     |                                     |        |
| <b>n</b> 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. ....                                                                                                                         |                                     |                                     |        |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 532161.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>PLUMBING AND PIPEFITTING INDUSTRY LOCAL 219 PENSION PLAN                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TRUSTEES OF LOCAL 219 PENSION TRUST                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>34-6682376                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                                | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 34-6682376                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. .... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2023 v. 230707                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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 S. A. COMUNALE CO., INC.

**b** EIN 34-1122758

**c** Dollar amount contributed by employer 991911

**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 05 Day 31 Year 2025

**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) 12.15

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

**a** Name of contributing employer SYNERGY LLC

**b** EIN 27-3582242

**c** Dollar amount contributed by employer 828849

**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 05 Day 31 Year 2025

**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) 12.15

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

**a** Name of contributing employer FOREST CITY ERECTORS, INC.

**b** EIN 34-0865195

**c** Dollar amount contributed by employer 284318

**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 05 Day 31 Year 2025

**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) 12.15

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

**a** Name of contributing employer CLINE MECHANICAL, INC.

**b** EIN 46-4602299

**c** Dollar amount contributed by employer 279415

**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 05 Day 31 Year 2025

**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) 12.15

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

**a** Name of contributing employer T H MARTIN INC

**b** EIN 34-1496717

**c** Dollar amount contributed by employer 177525

**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 05 Day 31 Year 2025

**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) 12.15

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

**a** Name of contributing employer SCHWEIZER DIPPLE, INC.

**b** EIN 34-1586403

**c** Dollar amount contributed by employer 154374

**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 05 Day 31 Year 2025

**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) 12.15

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer **STANDARD PLUMBING & HEATING**

**b** EIN **34-0549900**

**c** Dollar amount contributed by employer **131658**

**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 **05** Day **31** Year **2025**

**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) **12.15**

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

**a** Name of contributing employer **KLINE AND KAVALI, INC**

**b** EIN **34-0899036**

**c** Dollar amount contributed by employer **122810**

**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 **05** Day **31** Year **2025**

**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) **12.15**

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

**a** Name of contributing employer **THE CONTI CORPORATION**

**b** EIN **34-0894014**

**c** Dollar amount contributed by employer **117572**

**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 **05** Day **31** Year **2025**

**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) **12.15**

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

**a** Name of contributing employer **GEOPFERT COMPANY**

**b** EIN **34-0753321**

**c** Dollar amount contributed by employer **98701**

**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 **05** Day **31** Year **2025**

**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) **12.15**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

|                                                                                                                                                                                                                                                                                                                                             |            |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>14</b> 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:                                                                                                                        |            |   |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) ..... | <b>14a</b> | 0 |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                            | <b>14b</b> | 0 |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                                       | <b>14c</b> | 0 |
| <b>15</b> 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:                                                                                                                                                      |            |   |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                                                                                                       | <b>15a</b> |   |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                  | <b>15b</b> |   |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                              |            |   |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                                    | <b>16a</b> |   |
| <b>b</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 .....                                                                                                                                                                      | <b>16b</b> |   |
| <b>17</b> 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..... <input type="checkbox"/>                                                                               |            |   |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                             |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation. _____ |  |

**Part VII IRS Compliance Questions**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                   |  |
| <b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input type="checkbox"/> N/A |  |
| <b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.                                                                                                                                                                                                                                                             |  |

## **Independent Auditor's Report**

To the Board of Trustees  
Plumbing and Pipefitting Industry Local 219 Pension Plan

### ***Opinion***

We have audited the financial statements of Plumbing and Pipefitting Industry Local 219 Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of April 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of April 30, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of April 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of April 30, 2023, and the changes in its accumulated plan benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

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

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To the Board of Trustees  
Plumbing and Pipefitting Industry Local 219 Pension Plan

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

To the Board of Trustees  
Plumbing and Pipefitting Industry Local 219 Pension Plan

***Supplemental Schedule Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of April 30, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.

*Ciuni & Panichi, Inc.*

Cleveland, Ohio  
January 29, 2025

## Plumbing and Pipefitting Industry Local 219 Pension Plan

### Statements of Net Assets Available for Benefits

April 30, 2024 and 2023

|                                                                   | <u>Assets</u>      |               |
|-------------------------------------------------------------------|--------------------|---------------|
|                                                                   | 2024               | 2023          |
| Investments, at fair value:                                       |                    |               |
| Money market funds                                                | \$ 1,297,768       | \$ 154,735    |
| Corporate debt                                                    | 1,908              | 2,494         |
| Registered investment companies                                   | 29,736,337         | 25,408,917    |
| Common collective trusts and other<br>collective investment funds | 6,733,796          | 6,606,869     |
| Real estate funds                                                 | 6,152,211          | 6,915,123     |
| Total investments                                                 | 43,922,020         | 39,088,138    |
| Receivables:                                                      |                    |               |
| Employers' contributions                                          | 597,190            | 1,057,698     |
| Accrued interest                                                  | 1,601              | 524           |
| Total receivables                                                 | 598,791            | 1,058,222     |
| Cash                                                              | 62,173             | 851,232       |
| Prepaid expenses                                                  | 17,347             | 17,137        |
| Total assets                                                      | 44,600,331         | 41,014,729    |
|                                                                   | <u>Liabilities</u> |               |
| Accounts payable                                                  | 13,744             | 38,033        |
| Reciprocity payable                                               | 55,389             | 40,544        |
| Due to related funds, net                                         | 85,162             | 1,497         |
| Total liabilities                                                 | 154,295            | 80,074        |
| Net assets available for benefits                                 | \$ 44,446,036      | \$ 40,934,655 |

The accompanying notes are an integral part of these financial statements

## Plumbing and Pipefitting Industry Local 219 Pension Plan

### Statements of Changes in Net Assets Available for Benefits

For the years ended April 30, 2024 and 2023

|                                                                 | <u>2024</u>                 | <u>2023</u>                 |
|-----------------------------------------------------------------|-----------------------------|-----------------------------|
| Additions:                                                      |                             |                             |
| Investment income:                                              |                             |                             |
| Net appreciation (depreciation) in fair value<br>of investments | \$ 3,740,837                | \$ (285,987)                |
| Interest and dividends                                          | <u>718,018</u>              | <u>613,630</u>              |
|                                                                 | 4,458,855                   | 327,643                     |
| Less: investment expense                                        | <u>(55,209)</u>             | <u>(58,751)</u>             |
| Net investment income                                           | 4,403,646                   | 268,892                     |
| Employers' contributions                                        | 4,880,105                   | 5,023,390                   |
| Other income                                                    | <u>2,412</u>                | <u>1,637</u>                |
| Total additions                                                 | 9,286,163                   | 5,293,919                   |
| Deductions:                                                     |                             |                             |
| Benefits paid to participants and beneficiaries                 | 5,491,104                   | 5,645,886                   |
| General and administrative expenses                             | <u>283,678</u>              | <u>270,807</u>              |
| Total deductions                                                | <u>5,774,782</u>            | <u>5,916,693</u>            |
| Net increase (decrease)                                         | 3,511,381                   | (622,774)                   |
| Net assets available for benefits:                              |                             |                             |
| Beginning of year                                               | <u>40,934,655</u>           | <u>41,557,429</u>           |
| End of year                                                     | \$ <u><u>44,446,036</u></u> | \$ <u><u>40,934,655</u></u> |

The accompanying notes are an integral part of these financial statements

## Plumbing and Pipefitting Industry Local 219 Pension Plan

### Statement of Accumulated Plan Benefits

April 30, 2023

Actuarial present value of accumulated plan benefits:

Vested benefits:

|                                                   |                   |
|---------------------------------------------------|-------------------|
| Participants currently receiving benefit payments | \$ 47,652,453     |
| Other vested participants                         | <u>25,502,178</u> |
| Total vested benefits                             | 73,154,631        |

|                    |                |
|--------------------|----------------|
| Nonvested benefits | <u>497,736</u> |
|--------------------|----------------|

|                                                            |                             |
|------------------------------------------------------------|-----------------------------|
| Total actuarial present value of accumulated plan benefits | \$ <u><u>73,652,367</u></u> |
|------------------------------------------------------------|-----------------------------|

The accompanying notes are an integral part of these financial statements

## **Plumbing and Pipefitting Industry Local 219 Pension Plan**

### **Statement of Changes in Accumulated Plan Benefits**

**For the year ended April 30, 2023**

|                                                                         |    |                          |
|-------------------------------------------------------------------------|----|--------------------------|
| Actuarial present value of accumulated plan benefits, beginning of year | \$ | 73,228,459               |
| Increase (decrease) during the year attributable to:                    |    |                          |
| Benefits accumulated, net of experience gain or loss, changes in data   |    | 1,138,066                |
| Decrease in discount period                                             |    | 4,931,728                |
| Benefits paid                                                           |    | <u>(5,645,886)</u>       |
| Net increase                                                            |    | <u>423,908</u>           |
| Actuarial present value of accumulated plan benefits, end of year       | \$ | <u><u>73,652,367</u></u> |

The accompanying notes are an integral part of these financial statements

# Plumbing and Pipefitting Industry Local 219 Pension Plan

## Notes to Financial Statements

April 30, 2024 and 2023

### Note 1: Description of Plan

The following description of Plumbing and Pipefitting Industry Local 219 Pension Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

#### General

The Plan is a multiemployer defined benefit pension plan. The Plan operates as a result of collective bargaining between the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry, Local Union No. 219 of the United States and Canada, AFL-CIO (the “Union”) and The Mechanical Contractors Association of Akron, Ohio, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by a third party administrator. The Board of Trustees, comprised of equal representation from the participating employers and the Union, have overall responsibility for the operation and administration of the Plan. The Board of Trustees, with assistance from professional advisors, determine the appropriateness of the Plan’s investments and monitor investment performance.

#### Funding Policy

The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the collective bargaining agreement and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code (IRC). Hourly contribution rates vary by employee classifications. Contributions by participants are not permitted under the Plan. The Board of Trustees design the benefit structure based on information from the actuarial consultants. The Plan’s actuary has reported that as of April 30, 2023, the Plan has a funding deficiency and certified as making scheduled progress in meeting the requirements of its required rehabilitation plan.

