

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/01/1959
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND 3515 I-10 SERVICE ROAD METAIRIE, LA 70002
2b	Employer Identification Number (EIN) 72-6025640
2c	Plan Sponsor's telephone number 504-885-3062
2d	Business code (see instructions) 238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/08/2025	RONALD ROSSER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/08/2025	HENRY G. HEIER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1987
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 556 6a(2) 529 6b 860 6c 409 6d 1798 6e 159 6f 1957 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 54

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

1A

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ 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.

A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND	D Employer Identification Number (EIN) 72-6025640

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

1a Enter the valuation date: Month 07 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 79575139
(2) Actuarial value of assets for funding standard account.....	1b(2) 81530091
c (1) Accrued liability for plan using immediate gain methods	1c(1) 86331427
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 86331427
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 143035638
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 4050397
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 6970674
(3) Expected plan disbursements for the plan year	1d(3) 6970674

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

SIGN HERE	01/15/2025
Signature of actuary PAUL STEPHEN OSBORN, F.S.A.	Date 23-03095
Type or print name of actuary OSBORN, CARREIRO AND ASSOCIATES INC	Most recent enrollment number 501-376-8043
Firm name 124 WEST CAPITOL AVENUE, SUITE 1690, LITTLE ROCK, AR 72201	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	79575139
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1044	78798834
(2) For terminated vested participants	371	21867088
(3) For active participants:		
(a) Non-vested benefits		1688855
(b) Vested benefits		40680861
(c) Total active	641	42369716
(4) Total	2056	143035638
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	55.63 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2023	4775851	0			
Totals ▶			3(b)	4775851	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total				3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	94.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.85 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	8.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.5 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	710000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	259894	26668
4	2106597	216162

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	2391223

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	23068493	5525578
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 554176**e** Total charges. Add lines 9a through 9d**9e** 8470977**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 6461287**g** Employer contributions. Total from column (b) of line 3**9g** 4775851**h** Amortization credits as of valuation date**9h** 11805870 1602705**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 728320**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	
9j(2)	

9j(3)**k (1)** Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 13568163**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 5097186**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND	D Employer Identification Number (EIN) 72-6025640

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
SEI TRUST COMPANY	
06-1271230	

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
EARNEST PARTNERS	
58-2386669	

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NEW TOWER TRUST COMPANY	
30-0872552	

(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)

BLACKROCK INSTITUTIONAL TRUST

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 21 24 50 51 21 24 50	NONE	90341	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT PERFORMANCE SERVICES

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	75516	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEDGE CAPITAL MANAGEMENT LLP

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NONE	68482	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

INTERCONTINENTAL REAL ESTATE

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	44090	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUCHBINDER TUNICK & COMPANY, LLP

13-1578842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	41500	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PEDELAHORE & CO. LLP

72-0535866

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	SERVICES REL.PLAN & UNION	36800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JP MORGAN

13-3869666

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	36234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEVY CHASE TRUST

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	25752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OSBORN, CARREIRO & ASSOCIATES

71-0631123

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	SERVICES RELATED PLAN	22000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROBEIN, URANN, SPENCER, ET AL

72-0999672

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICES REL.PLAN & UNION	18888	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	16563	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ORLEANS CAPITAL MANAGEMENT

72-1193530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	14960	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WEAVER AND TIDWELL, LLP

75-0786316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	SERVICES RELATED PLAN	14500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HANCOCK WHITNEY BANK

64-0169065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	13180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NB ALTERNATIVES ADVISERS LLC

30-0536163

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	11215	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND		D Employer Identification Number (EIN) 72-6025640
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 46-0563260-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9009251
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHNSTON INTL EQUITY GROUP TRUST		
b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS LLC		
c EIN-PN 26-6493485-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2134954
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2066315
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB CORPORATE HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 13-3869666-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12044242
a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS SMID CAP CORE FUND		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 26-4377500-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3949056
a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN ADR FUND, LLC		
b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC		
c EIN-PN 04-2929221-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2889902
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. PROPERTY SEPARATE ACCOUNT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-027	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1854959
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2023 v. 230707		

a Name of MTIA, CCT, PSA, or 103-12 IE: NEW TOWER MULTIEMPLOYER PRPTY TRUST

b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY

c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2540332
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT RUSSELL 1000 GROWTH IND FUND NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-099	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13079630
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND	D Employer Identification Number (EIN) 72-6025640	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1545389	1561171
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	215917	209959
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	187257	238778
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	802220	1695050
(2) U.S. Government securities	1c(2)	208500	4514348
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	96920	48791
(B) All other	1c(3)(B)	101797	423239
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	28236674	13522703
(5) Partnership/joint venture interests	1c(5)	3385157	4010533
(6) Real estate (other than employer real property)	1c(6)	4800000	5300000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	33799586	47713682
(10) Value of interest in pooled separate accounts	1c(10)	2067648	1854959
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4267643	3727736