#### Pension Benefits

There are three types of retirement options provided by the Plan as follows:

*Normal retirement* – Upon obtaining age 62 and five years of vesting service, a participant is eligible to receive a monthly benefit.

*Early retirement* – Upon obtaining age 55 and ten years of vesting service, a participant is eligible to receive a monthly benefit. Except for certain retirees with at least 30 years of continuous service credits earned before May 1, 2006, the monthly benefit under early retirement is subject to a reduction of 7/18 of 1% for each month the participant was younger than age 62 on the commencement date of the participant’s early retirement benefit.

## Plumbing and Pipefitting Industry Local 219 Pension Plan

### Notes to Financial Statements

April 30, 2024 and 2023

#### Note 1: Description of Plan (continued)

##### Pension Benefits (continued)

*Late retirement* – Participants who remain in active service after their normal retirement date may retire on the first day of any month which follows their normal retirement date. The monthly benefit is equal to the greater of the accrued benefit earned at the normal retirement age or the actuarial equivalent of the accrued benefit adjusted to the benefit commencement date.

##### Death and Disability Benefits

Death and disability benefits are provided by the Plan as follows:

*Death* – The beneficiary of a vested, deceased participant will receive a death benefit based upon the form of retirement benefit the participant was receiving prior to their death. If a participant dies prior to the commencement of their benefits, the surviving spouse may be entitled to receive a qualified pre-retirement survivor annuity benefit as described in the plan document.

*Disability* – An active participant with at least five years of service who is totally and permanently disabled is eligible to receive disability benefits provided they meet certain other plan requirements. The monthly benefit is equal to the monthly accrued pension multiplied by the participant's vested percentage and will begin on the first day of the month following the month in which the participant files an application for disability benefits with the Plan.

##### Vesting

|                   |                                                                                                                                                |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility:      | Immediate                                                                                                                                      |
| Amount:           | Normal or early pension accrued                                                                                                                |
| Vesting service:  | One year for each Plan Year 1,000 or more hours are earned, including partial years rounded to the nearest 1/12.                               |
| Credited service: | One year for each Plan Year in which 1,700 or more hours are earned, including partial years rounded to the nearest 1/12.                      |
| Payment forms:    | Single participants receive a guaranteed life annuity, payable monthly.<br>Married participants may receive an actuarially equivalent annuity. |

#### Note 2: Summary of Significant Accounting Policies

##### Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

## Plumbing and Pipefitting Industry Local 219 Pension Plan

### Notes to Financial Statements

April 30, 2024 and 2023

#### Note 2: Summary of Significant Accounting Policies (continued)

##### Use of Estimates

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

##### Basis of Presentation

The Plan follows authoritative guidance issued by the Financial Accounting Standards Board (FASB) which established the FASB Accounting Standards Codification (ASC) as the single source of authoritative accounting principles generally accepted in the United States of America.

##### Adopted Accounting Pronouncements

On May 1, 2023, the Plan adopted FASB Accounting Standards Update (ASU) 2016-13, *Financial Instruments – Credit Losses*, which modifies the measurement of expected credit losses on certain financial instruments. The Plan adopted this guidance utilizing a modified retrospective transition method. The adoption of this ASU did not have a material impact on the Plan's financial statements but did change how the allowance for credit losses is determined.

##### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment adviser and custodians. See Note 6 for a 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

##### Employers' Contributions Receivable

The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on hours worked by covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Employers' contributions receivable represent amounts due from employers that were received subsequent to year-end. Therefore, the carrying amount of these receivables is not reduced by an allowance for amounts that will not be collected. In addition, it is impractical to estimate a recognition of revenue amounts due but erroneously unreported by employers.

## Plumbing and Pipefitting Industry Local 219 Pension Plan

### Notes to Financial Statements

April 30, 2024 and 2023

#### **Note 2: Summary of Significant Accounting Policies (continued)**

##### Cash

The Plan maintains its cash accounts at a regional financial institution. The balances, at times, may exceed federally insured limits.

##### Payment of Benefits

Benefit payments to participants are recorded upon distribution.

##### Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

##### Subsequent Events

The Plan has evaluated subsequent events through January 29, 2025, the date the financial statements were available to be issued.

#### **Note 3: Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated members or their beneficiaries, (b) beneficiaries of members who have died, and (c) present members or their beneficiaries. Benefits under the Plan are accumulated based on the members' credited service. The accumulated plan benefits for active members will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to member service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

## Plumbing and Pipefitting Industry Local 219 Pension Plan

### Notes to Financial Statements

April 30, 2024 and 2023

#### Note 3: Actuarial Present Value of Accumulated Plan Benefits (continued)

The significant actuarial assumptions used in the valuation as of April 30, 2023 were as follows:

- Funding interest rate 7.5%
- FASB ASC 960 rate 7.0%
- Mortality rates
  - Funding:
    - Non-disabled Blue Collar adjusted Pri-2012
    - Retired Blue Collar adjusted Pri-2012 Retiree
    - Survivor Blue Collar adjusted Pri-2012 Contingent Survivor
    - Disabled Pri-2012 Disabled Retiree
    - Future mortality improvements Projected generationally using Scale MP-2021
  - Current liability 2023 Static Mortality Table
- Actuarial Cost Method Unit Credit
- Hours worked 1,885 per year
- Expense load \$220,000 per year
- Retirement rates:

|  | Age   | Active | Terminated<br>vested |
|--|-------|--------|----------------------|
|  | 55-57 | 0.05   | 0.05                 |
|  | 58-59 | 0.10   | 0.05                 |
|  | 60    | 0.20   | 0.05                 |
|  | 61    | 0.20   | 0.10                 |
|  | 62    | 0.30   | 0.10                 |
|  | 63-64 | 0.20   | 0.10                 |
|  | 65-69 | 1.00   | 0.10                 |
|  | 70+   | 1.00   | 1.00                 |

The forgoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of May 1, 2023. Had the valuation been performed as of April 30, 2023, there would be no material difference.

## Plumbing and Pipefitting Industry Local 219 Pension Plan

### Notes to Financial Statements

April 30, 2024 and 2023

#### Note 4: General and Administrative Expenses

General and administrative expenses for the years ended April 30 are as follows:

|                                        | <u>2024</u>       | <u>2023</u>       |
|----------------------------------------|-------------------|-------------------|
| Accountant                             | \$ 22,076         | \$ 24,019         |
| Actuary                                | 35,725            | 47,250            |
| Administrative expenses                | 63,346            | 61,545            |
| Attorney                               | 32,435            | 22,648            |
| Bank charges                           | 6,164             | 3,053             |
| Collection fund administrative expense | 15,574            | 12,456            |
| Consultant                             | 51,831            | 51,003            |
| Insurance expense                      | 39,022            | 36,588            |
| International Foundation expense       | 2,490             | 1,059             |
| Other expense                          | <u>15,015</u>     | <u>11,186</u>     |
|                                        | \$ <u>283,678</u> | \$ <u>270,807</u> |

#### Note 5: Plan Termination

It is the intent of the Plan's Board of Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved by the Plan's Board of Trustees. During termination, the Plan's assets should not be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event of termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former members or their beneficiaries have been receiving for at least three years, or that members eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

## Plumbing and Pipefitting Industry Local 219 Pension Plan

### Notes to Financial Statements

April 30, 2024 and 2023

#### Note 5: Plan Termination (continued)

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets available for benefits to provide for accumulated benefit obligations and may also depend on the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

#### Note 6: Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability; and
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

## Plumbing and Pipefitting Industry Local 219 Pension Plan

### Notes to Financial Statements

April 30, 2024 and 2023

#### Note 6: Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2024 and 2023.

*Money market funds:* Valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded.

*Corporate debt:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

*Registered investment companies:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common collective trusts and other collective investment funds:* Valued at the NAV of units of the fund. The NAV, as provided by the investment's manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. If the Plan initiates a full redemption, the issuer reserves the right to temporarily delay withdrawal in order to ensure that securities liquidations will be carried out in an orderly manner.

*Real estate funds:* Valued at the NAV of shares held by the Plan at year-end. The NAV, as provided by the Plan's custodian, is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. The underlying investments in the funds are valued quarterly at estimated fair values based upon valuations performed by the funds and the funds' underlying investment managers. Generally, the funds are audited annually as of December 31. Certain of the funds are measured as of March 31 (ARA Core Property Fund, LP and Stockbridge Niche Logistics Fund, LP). It is the opinion of Plan management, based on advice of its investment advisors, that the stated aggregate value of the investments in these funds fairly represents their fair values as of March 31, 2024 and 2023. Management of the Plan does not believe there is a material difference at April 30, 2024 and 2023 from the March 31, 2024 and 2023 valuations, respectively. The estimated fair values of all real estate investments may differ significantly from that which could be realized if the real estate were actually offered for sale in the marketplace.

## Plumbing and Pipefitting Industry Local 219 Pension Plan

### Notes to Financial Statements

April 30, 2024 and 2023

#### Note 6: Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2024:

|                                 | <u>Level 1</u>       | <u>Level 2</u>               | <u>Level 3</u> | <u>Total</u>      |
|---------------------------------|----------------------|------------------------------|----------------|-------------------|
| Money market funds              | \$ 1,297,768         | \$ -                         | \$ -           | \$ 1,297,768      |
| Corporate debt                  | -                    | 1,908                        | -              | 1,908             |
| Registered investment companies | <u>29,736,337</u>    | <u>-</u>                     | <u>-</u>       | <u>29,736,337</u> |
|                                 | \$ <u>31,034,105</u> | \$ <u>1,908</u>              | \$ <u>-</u>    | 31,036,013        |
|                                 |                      | Investments measured at NAV* |                | <u>12,886,007</u> |
|                                 |                      | Total investments            | \$             | <u>43,922,020</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2023:

|                                 | <u>Level 1</u>       | <u>Level 2</u>               | <u>Level 3</u> | <u>Total</u>      |
|---------------------------------|----------------------|------------------------------|----------------|-------------------|
| Money market fund               | \$ 154,735           | \$ -                         | \$ -           | \$ 154,735        |
| Corporate debt                  | -                    | 2,494                        | -              | 2,494             |
| Registered investment companies | <u>25,408,917</u>    | <u>-</u>                     | <u>-</u>       | <u>25,408,917</u> |
|                                 | \$ <u>25,563,652</u> | \$ <u>2,494</u>              | \$ <u>-</u>    | 25,566,146        |
|                                 |                      | Investments measured at NAV* |                | <u>13,521,992</u> |
|                                 |                      | Total investments            | \$             | <u>39,088,138</u> |