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	24876	21049
f Total assets (add all amounts in lines 1a through 1e)	1f	79739584	84841998
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	145726	57290
i Acquisition indebtedness	1i		
j Other liabilities	1j	18719	21349
k Total liabilities (add all amounts in lines 1g through 1j)	1k	164445	78639
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	79575139	84763359

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4775851	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		4775851
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	87402	
(B) U.S. Government securities	2b(1)(B)	139132	
(C) Corporate debt instruments	2b(1)(C)	28449	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	60881	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		315864
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	236957	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		236957
(3) Rents	2b(3)		-29535
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14384735	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10542776	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	534860	
(B) Other	2b(5)(B)	-609732	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		5048968
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-185547
(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)		
c Other income	2c		-468462
d Total income. Add all income amounts in column (b) and enter total	2d		13461183

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7150656	
(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)		7150656
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)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	56000	
(5) Investment advisory and investment management fees	2i(5)	440895	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	22000	
(8) Legal fees	2i(8)	18888	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	584524	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1122307
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8272963

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5188220
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: **WEAVER AND TIDWELL, LLP**

(2) EIN: **75-0786316**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 510605.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND	D Employer Identification Number (EIN) 72-6025640	

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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	11

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.)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☒ No	☐ N/A

Part III	Amendments
----------	------------

9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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 **GOOTEE CONSTRUCTION INC.**

b EIN **72-1199308**

c Dollar amount contributed by employer **798746**

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 **2027**

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) **4.85**

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

a Name of contributing employer **GALLO MECHANICAL LLC**

b EIN **72-0643909**

c Dollar amount contributed by employer **1109116**

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 **2027**

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) **4.85**

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

a Name of contributing employer **MECHANICAL RESOURCE CONTRACTORS LLC**

b EIN **61-1776693**

c Dollar amount contributed by employer **552050**

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 **2027**

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) **4.85**

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

a Name of contributing employer **JOHNSON CONTROLS**

b EIN **39-0380010**

c Dollar amount contributed by employer **335377**

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 **2027**

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) **4.85**

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

a Name of contributing employer **TRAINA MECH INC**

b EIN **72-1280775**

c Dollar amount contributed by employer **250399**

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 **2027**

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) **4.85**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14a	
14b	
14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a	100.00
15b	100.00

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

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

16a	0
16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 20.4 % Private Equity: 4.8 % Investment-Grade Debt and Interest Rate Hedging Assets: 5.9 %
 High-Yield Debt: 0.0 % Real Assets: 9.3 % Cash or Cash Equivalents: 3.9 % Other: 55.7 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

- 21a** 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? ☐ Yes ☐ No

- 21b** 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).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☐ "Current year" ADP test
- ☐ N/A

- 22** 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 _____.

Plumbers and Steamfitters Local 60 Pension Fund

Financial Report
June 30, 2024

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ERISA-Required Supplementary Information

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	17
Schedule H, Line 4j – Schedule of Reportable Transaction	23

All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the Board of Trustees of
Plumbers and Steamfitters Local 60 Pension Fund

Opinion

We have audited the financial statements of Plumbers and Steamfitters Local 60 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the net assets available for benefits of the Plan as of June 30, 2024 and 2023 and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US 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 US GAAP, 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 issued (or when applicable, one year after the date that the financial statements are available to be issued).

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US 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 US 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 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.

Supplementary Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents as of and for the year ended June 30, 2024 is presented for purposes of additional analysis and are not a required part of the financial statements but certain supplementary information is required by the Department of Labor's (DOL) 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 US GAAS.