\*In accordance with the "Fair Value Measurement" topic of the FASB ASC, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

## Plumbing and Pipefitting Industry Local 219 Pension Plan

### Notes to Financial Statements

April 30, 2024 and 2023

#### Note 6: Fair Value Measurements (continued)

The following table summarizes investments for which fair value is measured using net asset value per share as a practical expedient as of April 30, 2024 and 2023, respectively:

| Investment                                                        | Fair Value |              | Redemption Frequency<br>(if currently eligible) | Redemption<br>Notice Period |
|-------------------------------------------------------------------|------------|--------------|-------------------------------------------------|-----------------------------|
|                                                                   | 2024       | 2023         |                                                 |                             |
| ARA Core Property Fund, LP (a)                                    | \$ 863,916 | \$ 1,305,166 | Daily                                           | 10 days                     |
| CBRE U.S. Core Partners Collective Trust                          | 1,598,289  | 1,755,113    | Quarterly                                       | 75 days                     |
| NIS Core Fixed Income QP Fund, LLC                                | 3,240,228  | 2,790,767    | Twice per Month                                 | 3 days                      |
| NIS High Yield QP Fund, LLC                                       | 150,101    | 137,352      | Twice per Month                                 | 3 days                      |
| NIS Total Absolute Return QP Fund, LLC                            | 428,609    | 867,321      | Twice per Month                                 | 3 days                      |
| Principal U.S. Property Separate Account (b)                      | 1,796,822  | 2,063,850    | Daily                                           | 5 days                      |
| Stockbridge Niche Logistics Fund, LP (c)                          | 1,893,184  | 1,790,994    | Quarterly                                       | 45 days                     |
| Washington Capital Joint Master Trust<br>Mortgage Income Fund (d) | 2,914,858  | 2,811,429    | Monthly                                         | 15 days                     |

Investment objectives for investments measured at net asset value per share or unit that do not file a Form 5500 as a direct filing entity:

- (a) ARA Core Property Fund, LP seeks to provide returns that are attractive relative to other assets classes with stable income and the potential for market appreciation by investing primarily in core institutional quality industrial, multi-family, office and retail properties located throughout the United States.
- (b) Principal U.S. Property Separate Account seeks to build a diversified, core US equity real estate portfolio comprised of stable income producing properties that are also likely to experience growth over multiple market cycles.
- (c) Stockbridge Niche Logistics Fund, LP seeks to build and maintain a portfolio comprised of high-quality niche logistics assets across the supply chain. The manager defines niche logistics as property types that most efficiently facilitate the movement of goods and includes supply chain infrastructure, high velocity distribution centers, and final touch facilities, rather than more traditional warehouse, storage-based industrial properties.
- (d) Washington Capital Joint Master Trust Mortgage Income Fund seeks to produce a consistent level of interest income for its investors by investing in mortgage and construction loans usually secured by first deeds of trust.

#### Note 7: Related-Party Transactions

The Plan's employer contributions are processed and collected by Plumbers & Pipefitters Local 219 Combined Funds, Inc. (the "Combined Fund"). For this service, the Plan is charged a monthly fee by the Combined Fund. For the years ended April 30, 2024 and 2023, the Plan was charged \$15,574 and \$12,456, respectively, by the Combined Fund. The Board of Trustees of the Combined Fund has determined that it should operate at a break-even point. Any income is allocated to the Plumbing and Pipefitting Industry Local 219 Annuity Plan, Plumbers & Pipefitters Local 219 Health & Welfare Fund (the "Welfare Fund"), and the Plan.

## Plumbing and Pipefitting Industry Local 219 Pension Plan

### Notes to Financial Statements

April 30, 2024 and 2023

#### Note 7: Related-Party Transactions (continued)

Amounts due from and (due to) related funds at April 30 are as follows:

|               | <u>2024</u>               | <u>2023</u>              |
|---------------|---------------------------|--------------------------|
| Combined Fund | \$ (8,917)                | \$ (2,772)               |
| Welfare Fund  | <u>(76,245)</u>           | <u>1,275</u>             |
|               | \$ <u><u>(85,162)</u></u> | \$ <u><u>(1,497)</u></u> |

#### Note 8: Party-in-Interest Transactions

Certain plan investments are managed by money managers that are also the custodian of the investment for the Plan. These transactions qualify as party-in-interest transactions. In addition, the Plan pays administrative fees to service providers. These transactions are party-in-interest transactions under ERISA.

#### Note 9: Tax Status

The Plan obtained its latest determination letter on December 13, 2012, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

#### Note 10: Risks and Uncertainties

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

## **Plumbing and Pipefitting Industry Local 219 Pension Plan**

### **Notes to Financial Statements**

**April 30, 2024 and 2023**

#### **Note 10: Risks and Uncertainties (continued)**

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

#### **Note 11: Funding Status of the Plan**

As required by ERISA under the Pension Protection Act of 2006, as amended, the Plan's actuary has completed the Plan's actuarial funding status certification as of May 1, 2024, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of May 1, 2023 and audited financial information as of April 30, 2023, as well as other financial information, including estimated cash flows for the year ended April 30, 2024 and the rate of market value return as reported by the investment consultant. The funded (zone) status provides an indication of the financial health of the Plan.

The Plan was certified to be in critical status (red zone) because the funded percentage was less than 65%. The certification also notified the Board of Trustees that the Plan is making scheduled progress in meeting the requirements of the Rehabilitation Plan aimed at restoring the financial health of the Plan that was adopted by the Board of Trustees.

The Rehabilitation Plan sets forth the actions taken by the bargaining parties and the Board of Trustees of the Plan, based on reasonably anticipated experience and reasonable actuarial assumptions, to enable the Plan to cease to be in critical status at the end of the Plan's Rehabilitation Period. The Plan will emerge from critical status when its actuary certifies for a Plan Year that the Plan is not projected to have an accumulated funding deficiency for that Plan Year or any of the nine succeeding Plan Years (without regard to the use of the shortfall funding method but taking into account any extension of amortization periods under Section 431(d) of the IRC).

The Rehabilitation Plan is based on several assumptions about future experience and may need to be adjusted in the future if such assumptions are not met.

**Plumbing and Pipefitting Industry Local 219 Pension Plan**

**Supplemental Schedule  
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)  
FEIN: 34-6682376 Plan # 001**

**April 30, 2024**

| (a) | (b)                                                             | (c)                                                                                                           | (d)                  | (e)                  |
|-----|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party        | Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | Cost                 | Current<br>value     |
|     | Money Market Funds:                                             |                                                                                                               |                      |                      |
| *   | Federated Hermes Government Obligations Fund                    |                                                                                                               | \$ 1,297,603         | \$ 1,297,603         |
|     | Invesco STIT Government & Agency - Institutional Class          |                                                                                                               | 165                  | 165                  |
|     |                                                                 |                                                                                                               | <u>1,297,768</u>     | <u>1,297,768</u>     |
|     | Corporate Debt:                                                 |                                                                                                               |                      |                      |
|     |                                                                 | <u>Maturity</u> <u>Int. Rate</u> <u>PAR Value</u>                                                             |                      |                      |
|     | Bear Stearns Arm Tr Series 2005-12 Class 13A1                   | 02/25/2036      5.446%      944                                                                               | 895                  | 694                  |
|     | Countrywide Alternative Ln Tr Series 2004-15 Class 2A1          | 09/25/2034      Var. %      1,342                                                                             | 1,376                | 1,214                |
|     |                                                                 |                                                                                                               | <u>2,271</u>         | <u>1,908</u>         |
|     | Registered Investment Companies:                                |                                                                                                               |                      |                      |
|     |                                                                 | Shares                                                                                                        |                      |                      |
|     | American Europacific Growth Fundclass-R6                        | 10,503                                                                                                        | 490,187              | 600,638              |
|     | Baird Intermediate Bond Fund                                    | 294,666                                                                                                       | 3,176,555            | 2,970,228            |
|     | Fidelity Total Market Index Fund                                | 173,365                                                                                                       | 17,391,462           | 23,983,246           |
|     | Fidelity International Capital Appreciation Fund                | 39,675                                                                                                        | 560,211              | 627,264              |
|     | Harding Loevner International Equity - Institutional            | 23,741                                                                                                        | 671,582              | 607,762              |
|     | MFS Institutional International Equity Fund                     | 16,599                                                                                                        | 461,323              | 554,061              |
|     | T. Rowe Price International Discovery Fund                      | 6,101                                                                                                         | 511,778              | 393,138              |
|     |                                                                 |                                                                                                               | <u>23,263,098</u>    | <u>29,736,337</u>    |
|     | Common Collective Trusts and Other Collective Investment Funds: |                                                                                                               |                      |                      |
|     |                                                                 | Units                                                                                                         |                      |                      |
|     | NIS Core Fixed Income QP Fund, LLC                              | 306                                                                                                           | 3,522,586            | 3,240,228            |
|     | NIS High Yield QP Fund, LLC                                     | 12                                                                                                            | 132,712              | 150,101              |
|     | NIS Total Absolute Return QP Fund, LLC                          | 35                                                                                                            | 392,595              | 428,609              |
|     | Washington Capital Joint Master Trust Mortgage Income Fund      | 30,697                                                                                                        | 2,700,001            | 2,914,858            |
|     |                                                                 |                                                                                                               | <u>6,747,894</u>     | <u>6,733,796</u>     |
|     | Real Estate Funds:                                              |                                                                                                               |                      |                      |
|     |                                                                 | Units                                                                                                         |                      |                      |
| *   | ARA Core Property Fund, LP                                      | 7 **                                                                                                          | 597,068              | 863,916              |
|     | CBRE U.S. Core Partners Collective Investment Trust             | 185,000                                                                                                       | 1,850,000            | 1,598,289            |
|     | Principal U.S. Property Separate Account                        | 28,404                                                                                                        | 1,900,000            | 1,796,822            |
|     | Stockbridge Niche Logistics Fund, LP                            | 1,249                                                                                                         | 1,850,000            | 1,893,184            |
|     |                                                                 |                                                                                                               | <u>6,197,068</u>     | <u>6,152,211</u>     |
|     |                                                                 |                                                                                                               | \$ <u>37,508,099</u> | \$ <u>43,922,020</u> |

\*Indicates a party-in-interest

\*\* Does not include reinvestments of investment income

|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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)<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos 1210-0110<br>1210-0089<br><br><b>2023</b><br><br>This Form is Open to Public Inspection |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                |                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                     |                                                                |                                                                                                                                                                        |
| For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024 |                                                                |                                                                                                                                                                        |
| A This return/report is for:                                                               | <input checked="" type="checkbox"/> a multiemployer plan;      | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) |
| B This return/report is:                                                                   | <input type="checkbox"/> a single-employer plan;               | <input type="checkbox"/> a DFE (specify) _____                                                                                                                         |
|                                                                                            | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                                                                                                                      |
|                                                                                            | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                        |
| C If the plan is a collectively-bargained plan, check here                                 | ▶ <input checked="" type="checkbox"/>                          |                                                                                                                                                                        |
| D Check box if filing under                                                                | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                                                                                                          |
|                                                                                            | <input type="checkbox"/> special extension (enter description) | <input type="checkbox"/> the DFVC program;                                                                                                                             |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here  | ▶ <input type="checkbox"/>                                     |                                                                                                                                                                        |

|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part II Basic Plan Information --- enter all requested information</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                        |  |
| 1a Name of plan<br>PLUMBING AND PIPEFITTING INDUSTRY LOCAL 219 PENSION PLAN                                                                                                                                                                                                                                                                                   | 1b Three-digit plan number (PN) ▶ 001                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                               | 1c Effective date of plan 05/02/1958                                                                                                                                   |  |
| 2a Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions)<br><br>TRUSTEES OF LOCAL 219 PENSION TRUST<br><br>3660 STUTZ DR , SUITE 101<br><br>US CANFIELD OH 44406 | 2b Employer Identification Number (EIN)<br>34-6682376<br><br>2c Plan Sponsor's telephone number<br>(330) 270-0453<br><br>2d Business code (see instructions)<br>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.

|                  |                                                                                       |           |                                                              |
|------------------|---------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | X  | X 2/12/25 | X Greg McMillen                                              |
|                  | Signature of plan administrator                                                       | Date      | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                                                       |           |                                                              |
|                  | Signature of employer/plan sponsor                                                    | Date      | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                       |           |                                                              |
|                  | Signature of DFE                                                                      | Date      | Enter name of individual signing as DFE                      |

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

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|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2023</div><br><br>This Form is Open to Public Inspection |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                      |                                                                                                                                                                        |                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                      |                                                                                                                                                                        |                                            |
| For calendar plan year 2023 or fiscal plan year beginning <u>05/01/2023</u> and ending <u>04/30/2024</u> |                                                                      |                                                                                                                                                                        |                                            |
| A This return/report is for:                                                                             | <input checked="" type="checkbox"/> a multiemployer plan;            | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions ) |                                            |
| B This return/report is:                                                                                 | <input type="checkbox"/> a single-employer plan;                     | <input type="checkbox"/> a DFE (specify) _____                                                                                                                         |                                            |
|                                                                                                          | <input type="checkbox"/> the first return/report;                    | <input type="checkbox"/> the final return/report.                                                                                                                      |                                            |
|                                                                                                          | <input type="checkbox"/> an amended return/report;                   | <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                        |                                            |
| C If the plan is a collectively-bargained plan, check here                                               | ▶ <input checked="" type="checkbox"/>                                |                                                                                                                                                                        |                                            |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558;                       | <input type="checkbox"/> automatic extension;                                                                                                                          | <input type="checkbox"/> the DFVC program; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) _____ |                                                                                                                                                                        |                                            |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here                | ▶ <input type="checkbox"/>                                           |                                                                                                                                                                        |                                            |

|                                                                                                                                                                                                                                                              |                                                                                                      |  |                                                              |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part II Basic Plan Information --- enter all requested information</b>                                                                                                                                                                                    |                                                                                                      |  |                                                              |                                                             |
| <b>1a</b> Name of plan                                                                                                                                                                                                                                       | PLUMBING AND PIPEFITTING INDUSTRY LOCAL 219 PENSION PLAN                                             |  | <b>1b</b> Three-digit plan number (PN) ▶                     | 001                                                         |
|                                                                                                                                                                                                                                                              |                                                                                                      |  | <b>1c</b> Effective date of plan                             | 05/02/1958                                                  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (Include room, apt., suite no. and street or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) | TRUSTEES OF LOCAL 219 PENSION TRUST<br><br><br>3660 STUTZ DR., SUITE 101<br><br>US CANFIELD OH 44406 |  | <b>2b</b> Employer Identification Number (EIN)<br>34-6682376 | <b>2c</b> Plan Sponsor's telephone number<br>(330) 270-0453 |
|                                                                                                                                                                                                                                                              |                                                                                                      |  | <b>2d</b> Business code (see instructions)<br>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<br>HERE |                                    |                 |                                                              |
|              | Signature of plan administrator    | Date            | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | X <i>John H. Kern</i>              | X <i>3/7/25</i> | X <i>JOHN H. KERN</i>                                        |
|              | Signature of employer/plan sponsor | Date            | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                    |                 |                                                              |
|              | Signature of DFE                   | Date            | Enter name of individual signing as DFE                      |

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|                                                                                                                                                                                                                                                                                           |                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 20px; width: 100%;"></div> |
| <b>4</b> 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 and the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan name | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                   | <b>5</b> 638                                                                                                                                                     |
| <b>6</b> 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).                                                                                                                                  |                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year                                                                                                                                                                                                         | <b>6a(1)</b> 248                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year                                                                                                                                                                                                               | <b>6a(2)</b> 270                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits                                                                                                                                                                                                                             | <b>6b</b> 209                                                                                                                                                    |
| <b>c</b> Other retired or separated participants entitled to future benefits                                                                                                                                                                                                              | <b>6c</b> 80                                                                                                                                                     |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c                                                                                                                                                                                                                                            | <b>6d</b> 559                                                                                                                                                    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits                                                                                                                                                                                      | <b>6e</b> 98                                                                                                                                                     |
| <b>f</b> Total. Add lines 6d and 6e                                                                                                                                                                                                                                                       | <b>6f</b> 657                                                                                                                                                    |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)                                                                                                                                        | <b>6g(1)</b>                                                                                                                                                     |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)                                                                                                                                              | <b>6g(2)</b>                                                                                                                                                     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested                                                                                                                                                      | <b>6h</b>                                                                                                                                                        |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)                                                                                                                                                            | <b>7</b> 44                                                                                                                                                      |

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

**1A**

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

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                        | <b>9b</b> Plan benefit arrangement (check all that apply)                                                                                                                                                                        |
| (1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | (1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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 \_\_\_\_\_
- (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 \_\_\_\_\_

**Schedule MB, line 8b(2) – Schedule of Active Participant Data.**

Plan Name: Plumbing and Pipefitting Industry Local 219 Pension Plan

EIN: 34-6682376

PN: 001

|          | Years of Credited Service |         |                   |        |         |                   |        |         |                   |          |         |                   |          |         |                   |
|----------|---------------------------|---------|-------------------|--------|---------|-------------------|--------|---------|-------------------|----------|---------|-------------------|----------|---------|-------------------|
|          | Under 1                   |         |                   | 1 to 4 |         |                   | 5 to 9 |         |                   | 10 to 14 |         |                   | 15 to 19 |         |                   |
|          | No.                       | Average |                   | No.    | Average |                   | No.    | Average |                   | No.      | Average |                   | No.      | Average |                   |
|          |                           | Comp.   | Accrued Mon. Ben. |        | Comp.   | Accrued Mon. Ben. |        | Comp.   | Accrued Mon. Ben. |          | Comp.   | Accrued Mon. Ben. |          | Comp.   | Accrued Mon. Ben. |
| Under 25 | 3                         |         |                   | 3      |         |                   | 0      |         |                   | 0        |         |                   | 0        |         |                   |
| 25 to 29 | 4                         |         |                   | 18     |         |                   | 3      |         |                   | 0        |         |                   | 0        |         |                   |
| 30 to 34 | 6                         |         |                   | 10     |         |                   | 11     |         |                   | 3        |         |                   | 0        |         |                   |
| 35 to 39 | 2                         |         |                   | 3      |         |                   | 12     |         |                   | 12       |         |                   | 6        |         |                   |
| 40 to 44 | 1                         |         |                   | 6      |         |                   | 6      |         |                   | 8        |         |                   | 7        |         |                   |
| 45 to 49 | 1                         |         |                   | 2      |         |                   | 3      |         |                   | 7        |         |                   | 7        |         |                   |
| 50 to 54 | 1                         |         |                   | 1      |         |                   | 4      |         |                   | 7        |         |                   | 7        |         |                   |
| 55 to 59 | 1                         |         |                   | 2      |         |                   | 2      |         |                   | 2        |         |                   | 3        |         |                   |
| 60 to 64 | 1                         |         |                   | 2      |         |                   | 0      |         |                   | 3        |         |                   | 2        |         |                   |
| 65 to 69 | 0                         |         |                   | 0      |         |                   | 1      |         |                   | 1        |         |                   | 0        |         |                   |
| 70 & up  | 0                         |         |                   | 0      |         |                   | 0      |         |                   | 0        |         |                   | 0        |         |                   |

|          | Years of Credited Service |         |                   |          |         |                   |          |         |                   |          |         |                   |         |         |                   |
|----------|---------------------------|---------|-------------------|----------|---------|-------------------|----------|---------|-------------------|----------|---------|-------------------|---------|---------|-------------------|
|          | 20 to 24                  |         |                   | 25 to 29 |         |                   | 30 to 34 |         |                   | 35 to 39 |         |                   | 40 & up |         |                   |
|          | No.                       | Average |                   | No.      | Average |                   | No.      | Average |                   | No.      | Average |                   | No.     | Average |                   |
|          |                           | Comp.   | Accrued Mon. Ben. |          | Comp.   | Accrued Mon. Ben. |          | Comp.   | Accrued Mon. Ben. |          | Comp.   | Accrued Mon. Ben. |         | Comp.   | Accrued Mon. Ben. |
| Under 25 | 0                         |         |                   | 0        |         |                   | 0        |         |                   | 0        |         |                   | 0       |         |                   |
| 25 to 29 | 0                         |         |                   | 0        |         |                   | 0        |         |                   | 0        |         |                   | 0       |         |                   |
| 30 to 34 | 0                         |         |                   | 0        |         |                   | 0        |         |                   | 0        |         |                   | 0       |         |                   |
| 35 to 39 | 0                         |         |                   | 0        |         |                   | 0        |         |                   | 0        |         |                   | 0       |         |                   |
| 40 to 44 | 2                         |         |                   | 0        |         |                   | 0        |         |                   | 0        |         |                   | 0       |         |                   |
| 45 to 49 | 6                         |         |                   | 1        |         |                   | 0        |         |                   | 0        |         |                   | 0       |         |                   |
| 50 to 54 | 4                         |         |                   | 13       |         |                   | 3        |         |                   | 0        |         |                   | 0       |         |                   |
| 55 to 59 | 5                         |         |                   | 7        |         |                   | 4        |         |                   | 1        |         |                   | 0       |         |                   |
| 60 to 64 | 6                         |         |                   | 4        |         |                   | 3        |         |                   | 2        |         |                   | 0       |         |                   |
| 65 to 69 | 1                         |         |                   | 1        |         |                   | 0        |         |                   | 0        |         |                   | 1       |         |                   |
| 70 & up  | 0                         |         |                   | 0        |         |                   | 0        |         |                   | 0        |         |                   | 0       |         |                   |