In forming our opinion on the supplementary information, we evaluated whether the supplementary information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplementary information 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Jericho, New York
April 11, 2025

Plumbers and Steamfitters Local 60 Pension Fund

Statements of Net Assets Available for Benefits

June 30, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value		
U.S. government and governmental agencies obligations	\$ 4,514,348	\$ 208,500
Corporate and other bonds and notes	472,030	198,717
Common stocks	13,522,703	28,236,674
Multi-employer property trust	2,540,332	2,933,871
Collective trust funds	45,173,350	30,865,715
Limited partnerships	4,010,533	3,385,157
Real estate investment fund	3,727,736	4,267,643
Pooled separate account	1,854,959	2,067,648
Money market funds	1,695,050	802,220
	77,511,041	72,966,145
Real estate	5,300,000	4,800,000
Total investments	82,811,041	77,766,145
Receivables		
Employer's contributions	180,855	152,059
Reciprocal contributions	29,104	63,858
Interest and dividends	33,569	23,068
Employer's withdrawal liability, net of allowance of \$365,104 at June 30, 2024 and 2023	-	-
Due from Plumbers and Steamfitters Local 60 Welfare Fund	73,457	27,316
Due from broker for securities sold	15,505	18,599
Other	4,092	10,344
Total receivables	336,582	295,244
Cash	1,561,171	1,545,389
Prepaid expenses	96,317	87,200
Property assets, at cost, less accumulated depreciation of \$150,403 and \$146,576 at June 30, 2024 and 2023, respectively	21,049	24,876
OTHER ASSETS		
Deferred leasing commissions, less accumulated amortization of \$45,664 and \$48,377 at June 30, 2024 and 2023, respectively	15,838	20,730
Total assets	84,841,998	79,739,584
LIABILITIES		
Accounts payable and accrued expenses	57,290	145,726
Reciprocal contributions payable	20,810	16,777
Tenants' security deposits payable	539	1,942
Total liabilities	78,639	164,445
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 84,763,359</u>	<u>\$ 79,575,139</u>

The Notes to Financial Statements are an integral part of these statements.

Plumbers and Steamfitters Local 60 Pension Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 8,162,046	3,877,551
Interest and dividends	552,821	600,787
(Deficiency) excess of revenue over expenses from real estate operations	(29,535)	103,142
	8,685,332	4,581,480
Less: investment advisory and custodian fees	(440,895)	(354,051)
Net investment income	8,244,437	4,227,429
Contributions		
Employer	4,775,851	4,643,812
Total additions	13,020,288	8,871,241
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO		
Benefits paid directly to participants	7,150,656	7,422,553
Administrative expenses	681,412	671,498
Provision for withdrawal liability deemed doubtful of collection	-	91,276
Total deductions	7,832,068	8,185,327
Net increase	5,188,220	685,914
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>79,575,139</u>	<u>78,889,225</u>
NET ASSETS AVAILABLE FOR BENEFITS end of year	<u>\$ 84,763,359</u>	<u>\$ 79,575,139</u>

The Notes to Financial Statements are
an integral part of these statements.

Plumbers and Steamfitters Local 60 Pension Fund

Notes to Financial Statements

Note 1. Description of the Plan

The following brief description of the Plumbers and Steamfitters Local 60 Pension Fund (the Plan) provides only general information. Participants should refer to the *Plan document* for a more complete description of the Plan's provisions, which is available from Plan management.

General

The Plan is a multi-employer defined benefit pension plan established on May 1, 1959 under the provisions of an Agreement and Declaration of Trust, as amended, between the Plumbers and Steamfitters Local Union No. 60, AFL-CIO of the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada (the Union) located in New Orleans, Louisiana, and the various signatory employers in the plumbing, heating, piping and refrigeration industries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Funding Policy

In accordance with the terms of the Trust Agreement, the Plan shall receive contributions from the employers pursuant to their respective collective bargaining agreements with the Local.

Contribution rates have been established under collective bargaining agreements entered into between the Local and the various employers. Each employer is required to make monthly contributions to the Plan at the rate(s) specified in its respective collective bargaining agreement.

The Plan is noncontributory for employees and is funded primarily from contributions received from employers.

Pension Benefits

The Plan provides for a normal, early retirement and a disability pension benefit. These benefits are available to eligible employees who meet specific eligibility requirements as to age and years of credited service.

Contributions

Contributions to provide the benefits are made by the employers as provided in the applicable prevailing Collective Bargaining Agreement with the Union.