**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.**

Plan Name: Plumbing and Pipefitting Industry Local 219 Pension Plan

EIN: 34-6682376

PN: 001

1. Interest Rates:

- a. Funding/Current Liability 7.50%/2.75%.
- b. Withdrawal Liability 5.38%/5.09%.

2. Mortality Rates:

- a. Funding/Withdrawal Liability
  - i. Non-Disabled Blue Collar adjusted Pri-2012.
  - ii. Retired Blue Collar adjusted Pri-2012 Retiree.
  - iii. Survivor Blue Collar adjusted Pri-2012 Contingent Survivor.
  - iv. Disabled Pri-2012 Disabled Retiree.
  - v. Weighting Amount-weighted.
  - vi. Future Improvement Projected generationally using Scale MP-2021.
- b. Current Liability 2023 Static Mortality Table (IRS Notice 2022-22).

3. Actuarial Cost Method: Unit Credit.

4. Retirement Rates:

| <u>Age</u> | <u>Active</u> | Terminated    |
|------------|---------------|---------------|
|            |               | <u>Vested</u> |
| 55-57      | 0.05          | 0.05          |
| 58-59      | 0.10          | 0.05          |
| 60         | 0.20          | 0.05          |
| 61         | 0.20          | 0.10          |
| 62         | 0.30          | 0.10          |
| 63-64      | 0.20          | 0.10          |
| 65-69      | 1.00          | 0.10          |
| 70+        | 1.00          | 1.00          |

The weighted average retirement age is 61.8.

**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.**

Plan Name: Plumbing and Pipefitting Industry Local 219 Pension Plan

EIN: 34-6682376

PN: 001

5. Termination/Disability Rates:
- | <u>Age</u> | <u>Termination</u> | <u>Disability</u> |
|------------|--------------------|-------------------|
| 25         | 0.096742           | 0.000214          |
| 35         | 0.087062           | 0.000369          |
| 45         | 0.063540           | 0.000899          |
| 55         | 0.015488           | 0.002522          |
| 65         | 0.000000           | 0.000000          |
6. Payment Form Election:
- | <u>Payment Forms</u>                           | <u>% Electing</u> |
|------------------------------------------------|-------------------|
| Life Annuity                                   | 33.0%             |
| 10-Year C&L                                    | 8.0%              |
| 50% J&S                                        | 5.0%              |
| 50% J&S w/ Pop-Up                              | 13.0%             |
| 66 <sup>2</sup> / <sub>3</sub> % J&S           | 2.5%              |
| 66 <sup>2</sup> / <sub>3</sub> % J&S w/ Pop-Up | 10.0%             |
| 75% J&S                                        | 0.0%              |
| 75% J&S w/ Pop-Up                              | 2.5%              |
| 100% J&S                                       | 13.0%             |
| 100% J&S w/ Pop-Up                             | 13.0%             |
7. Hours Worked: 1,885 per year.
8. Expense Load: \$220,000 increasing 2.5% per year.
9. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.
10. Actuarial Value of Assets: Market Value of Assets less  $\frac{4}{5}$ ,  $\frac{3}{5}$ ,  $\frac{2}{5}$  and  $\frac{1}{5}$  of the prior 4 years' gains/(losses). A year's gain/(loss) equals the actual less expected return using the funding interest rate. The Actuarial Value adjusted to be within 80% and 120% of the Market Value.
11. Changes Since Last Year: The hours worked assumption and expense load were updated, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.**

Plan Name: Plumbing and Pipefitting Industry Local 219 Pension Plan

EIN: 34-6682376

PN: 001

**Rationale for Selection of Significant Actuarial Assumptions:**

1. Interest Rate: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
2. Withdrawal Liability Interest Rates: ERISA 4044 select and ultimate interest rates as prescribed by the proposed PBGC withdrawal liability regulations.
3. Mortality Rates: Pri-2012 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. Pri-2012 Retiree table used to reflect expected retiree mortality experience. Pri-2012 Contingent Survivor table used to reflect expected surviving spouse mortality experience. Pri-2012 Disabled Retiree table used to reflect expected disabled mortality experience. Pri-2012 tables are adjusted for expected generational mortality improvement from base year 2012 using Scale MP-2021.
4. Retirement Rates: Based on the Plan's most recent experience study.
5. Hours Worked: Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
6. Termination/Disability Rates: Based on the Plan's most recent experience study.
7. Payment Form Election: Based on the Plan's most recent experience study.
8. Expense Load: Based on prior year administrative expenses.

|                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>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).<br><br>► <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

► **Round off amounts to nearest dollar.**

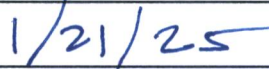
► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>Plumbing and Pipefitting Industry Local 219 Pension Plan                                                         | <b>B</b> Three-digit plan number (PN) ► 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>BoT, Plumbing and Pipefitting Industry Local 219 Pension Plan | <b>D</b> Employer Identification Number (EIN)<br>34-6682376 |

|                                                                                                                                                             |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>E</b> Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions) |                             |
| <b>1a</b> Enter the valuation date: Month _____ Day _____ Year _____                                                                                        |                             |
| <b>b</b> Assets:                                                                                                                                            |                             |
| (1) Current value of assets .....                                                                                                                           | <b>1b(1)</b> 40,934,655     |
| (2) Actuarial value of assets for funding standard account .....                                                                                            | <b>1b(2)</b> 43,395,253     |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                                                                  | <b>1c(1)</b> 70,223,115     |
| (2) Information for plans using spread gain methods:                                                                                                        |                             |
| (a) Unfunded liability for methods with bases .....                                                                                                         | <b>1c(2)(a)</b>             |
| (b) Accrued liability under entry age normal method .....                                                                                                   | <b>1c(2)(b)</b>             |
| (c) Normal cost under entry age normal method .....                                                                                                         | <b>1c(2)(c)</b>             |
| (3) Accrued liability under unit credit cost method .....                                                                                                   | <b>1c(3)</b> 70,223,115     |
| <b>d</b> Information on current liabilities of the plan:                                                                                                    |                             |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ....                                                | <b>1d(1)</b> 0              |
| (2) "RPA '94" information:                                                                                                                                  |                             |
| (a) Current liability .....                                                                                                                                 | <b>1d(2)(a)</b> 125,632,791 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                                                              | <b>1d(2)(b)</b> 2,534,415   |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                                                               | <b>1d(2)(c)</b> 5,819,721   |
| (3) Expected plan disbursements for the plan year .....                                                                                                     | <b>1d(3)</b> 6,039,721      |

**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.

|                                                                                                      |                                                                                       |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>  |  |
| Signature of actuary                                                                                 | Date                                                                                  |
| Kevin A. Cole                                                                                        | 23-09098                                                                              |
| Type or print name of actuary                                                                        | Most recent enrollment number                                                         |
| Cuni, Rust & Strenk                                                                                  | (513) 891-0270                                                                        |
| Firm name                                                                                            | Telephone number (including area code)                                                |
| 4555 Lake Forest Drive - Suite 620                                                                   |                                                                                       |
| US Cincinnati OH 45242-3760                                                                          |                                                                                       |
| 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 Form 5500-SF.

Schedule MB (Form 5500) 2023  
v. 230728

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 40,934,655                   |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| (1) For retired participants and beneficiaries receiving payment .....                                                              | 307                               | 68,978,635                   |
| (2) For terminated vested participants .....                                                                                        | 83                                | 16,009,605                   |
| (3) For active participants:                                                                                                        |                                   |                              |
| (a) Non-vested benefits .....                                                                                                       |                                   | 869,592                      |
| (b) Vested benefits .....                                                                                                           |                                   | 39,774,959                   |
| (c) Total active .....                                                                                                              | 248                               | 40,644,551                   |
| (4) Total .....                                                                                                                     | 638                               | 125,632,791                  |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 32.58 %                      |

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

| (a) Date<br>(MM-DD-YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 05/01/2023                                                                      | 0                                 |                                 |                          |                                   |                                 |
| 04/30/2024                                                                      | 4,880,105                         |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 4,880,105                         | <b>3(c)</b>                     |
|                                                                                 |                                   |                                 |                          |                                   | 0                               |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b>                     |
|                                                                                 |                                   |                                 |                          |                                   | 0                               |

**4** Information on plan status:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>4a</b> | 61.8 %                                                              |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....                                                                                                                                                                                                                                                                                                                                                           | <b>4b</b> | C                                                                   |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                                                                                                                                                                                                                                                                                                                                                                        |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions) .....                                                                                                                                                                                                                                                                                                                                                        |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....                                                                                                                                                                                                                                                                                                                                                            | <b>4e</b> |                                                                     |
| <b>f</b> If the plan is in critical status or critical and declining status, and is: <ul style="list-style-type: none"> <li>• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;</li> <li>• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/></li> <li>• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."</li> </ul> | <b>4f</b> | 2033                                                                |

**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):

|                                                                                                                                                                      |           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>j</b> If box h is checked, enter period of use of shortfall method .....                                                                                          | <b>5j</b> |                                                                     |
| <b>k</b> Has a change been made in funding method for this plan year? .....                                                                                          |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....                                            |           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>m</b> 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 ..... | <b>5m</b> |                                                                     |

**6** Checklist of certain actuarial assumptions:

|                                                                                                                                |                                                                                                  |                                                                                                                                                 |                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                                   | <b>6a</b>                                                                                        | 2.75                                                                                                                                            | %                                                                                                |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                               | Pre-retirement                                                                                   |                                                                                                                                                 | Post-retirement                                                                                  |
|                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for validation purposes:                                                                         |                                                                                                  |                                                                                                                                                 |                                                                                                  |
| <b>(1)</b> Males .....                                                                                                         | <b>6c(1)</b>                                                                                     | 9P                                                                                                                                              | 9P                                                                                               |
| <b>(2)</b> Females .....                                                                                                       | <b>6c(2)</b>                                                                                     | 9FP                                                                                                                                             | 9FP                                                                                              |
| <b>d</b> Valuation liability interest rate .....                                                                               | <b>6d</b>                                                                                        | 7.50                                                                                                                                            | %                                                                                                |
| <b>e</b> Salary scale .....                                                                                                    | <b>6e</b>                                                                                        | %                                                                                                                                               | <input checked="" type="checkbox"/> N/A                                                          |
| <b>f</b> Withdrawal liability interest rate:                                                                                   |                                                                                                  |                                                                                                                                                 |                                                                                                  |
| <b>(1)</b> Type of interest rate .....                                                                                         | <b>6f(1)</b>                                                                                     | <input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |                                                                                                  |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b>                                                                                     |                                                                                                                                                 |                                                                                                  |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                  | <b>6g</b>                                                                                        | 6.0                                                                                                                                             | %                                                                                                |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                    | <b>6h</b>                                                                                        | 0.5                                                                                                                                             | %                                                                                                |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                        | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |                                                                                                  |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b>                                                                                     | %                                                                                                                                               |                                                                                                  |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b>                                                                                     | 220,000                                                                                                                                         |                                                                                                  |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |                                                                                                  |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 975,466             | 102,798                        |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                             |                                         |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>a</b> 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 .....                                                                                             | <b>8a</b>                               |                                        |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                                                                                 |                                         |                                        |
| <b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>c</b> 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? .....                                                                               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                  |                                         |                                        |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended .....                                                                                                                                            | <b>8d(2)</b>                            | 5                                      |
| <b>(3)</b> 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? .....                                                                                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>(4)</b> 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)) .....                                                                                                | <b>8d(4)</b>                            |                                        |
| <b>(5)</b> If line 8d(3) is "Yes," enter the ruling letter approving the extension .....                                                                                                                                                                    | <b>8d(5)</b>                            |                                        |
| <b>(6)</b> 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? .....                                                               | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |
| <b>e</b> 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) ..... | <b>8e</b>                               | 6,895,820                              |

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

|                                                                          |           |           |
|--------------------------------------------------------------------------|-----------|-----------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> | 298,306   |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 1,141,659 |

|                                                                                                                           |              |                     |           |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|-----------|---------------------------------------------------------------------|
| <b>c</b> 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 .....          | <b>9c(1)</b> | 33,403,304          |           | 4,754,686                                                           |
| (2) Funding waivers .....                                                                                                 | <b>9c(2)</b> | 0                   |           | 0                                                                   |
| (3) Certain bases for which the amortization period has been extended .....                                               | <b>9c(3)</b> | 0                   |           | 0                                                                   |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....                                                             |              | <b>9d</b>           | 464,598   |                                                                     |
| <b>e</b> Total changes. Add lines 9a through 9d .....                                                                     |              | <b>9e</b>           | 6,659,249 |                                                                     |
| <b>Credits to funding standard account:</b>                                                                               |              |                     |           |                                                                     |
| <b>f</b> Prior year credit balance, if any .....                                                                          |              | <b>9f</b>           | 0         |                                                                     |
| <b>g</b> Employer contributions. Total from column (b) of line 3 .....                                                    |              | <b>9g</b>           | 4,880,105 |                                                                     |
|                                                                                                                           |              | Outstanding balance |           |                                                                     |
| <b>h</b> Amortization credits as of valuation date .....                                                                  | <b>9h</b>    | 6,873,748           |           | 1,033,008                                                           |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....                                         |              | <b>9i</b>           | 257,172   |                                                                     |
| <b>j</b> Full funding limitation (FFL) and credits:                                                                       |              |                     |           |                                                                     |
| (1) ERISA FFL (accrued liability FFL) .....                                                                               | <b>9j(1)</b> | 32,712,378          |           |                                                                     |
| (2) "RPA '94" override (90% current liability FFL) .....                                                                  | <b>9j(2)</b> | 72,800,908          |           |                                                                     |
| (3) FFL credit .....                                                                                                      |              | <b>9j(3)</b>        | 0         |                                                                     |
| <b>k</b> (1) Waived funding deficiency .....                                                                              |              | <b>9k(1)</b>        | 0         |                                                                     |
| (2) Other credits .....                                                                                                   |              | <b>9k(2)</b>        | 0         |                                                                     |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....                                            |              | <b>9l</b>           | 6,170,285 |                                                                     |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....                                   |              | <b>9m</b>           |           |                                                                     |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....                               |              | <b>9n</b>           | 488,964   |                                                                     |
| <b>o</b> Current year's accumulated reconciliation account:                                                               |              |                     |           |                                                                     |
| (1) Due to waived funding deficiency accumulated prior to the 2023 plan year .....                                        |              | <b>9o(1)</b>        | 0         |                                                                     |
| (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:           |              |                     |           |                                                                     |
| (a) Reconciliation outstanding balance as of valuation date .....                                                         |              | <b>9o(2)(a)</b>     | 0         |                                                                     |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....                                                  |              | <b>9o(2)(b)</b>     | 0         |                                                                     |
| (3) Total as of valuation date .....                                                                                      |              | <b>9o(3)</b>        | 0         |                                                                     |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....                    |              | <b>10</b>           | 488,964   |                                                                     |
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... |              |                     |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**Schedule MB, line 4c – Documentation Regarding Progress Under Rehabilitation Plan.**

Plan Name: Plumbing and Pipefitting Industry Local 219 Pension Plan

EIN: 34-6682376

PN: 001

The Plan's updated annual standards for meeting its Rehabilitation Plan requirements is that it will emerge from Critical Status sometime after April 30, 2030. As of May 1, 2024 the Plan is projected to emerge from Critical Status during the 2030-2031 Plan Year.

**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: Plumbing and Pipefitting Industry Local 219 Pension Plan

EIN: 34-6682376

PN: 001

1. Effective Date: May 2, 1958.
2. Plan Year: May 1<sup>st</sup> through April 30<sup>th</sup>.
3. Employees Covered: All employees covered by the Local 219 Collective Bargaining Agreement.
4. Eligibility: Immediate.
5. Vesting Service: 1 year for each Plan Year in which 1,000 or more Hours are earned with a partial year equal to Hours earned divided by 1,000, rounded to the nearest  $\frac{1}{12}$ .
6. Credited Service: 1 year for each Plan Year in which 1,700 or more Hours are earned with a partial year equal to Hours earned divided by 1,700, rounded to the nearest  $\frac{1}{12}$ .
7. Normal Retirement:
  - a. Eligibility Age 62 and 5 Years of Vesting Service.
  - b. Monthly Benefit Benefit Credit per Year of Credited Service:

| <u>Effective Date</u>         | <u>Benefit Credit</u> |
|-------------------------------|-----------------------|
| May 2, 1958 (max of 15 years) | \$16.50               |
| May 2, 1958 – April 30, 1969  | \$20.90               |
| May 1, 1969 – April 30, 2006  | \$100.00              |
| May 1, 2006 and later         | \$76.00               |

**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: Plumbing and Pipefitting Industry Local 219 Pension Plan

EIN: 34-6682376

PN: 001

8. Early Retirement:

- |                    |                                                                                          |
|--------------------|------------------------------------------------------------------------------------------|
| a. Eligibility     | Age 55 and 10 Years of Vesting Service.                                                  |
| b. Monthly Benefit | Calculated as for Normal Retirement, reduced $\frac{7}{18}$ of 1% per month from age 62. |

9. Vested Retirement:

- |                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| a. Eligibility     | 5 Years of Vesting Service (10-year graded prior to May 1, 1999). |
| b. Monthly Benefit | Calculated as for Normal or Early Retirement.                     |

10. Pre-Retirement Death:

- |                    |                                                                                                                                            |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| a. Eligibility     | Vested.                                                                                                                                    |
| b. Monthly Benefit | Calculated as for an age 55 Early Retirement reflecting a 50% Joint & Survivor Annuity form with death immediately after Early Retirement. |

11. Total and Permanent Disability:

- |                    |                                                                                                                                                                                 |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Eligibility     | Active and Vested with Total and Permanent Disability.                                                                                                                          |
| b. Monthly Benefit | Calculated as for Normal Retirement payable 180 days after the onset of the disability or immediately if the participant is terminal, with no reduction for early commencement. |

12. Actuarial Equivalency:

1983 Group Annuity Mortality Table (male for participants, female for beneficiaries) at 8.00%.

**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: Plumbing and Pipefitting Industry Local 219 Pension Plan

EIN: 34-6682376

PN: 001

13. Payment Forms:

- a. Normal Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor (QJSA) Annuity for married participants.
- b. Optional Actuarially Equivalent  $66\frac{2}{3}\%$ , 75% or 100% Joint & Survivor Annuity (QOSA), 50%,  $66\frac{2}{3}\%$ , 75% or 100% Joint & Survivor Annuity with Pop-Up or a 10-Year Certain & Life Annuity.

14. Contribution Rates:

Rehabilitation Plan Schedule:

| <u>Effective Date</u> | <u>Hourly Rate</u> |
|-----------------------|--------------------|
| June 1, 2014          | \$10.55            |
| June 1, 2015          | \$10.75            |
| June 1, 2016          | \$10.95            |
| June 1, 2017          | \$11.15            |
| June 1, 2018          | \$11.35            |
| June 1, 2019          | \$11.55            |
| June 1, 2020          | \$11.75            |
| June 1, 2021          | \$11.95            |
| June 1, 2022          | \$12.15            |

15. Transfer of Excess Hours:

Hours in excess of 1,000 (Vesting Service) or 1,700 (Credited Service) can be transferred to Plan Years in which partial years of Vesting or Credited Service are earned.