Contributions are allocated between the Plumbers and Steamfitters Local 60 Health and Welfare Fund and the Plan based on the recommendation of the Plan's actuary and approved by the Trustees of the respective plans.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) 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 fund benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Plumbers and Steamfitters Local 60 Pension Fund

Notes to Financial Statements

Depreciation

Property assets were depreciated by the straight-line method at rates calculated to amortize the cost of the assets over their respective estimated useful lives ranging from three to twenty-three years.

Deferred Leasing Commissions

The commissions incurred in connection with obtaining a new lease are capitalized when incurred and amortized over the term of the respective lease. During the years ended June 30, 2024 and 2023, the amounts amortized were \$14,409 and \$14,202, respectively.

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 the investment advisers, custodians, and insurance company. See Note 6 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

All administrative fees are paid by the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related employee benefit plans and the Union. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plans. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Employers' Contributions Receivable

Employers' contributions receivable are reported at their outstanding balances and are composed of balances due from employers. The Plan estimates doubtful accounts based on historical bad debts, factors related to specific employers' ability to pay, and current economic trends and conditions. As of June 30, 2024 and 2023, there is no allowance for doubtful accounts.

Employer's Withdrawal Liability

As of June 30, 2024 and 2023, the Plan has a receivable from a withdrawing employer which represents its share of the Plan's unfunded liabilities as determined by the Plan's consulting actuary. Accordingly, the Plan has recorded a receivable, net of an allowance for the amount deemed to be doubtful of collection.

Plan Management's Review of Subsequent Events

The Plan has evaluated subsequent events and transactions through April 11, 2025, the date that the financial statements were available to be issued.

Plumbers and Steamfitters Local 60 Pension Fund

Notes to Financial Statements

Note 3. Concentrations of Credit Risk

Financial instruments that subject the Plan to concentrations of credit risk include cash, and employers' contributions receivable. The Plan maintains accounts at several high-quality financial institutions. While the Plan attempts to limit any financial exposure by maintaining accounts at several banks, its deposit balances may, at times, exceed federally insured limits. The Plan has not experienced any losses on such accounts. Contributions receivable are from various employers in the plumbing, heating, piping and refrigeration industries.

Of the participating employers, three represent approximately 51% and 48% of contributions income for the years ended June 30, 2024 and 2023, respectively and approximately 38% and 37% of contributions receivable as of June 30, 2024 and 2023, respectively.

Note 4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service that eligible employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated vested employees or their spouses, (b) spouses of employees who have died, and (c) present employees or their spouses. The accumulated plan benefits for active eligible employees are based on their years of service, times the weekly contribution on the date as of which the benefit information is presented. Benefits payable under all circumstances, i.e., retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to eligible employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting 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.

The actuarial present value of accumulated plan benefits as of July 1, 2023 is as follows:

Vested benefits	
Participants and beneficiaries currently receiving payments	\$ 53,502,883
Other participants	<u>31,055,303</u>
	84,558,186
Non-vested benefits	<u>1,773,241</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 86,331,427</u></u>

Plumbers and Steamfitters Local 60 Pension Fund

Notes to Financial Statements

The change in the actuarial present value of accumulated plan benefits from July 1, 2022 to July 1, 2023 is attributable to the following:

Total actuarial present value of accumulated plan benefits at beginning of year	\$ 84,577,378
Increase (decrease) during the year attributable to:	
Change in Assumptions	2,106,597
Benefits accumulated and gains and losses	1,149,589
Interest	5,920,416
Benefits paid	(7,422,553)
Net Increase	<u>1,754,049</u>
Total actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 86,331,427</u></u>

The assumption changes reflected above consist of the following:

The Pri-2012 Blue Collar table is the most recent applicable life expectancy table available. However, an older table is used for those who retired before July 2, 2015. Based on experience since 2019, that older table was updated for the July 1, 2023 valuation.

The significant actuarial assumptions used in the valuation as of July 1, 2023 were as follows:

Life expectancy:	Pri-2012 Blue Collar Mortality Table with generational projection using MP 2020. (The 1983 GAM for those who retired by July 1,	
Net investment return:	7.00% for funding. 2.85 % for current liability.	
Retirement Age:	<u>Age</u>	<u>Percent</u>
	50-59	15%
	60-61	35%
	62	35%
	63-64	20%
	65 and over	100%
Administrative expenses:	710,000 per annum.	
Asset valuation:	Five-year smoothing of market returns over or under assumed rate. The resulting value must be within 20% of the market value	

Plumbers and Steamfitters Local 60 Pension Fund

Notes to Financial Statements

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were 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 July 1, 2023. Had the valuations been performed as of June 30, 2024, there would be no material differences.