16. Changes Since Last Year:

None.

|                                      |                                                                                                                                  |                         |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Form <b>15315</b><br>(December 2022) | Department of the Treasury - Internal Revenue Service<br><b>Annual Certification for Multiemployer<br/>Defined Benefit Plans</b> | OMB Number<br>1545-2111 |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------|

This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)  
 Complete all entries in accordance with the instructions

For calendar plan year \_\_\_\_\_ or fiscal plan year beginning May 1, 2023 and ending April 30, 2024

### Part I – Basic Plan Information

|                                                                                                        |                                                                                                      |                                                        |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1a. Name of plan<br>Plumbing and Pipefitting Industry Local 219 Pension Plan                           |                                                                                                      | 1b. Three-digit plan number (PN)<br>001                |
| 1c. Plan sponsor's name<br>Board of Trustees, Plumbing and Pipefitting Industry Local 219 Pension Plan |                                                                                                      | 1d. Employer identification number (EIN)<br>34-6682376 |
| 1e. Plan sponsor's telephone number<br>(330) 270-0453                                                  | 1f. Plan sponsor's address, city, state, ZIP code<br>3660 Stutz Drive, Suite 101, Canfield, OH 44406 |                                                        |

### Part II – Plan Actuary's Information

|                                                                                                                   |                                                       |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 2a. Plan actuary's name<br>M. R. Rust                                                                             | 2b. Plan actuary's firm name<br>Cuni, Rust & Strenk   |
| 2c. Plan actuary's firm address, city, state, ZIP code<br>4555 Lake Forest Drive, Suite 620, Cincinnati, OH 45242 |                                                       |
| 2d. Plan actuary's enrollment number<br>23-06146                                                                  | 2e. Plan actuary's telephone number<br>(513) 891-0270 |

### Part III – Plan Status

3. Check the appropriate box to indicate the plan's IRC Section 432 status

- |                                                          |                                                                                                                                                                       |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Neither endangered nor critical | <input type="checkbox"/> Not endangered due to special rule in IRC Section 432(b)(5)                                                                                  |
| <input type="checkbox"/> Endangered                      | <input type="checkbox"/> Critical due to election under IRC Section 432(b)(4)                                                                                         |
| <input type="checkbox"/> Seriously endangered            | <input type="checkbox"/> Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v) |
| <input checked="" type="checkbox"/> Critical             |                                                                                                                                                                       |
| <input type="checkbox"/> Critical and declining          |                                                                                                                                                                       |

### Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan

4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

|                          | Yes                                 | No                       | N/A                      |
|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Funding Improvement Plan | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Rehabilitation Plan      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Part V – Sign Here

#### Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

|                         |                    |
|-------------------------|--------------------|
| Actuary's signature<br> | Date<br>07/28/2023 |
|-------------------------|--------------------|

## 2023 ACTUARIAL CERTIFICATION OF FUNDED STATUS

*As Required under IRC § 432(b)(3) as Added by the Pension Protection Act of 2006*

### Plan Identification

Plumbing and Pipefitting Industry Local 219 Pension Plan ("Plan")  
3660 Stutz Drive, Suite 101  
Canfield, OH 44406  
(330) 270-0453  
EIN/PN: 34-6682376/001  
Plan Year: May 1, 2023 – April 30, 2024

### Information on Plan Status

As of May 1, 2023, I hereby certify that the Plan is Critical (in this Plan Year), NOT Critical and Declining, and making scheduled progress in meeting the requirements of its Rehabilitation Plan as defined by the Pension Protection Act of 2006 (PPA) as amended by the Multiemployer Pension Reform Act of 2014 (MPRA).

This certification has been prepared based on the Plan's May 1, 2022 Actuarial Valuation and the unaudited April 30, 2023 financial statements. The May 1, 2022 Actuarial Valuation was projected to May 1, 2023 for determination of the Plan's funded percentage and additional projections of later years were used for Funding Standard Account purposes and to determine the Plan's solvency.

As directed by the Board of Trustees, anticipated future Plan contributions and liabilities are based on 329,640 hours worked per year, and it is assumed that participants exiting the Plan are replaced by new entrants. All other assumptions used, along with the Plan Provisions reflected in this determination, are summarized in the Plan's May 1, 2022 Actuarial Valuation Report.

### Actuarial Certification

I hereby certify that the projection of the Plan's most recent Actuarial Valuation presents fairly the actuarial position of the Plan as of May 1, 2023. In my opinion, the assumptions used to determine the Plan's 2023 PPA funded status are individually reasonable based on Plan experience and represent my best estimate of anticipated future experience under the Plan. The projection of the May 1, 2022 Actuarial Valuation has been performed in accordance with generally accepted actuarial principles and practices and the undersigned meets the qualification standards of the American Academy of Actuaries necessary to render an actuarial opinion.

Respectfully submitted,



M. R. Rust, EA, MAAA, ASA  
Enrollment Number: 23-06146

Cuni, Rust & Strenk  
4555 Lake Forest Drive, Suite 620  
Cincinnati, OH 45242  
(513) 891-0270

July 28, 2023

**Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status.**

Plan Name: Plumbing and Pipefitting Industry Local 219 Pension Plan

EIN: 34-6682376

PN: 001

2023 PPA Funded Status = Critical [NOT Critical and Declining].

Does Not Pass Emergence Test = Projected Funding Deficiency in 2023.

| 5/1<br>Plan<br>Year | Actuarial<br>Value of<br>Assets<br>(1) | PPA<br>Accrued<br>Liability<br>(2) | PPA<br>Funded<br>%<br>(1) / (2) | 4/30<br>Credit<br>Balance | 6/1<br>Hourly<br>Contrib.<br>Rate | Minimum<br>Required<br>Contribution | Expected<br>Hours<br>Worked | Expected<br>Contribution | Asset<br>Return<br>% |                     |
|---------------------|----------------------------------------|------------------------------------|---------------------------------|---------------------------|-----------------------------------|-------------------------------------|-----------------------------|--------------------------|----------------------|---------------------|
| <b>2022</b>         | <b>\$41,738,304</b>                    | <b>\$69,785,344</b>                | <b>59.8%</b>                    | <b>(\$74,641)</b>         | <b>\$12.15</b>                    | <b>\$5,506,668</b>                  | <b>320,246</b>              | <b>\$4,511,241</b>       | <b>0.5%</b>          | <b>Unaudited(2)</b> |
| 2023                | \$42,771,785                           | \$69,726,903                       | 61.3%                           | (\$829,314)               | \$12.15                           | \$5,835,871                         | 329,640                     | \$4,649,958              | 7.5%                 | Projected           |
| 2024                | \$43,832,006                           | \$69,660,789                       | 62.9%                           | (\$1,014,692)             | \$12.15                           | \$6,098,198                         | 329,640                     | \$4,649,958              | 7.5%                 | Projected           |
| 2025                | \$45,592,147                           | \$69,510,314                       | 65.6%                           | (\$1,277,019)             | \$12.15                           | \$6,100,391                         | 329,640                     | \$4,649,958              | 7.5%                 | Projected           |
| 2026                | \$45,871,774                           | \$69,298,695                       | 66.2%                           | (\$1,279,212)             | \$12.15                           | \$6,140,013                         | 329,640                     | \$4,649,958              | 7.5%                 | Projected           |
| 2027                | \$47,055,288                           | \$68,970,975                       | 68.2%                           | (\$1,318,834)             | \$12.15                           | \$6,255,671                         | 329,640                     | \$4,649,958              | 7.5%                 | Projected           |
| 2028                | \$48,878,424                           | \$68,612,256                       | 71.2%                           | (\$1,434,492)             | \$12.15                           | \$6,357,817                         | 329,640                     | \$4,649,958              | 7.5%                 | Projected           |
| 2029                | \$50,752,912                           | \$68,097,080                       | 74.5%                           | (\$1,536,638)             | \$12.15                           | \$6,435,334                         | 329,640                     | \$4,649,958              | 7.5%                 | Projected           |
| 2030                | \$52,748,296                           | \$67,544,079                       | 78.1%                           | (\$1,614,155)             | \$12.15                           | \$6,194,498                         | 329,640                     | \$4,649,958              | 7.5%                 | Projected           |
| 2031                | \$54,906,487                           | \$66,987,363                       | 82.0%                           | (\$1,373,319)             | \$12.15                           | \$5,573,482                         | 329,640                     | \$4,649,958              | 7.5%                 | Projected           |
| 2032                | \$57,251,536                           | \$66,486,582                       | 86.1%                           | (\$752,303)               | \$12.15                           | \$4,735,293                         | 329,640                     | \$4,649,958              | 7.5%                 | Projected           |
| 2033                | \$59,717,336                           | \$65,895,761                       | 90.6%                           | \$85,886                  | \$12.15                           | \$3,106,588                         | 329,640                     | \$4,649,958              | 7.5%                 | Projected           |

(1) May 1, 2022 Actuarial Valuation results.

(2) Estimated based on the Plan's unaudited April 30, 2023 financial statements.

**Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.**

Plan Name: Plumbing and Pipefitting Industry Local 219 Pension Plan

EIN: 34-6682376

PN: 001

**Charge Bases:**

| <u>Date</u>        |             | <u>Initial</u> | <u>Rem.</u>  |                | <u>Remaining</u> |
|--------------------|-------------|----------------|--------------|----------------|------------------|
| <u>Established</u> | <u>Type</u> | <u>Balance</u> | <u>Years</u> | <u>Payment</u> | <u>Balance</u>   |
| 05/01/1992         | Amendment   | \$ 2,171,246   | 4            | \$ 127,298     | \$ 458,337       |
| 05/01/1993         | Amendment   | 1,145,221      | 5            | 69,857         | 303,828          |
| 05/01/1994         | Amendment   | 754,080        | 6            | 47,512         | 239,745          |
| 05/01/1995         | Amendment   | 1,156,870      | 7            | 74,874         | 426,318          |
| 05/01/1996         | Amendment   | 1,118,140      | 8            | 74,019         | 466,065          |
| 05/01/1997         | Amendment   | 1,935,164      | 9            | 130,574        | 895,384          |
| 05/01/1998         | Assumption  | 1,622,637      | 10           | 111,290        | 821,200          |
| 05/01/1998         | Amendment   | 6,060,751      | 10           | 415,681        | 3,067,265        |
| 05/01/1999         | Amendment   | 8,160,418      | 11           | 567,616        | 4,463,784        |
| 05/01/2000         | Amendment   | 3,313,861      | 12           | 233,329        | 1,940,223        |
| 05/01/2003         | Assumption  | 4,220,270      | 15           | 305,603        | 2,899,915        |
| 05/01/2005         | Assumption  | 1,103,921      | 17           | 81,028         | 821,752          |
| 05/01/2005         | Experience  | 4,353,916      | 2            | 300,068        | 579,205          |
| 05/01/2006         | Experience  | 2,601,194      | 3            | 190,920        | 533,731          |
| 05/01/2007         | Experience  | 1,044,158      | 4            | 80,517         | 289,900          |
| 05/01/2009         | Asset Loss  | 3,233,053      | 15           | 258,955        | 2,457,268        |
| 05/01/2010         | Assumption  | 49,708         | 7            | 4,231          | 24,095           |
| 05/01/2010         | Experience  | 163,766        | 7            | 13,941         | 79,371           |
| 05/01/2010         | Asset Loss  | 567,951        | 15           | 45,933         | 435,863          |
| 05/01/2011         | Asset Loss  | 1,875,156      | 15           | 153,259        | 1,454,299        |
| 05/01/2012         | Assumption  | 235,791        | 9            | 20,925         | 143,494          |
| 05/01/2012         | Asset Loss  | 1,732,118      | 15           | 143,208        | 1,358,917        |
| 05/01/2013         | Experience  | 610,983        | 10           | 55,115         | 406,685          |
| 05/01/2014         | Assumption  | 1,456          | 11           | 133            | 1,049            |
| 05/01/2014         | Experience  | 919,539        | 11           | 84,124         | 661,552          |
| 05/01/2015         | Experience  | 269,440        | 7            | 28,437         | 161,922          |
| 05/01/2015         | Assumption  | 1,909,676      | 7            | 201,553        | 1,147,617        |
| 05/01/2016         | Experience  | 794,691        | 8            | 83,747         | 527,326          |
| 05/01/2016         | Assumption  | 3,008,770      | 8            | 317,075        | 1,996,489        |
| 05/01/2017         | Experience  | 465,553        | 9            | 49,062         | 336,428          |
| 05/01/2018         | Assumption  | 328,722        | 10           | 34,642         | 255,617          |
| 05/01/2018         | Experience  | 365,290        | 10           | 38,496         | 284,053          |
| 05/01/2019         | Experience  | 1,764,907      | 11           | 185,992        | 1,462,658        |
| 05/01/2020         | Experience  | 1,058,948      | 12           | 111,596        | 927,964          |
| 05/01/2021         | Assumption  | 107,021        | 13           | 11,278         | 98,519           |

**Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.**

Plan Name: Plumbing and Pipefitting Industry Local 219 Pension Plan

EIN: 34-6682376

PN: 001

**Charge Bases (Continued):**

| <u>Date</u><br><u>Established</u> | <u>Type</u> | <u>Initial</u><br><u>Balance</u> | <u>Rem.</u><br><u>Years</u> | <u>Payment</u> | <u>Remaining</u><br><u>Balance</u> |
|-----------------------------------|-------------|----------------------------------|-----------------------------|----------------|------------------------------------|
| 05/01/2023                        | Experience  | 975,466                          | 15                          | 102,798        | 975,466                            |
| Total Charges                     |             |                                  |                             | \$ 4,754,686   | \$ 33,403,304                      |

**Credit Bases:**

| <u>Date</u><br><u>Established</u>          | <u>Type</u> | <u>Initial</u><br><u>Balance</u> | <u>Rem.</u><br><u>Years</u> | <u>Payment</u> | <u>Remaining</u><br><u>Balance</u> |
|--------------------------------------------|-------------|----------------------------------|-----------------------------|----------------|------------------------------------|
| 05/01/2011                                 | Experience  | \$ 485,567                       | 3                           | \$ 51,587      | \$ 144,219                         |
| 05/01/2011                                 | Assumption  | 394,644                          | 3                           | 41,927         | 117,208                            |
| 05/01/2012                                 | Amendment   | 1,465,710                        | 4                           | 155,449        | 559,697                            |
| 05/01/2012                                 | Experience  | 439,019                          | 4                           | 33,642         | 121,128                            |
| 05/01/2013                                 | Assumption  | 881,211                          | 5                           | 93,303         | 405,804                            |
| 05/01/2016                                 | Amendment   | 682,569                          | 8                           | 71,931         | 452,930                            |
| 05/01/2017                                 | Assumption  | 395,122                          | 9                           | 41,639         | 285,536                            |
| 05/01/2019                                 | Assumption  | 426,792                          | 11                          | 44,977         | 353,701                            |
| 05/01/2020                                 | Assumption  | 515,579                          | 12                          | 54,334         | 451,804                            |
| 05/01/2021                                 | Experience  | 1,752,980                        | 13                          | 184,735        | 1,613,713                          |
| 05/01/2022                                 | Experience  | 2,462,282                        | 14                          | 259,484        | 2,368,008                          |
| Total Credits                              |             |                                  |                             | \$ 1,033,008   | \$ 6,873,748                       |
| 1. Net Amortization                        |             |                                  |                             |                | \$ 26,529,556                      |
| 2. Credit Balance / (Funding Deficiency)   |             |                                  |                             |                | \$ (298,306)                       |
| 3. Balance Test: [(1) - (2)]               |             |                                  |                             |                | \$ 26,827,862                      |
| 4. Unfunded Accrued Liability:             |             |                                  |                             |                |                                    |
| a. Accrued Liability                       |             |                                  |                             |                | \$ 70,223,115                      |
| b. Actuarial Value of Assets               |             |                                  |                             |                | 43,395,253                         |
| c. Unfunded Accrued Liability: [(a) - (b)] |             |                                  |                             |                | \$ 26,827,862                      |

**Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.**

Plan Name: Plumbing and Pipefitting Industry Local 219 Pension Plan

EIN: 34-6682376

PN: 001

Effective with the May 1, 2023 valuation, the following assumption were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The hours worked assumption was increased from 1,340 to 1,885.
- The expense load was increased from \$195,000 to \$220,000.

**Schedule R, Summary of Rehabilitation Plan.**

Plan Name: Plumbing and Pipefitting Industry Local 219 Pension Plan

EIN: 34-6682376

PN: 001

**Affected Participants**

Unless otherwise noted the changes described in this Schedule apply to participants who commence receipt of benefits from the Plan on or after August 24, 2012.

**Benefit Changes**

Unless specified otherwise, all of the benefit changes listed below are effective beginning with the first of the month after the later of: (a) the date the Schedule is effective for their former bargaining group, or (b) 30 days after the date the notice described in Internal Revenue Code Section 432(3)(8)(C) is provided.

1. Effective December 31, 2012 Early Retirement benefits will no longer be available for participants who qualify for the Plan's Terminated Vested benefit.
2. The Plan is no longer allowed to pay any benefits that are Restricted while in Critical Status. Therefore, the subsidy for the Joint & Survivor Annuity Pop-Up was eliminated as of August 24, 2012. With a pop-up, a participant's benefit under a Joint & Survivor Annuity reverts to the normal form of benefit if the participant's spouse predeceases the participant or waives the survivor benefit as a result of divorce. Participants who receive their benefit in the form of a 50%, 66<sup>2</sup>/<sub>3</sub>%, 75%, or 100% Joint & Survivor annuity can elect to add the pop-up feature to their benefit with a corresponding Actuarial adjustment to their benefit to reflect the cost of the pop-up.
3. Unreduced Early Retirement at age 55 with 30 years of continuous service for benefits earned before May 1, 2006 was eliminated effective August 1, 2016.

**Contribution Increases**

Hourly contribution rates will increase in accordance with the following Schedule. These contribution rate increases could be made sooner than the dates found in the Schedule, but will be made no later than the stated dates.

| <b>Effective Date</b> | <b>Hourly Contribution Rate</b> | <b>Effective Date</b> | <b>Hourly Contribution Rate</b> |
|-----------------------|---------------------------------|-----------------------|---------------------------------|
| June 1, 2012          | \$10.15                         | June 1, 2018          | \$11.35                         |
| June 1, 2013          | \$10.35                         | June 1, 2019          | \$11.55                         |
| June 1, 2014          | \$10.55                         | June 1, 2020          | \$11.75                         |
| June 1, 2015          | \$10.75                         | June 1, 2021          | \$11.95                         |
| June 1, 2016          | \$10.95                         | June 1, 2022          | \$12.15                         |
| June 1, 2017          | \$11.15                         |                       |                                 |

**Future Revisions**

The Trustees are required to review the progress of their Rehabilitation Plan each year and to update the Rehabilitation Plan and schedules if necessary. As such, the contribution rate increases specified in this schedule may be subject to change and benefit reductions may be required, except with respect to a collective bargaining agreement negotiated in reliance on this schedule.

**Schedule R, Update of Funding Improvement Plan or Rehabilitation Plan.**

Plan Name: Plumbing and Pipefitting Industry Local 219 Pension Plan

EIN: 34-6682376

PN: 001

**Hourly Contribution Rate**

In accordance with the Rehabilitation Plan, the Plan's contribution rate remains at \$12.15 per hour as of June 1, 2023.

**Five-Year Extension of Rehabilitation Period**

On April 11, 2022 the Plan elected to extend its Rehabilitation Period by five years (to April 30, 2030) as permitted under Section 9702 of the American Rescue Plan Act of 2021 (ARPA).

**Rehabilitation Period and Expected Emergence Date**

Based on reasonable assumptions, the Plan is not expected to emerge from Critical Status by the end of the extended Rehabilitation Period (April 30, 2030). However, the Plan is still expected to emerge from Critical Status at a later date.

**Annual Standards for Meeting the Rehabilitation Requirements**

The Plan's updated annual standards for meeting its Rehabilitation Plan requirements is that it will emerge from Critical Status sometime after April 30, 2030.