The Plan's actuary has advised that as of July 1, 2023, the Plan is being funded at a level sufficient to meet the minimum funding standard requirements of ERISA and that there is no accumulated funding deficiency. The Plan is not considered endangered, seriously endangered, or critical as those terms are defined in the Pension Protection Act of 2006 for the Plan year beginning July 1, 2023.

Note 5. Plan Termination

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

1. Annuity benefits which former employees or their beneficiaries have been receiving for at least three years, or that employees 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 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. governmental 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 Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested benefits, early retirement benefits, and certain disability and survivor's 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.

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 to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and 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.

Plumbers and Steamfitters Local 60 Pension Fund

Notes to Financial Statements

Note 6. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework 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 under FASB ASC 820 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 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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 June 30, 2024 and 2023.

U.S. government and governmental agencies obligations: Government securities include agency-issued debt which is valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. United States government obligations and municipal obligations are carried at fair value as determined by quoted market prices in active markets.

Corporate and other bonds and notes: 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. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments from certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Plumbers and Steamfitters Local 60 Pension Fund

Notes to Financial Statements

Multi-employer property trust: Valued at the net asset value (NAV) as determined by the custodian of the trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based upon the fair value of the investments in the trust, less any liabilities. Transactions may occur daily. If the Plan were to initiate a full redemption of the trust, the investment advisors reserve the right to temporarily delay withdrawal from the trust, in order to ensure that securities liquidations will be carried out in an orderly business manner.

Collective trust funds: Valued at the (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Limited partnerships, pooled separate account and real estate investment fund: The limited partnerships, pooled separate account and real estate investment fund are valued at NAV as determined by the custodians. The NAV, as provided by the custodians, is used as a practical expedient to estimate fair value. The NAV is based upon the fair value of the investment in the limited partnerships, pooled separate account and real estate investment fund. Transactions may occur daily. If the Plan were to initiate a full redemption of the limited partnerships, pooled separate account and real estate investment fund, the investment advisor reserves the right to temporarily delay withdrawal from the limited partnerships, pooled separate account and real estate investment fund in order to ensure that securities liquidations will be carried out in an orderly business manner.

Money market funds: Valued at the daily closing price as reported by the funds. The money market funds are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish its daily NAV and to transact at that price. The money market funds are deemed to be actively traded.

Real estate: Valued at the fair value of the property as determined by an independent real estate appraisal primarily using a comparative sales approach.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2024 and 2023:

	2024	2023
Level 1:		
Common stocks	\$ 13,522,703	\$ 28,236,674
U.S. government and governmental agencies obligations	2,171,616	-
Money market funds	1,695,050	802,220
	17,389,369	29,038,894
Level 2:		
Corporate and other bonds and notes	472,030	198,717
U.S. government and governmental agencies obligations	2,342,732	208,500
	2,814,762	407,217
Level 3		
Real Estate	5,300,000	4,800,000
Total assets in the fair value hierarchy	25,504,131	34,246,111
Investments measured at net asset value:		
Collective trust funds	45,173,350	30,865,713
Real estate investment fund	3,727,736	4,267,643
Limited Partnerships	4,010,533	3,385,157
Pooled Separate account	1,854,959	2,067,648
Multi- employer property trust	2,540,332	2,933,871
Total assets in the fair value hierarchy	\$ 82,811,041	\$ 77,766,143

Plumbers and Steamfitters Local 60 Pension Fund

Notes to Financial Statements

Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of June 30, 2024 and 2023, respectively:

	2024	2023
Limited Partnerships:		
Hamilton Lane Secondary Feeder Fund V-A, LP(a)		
Fair value	\$ 3,092,287	\$ 3,385,157
Unfunded commitment	2,076,659	1,873,126
Redemption frequency	Varies	Varies
Other redemption restrictions	Varies	Varies
Redemption notice period	Varies	Varies
Hamilton Lane Secondary Feeder Fund VI-B, LP(b)		
Fair value	\$ 371,807	\$ -
Unfunded commitment	1,530,000	-
Redemption frequency	Varies	Varies
Other redemption restrictions	Varies	Varies
Redemption notice period	Varies	Varies
NB Crossroads Fund 24 Plan , LP(c)		
Fair value	\$ 546,439	\$ -
Unfunded commitment	1,368,000	-
Redemption frequency	Varies	Varies
Other redemption restrictions	Varies	Varies
Redemption notice period	Varies	Varies
Collective trust funds		
Fair value	\$ 45,173,350	\$ 30,885,715
Unfunded commitment	None	None
Redemption frequency	Immediate	Immediate
Other redemption restrictions	None	None
Redemption notice period	None	None
Real Estate Investment fund:(d)		
U.S Real Estate Investment fund		
Fair value	\$ 3,727,736	\$ 4,267,643
Unfunded commitment	None	None
Redemption frequency	Immediate	Immediate
Other redemption restrictions	None	None
Redemption notice period	None	None
Pooled separate account:		
Principal Real estate Investment: (e)		
Fair value	\$ 1,854,959	\$ 2,067,648
Unfunded commitment	None	None
Redemption frequency	Quarterly	Quarterly
Other redemption restrictions	None	None
Redemption notice period	None	None
Multi-employer property trust		
Fair value	\$ 2,540,332	\$ 2,933,871
Unfunded commitment	None	None
Redemption frequency	Immediate	Immediate
Other redemption restrictions	None	None
Redemption notice period	None	None

Plumbers and Steamfitters Local 60 Pension Fund

Notes to Financial Statements

- a) The investment objective of the Hamilton Lane Secondary Feeder Fund IV-A LP, primarily through its interest in the Hamilton Lane Secondary Fund IV LP, is to acquire and hold a diversified portfolio of private equity investment funds, which may include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions. The fund, either directly or indirectly, may make investments in newly formed private equity funds if deemed appropriate.
- b) The investment objective of the Hamilton Lane Secondary Feeder Fund VI-B LP, primarily through its interest in the Hamilton Lane Secondary Fund IV LP, is to acquire and hold a diversified portfolio of private equity investment funds, which may include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions. The fund, either directly or indirectly, may make investments in newly formed private equity funds if deemed appropriate.
- c) The investment objective of the NB crossroads Fund 24 Plan is to seek attractive, long- term capital appreciation by primarily investing in a diversified portfolio of private equity investments across various strategies like buyouts, special situations, venture capital, infrastructure, and private credit, leveraging Neuberger Berman's extensive network to access high quality private market opportunities; especially aiming to provide investors with exposure to a broad range of private equity investments within a single fund.
- d) The investment objectives of the U.S. Real Estate Investment Fund is to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investments and, to a lesser extent, value added investments.
- e) The investment objective of the Principal U.S Property Separate Account is to invest in a well-diversified real estate that reflects the overall performance of the U.S commercial real estate market & to provide clients with private real estate returns, that over a market cycle, meet or exceed the open-end fund component of the NCREIF property Index at the property level, and the NFI-OCDE equal weight at the portfolio level.

Changes in Fair Value of Level 3 Assets

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended June 30, 2024 and 2023, respectively:

	2023	2023
Balance, beginning of year	\$ 4,800,000	\$ 4,700,000
Total realized gains included in net increase in net assets available for benefits and related assets still held at the reporting date	500,000	100,000
Ending balance	<u>\$ 5,300,000</u>	<u>\$ 4,800,000</u>

Gains or losses (realized and unrealized) included in net increase in net assets available for benefits for the periods above are reported in net appreciation in fair value of investments in the accompanying statements of changes in net assets available for benefits.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

	Fair Value June 30,		Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
	2024	2023				
2540 Severn Avenue, Metairie, LA	\$ 5,300,000	\$ 4,800,000	Income approach	Price per square foot	\$77 - \$267	\$ 167
			Sales comparison approach	Price per unit	\$3,093,100 - \$10,000,000	\$ 4,816,000

Plumbers and Steamfitters Local 60 Pension Fund

Notes to Financial Statements

Note 7. Real Estate

The Plan holds for investment a 100% interest in land and an office building in Metairie, Louisiana. The fair value is determined by an independent appraisal. The effective date of the value is September 17, 2024. The Plan is not aware of any material changes to the appraised value between the valuation date and the year-end date that would adversely affect the conclusions reached. The following table summarizes the carrying value of the real estate as of June 30, 2024 and 2023, respectively:

	2024	2023
Cost		
Land	\$ 1,541,850	\$ 1,541,850.0
Building	5,031,160	5,031,160
Building improvements	982,774	982,774
Tenant improvements	270,674	270,674
	7,826,458	7,826,458
Less: accumulated depreciation	(5,801,214)	(5,766,354)
	2,025,244	2,060,104
Adjustment to fair value	3,274,756	2,739,896
Real estate at fair value	<u>\$ 5,300,000</u>	<u>\$ 4,800,000</u>

Depreciation expense for the years ended June 30, 2024 and 2023 was \$38,687 and \$48,508, respectively.

(Deficiency) excess of revenue over expenses from real estate operations for the years ended June 30, 2024 and 2023, respectively is summarized as follows:

	2024	2023
Revenue	\$ 562,508	\$ 579,983
Operating expenses and depreciation	(592,043)	(476,841)
(Deficiency) excess of revenue over expenses from real estate operations	<u>\$ (29,535)</u>	<u>\$ 103,142</u>

Rental Revenue

Rental revenue under non-cancelable operating leases is recognized on a straight-line basis.

Plumbers and Steamfitters Local 60 Pension Fund

Notes to Financial Statements

Rental Revenue Under Operating Leases

Leases are in effect for the rental of substantially all of the available space in the building. Leases for office space are standard leases of one to five years duration, with various escalation clauses and renewal options.

Minimum future rental revenue, exclusive of escalations based upon increased operating costs, under non-cancelable operating leases in effect as of June 30, 2024, is as follows:

Years Ending June 30,	Amount
2025	\$ 501,289
2026	122,981
2027	43,385
2028	34,301
2029	17,150
	\$ 719,106

Note 8. Risks and Uncertainties

The Plan invests in various investment securities that are exposed to various risks such as interest rates, market and credit risks. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. 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 some changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Note 9. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated June 3, 2015, that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC), and the Trust established under the Plan is exempt from federal income taxes under Section 501(a) 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 and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

US GAAP requires 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 jurisdictions; however, there are currently no audits for any tax periods in progress.

Plumbers and Steamfitters Local 60 Pension Fund

Notes to Financial Statements

Note 10. Reciprocity Agreements

During 1979, the Plan entered into a Master Pension Reciprocity Agreement with the United Association National Pension Fund (UANPF). In accordance with the agreement, the Plan is required to remit funds received and is entitled to receive funds from participating employers on behalf of temporary employees to and from the employees' participating local unions.

For the years ended June 30, 2024 and 2023, the Plan remitted \$185,071 and \$209,674 and received \$338,612 and \$431,245 of reciprocal cash payments, respectively, in accordance with the agreement with UANPF. Reciprocal payments received and receivable are included in the employers' contributions in the statement of changes in net assets available for benefits. No allowance for credit losses as of June 30, 2024 and 2023 was necessary for reciprocal payments due to the Plan. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction to the reciprocal contributions payable account and are not included in the statement of changes in net assets available for benefits as they do not represent an expense of the Plan.

Note 11. Related Party and Party-in-Interest Transactions

The Plan is related to a jointly-administered, collectively-bargained employee benefit plan related to the Union. Since these plans and the Union exist in the same premises utilizing mutual resources and personnel to effectuate cost-savings and to minimize duplication of efforts, relationships have been established on a continuing basis. Expenses charged to the Plan by these related party plans amounted to \$409,488 for each of the years ended June 30, 2024 and 2023.

Party-in-Interest

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Osborn, Carreiro & Associates, Inc. provides actuarial and related services for the Plan. As described in Note 2, the Plan paid certain expenses related to fund operations and investment activity to various services providers. During the years ended June 30, 2024 and 2023, the Plan leased office space to the Plan's legal counsel, a party-in-interest. During each of the years ended June 30, 2024 and 2023, rental income received from the law firm amounted to \$142,500. These transactions are party-in-interest transactions under ERISA.

Note 12. Employer Withdrawal Liability

During fiscal year 2018, one employer withdrew from the Plan and agreed to pay a withdrawal liability of \$395,104. Payments were scheduled to begin on July 1, 2017, and to end on July 1, 2018. The withdrawal liability receivable as of June 30, 2024 and 2023 is \$365,104.

Based on management's assessment, the Plan has established an allowance of 365,104 for the amount deemed doubtful of collection at June 30, 2024 and 2023, respectively.

Note 13. Reconciliation of Financial Statements to Form 5500

Investment expenses amounting to \$440,895 and \$345,142 for the years ended June 30, 2024 and 2023, respectively, are shown as a reduction of investment income for financial statement purposes and are classified as investment advisory and management fees on Form 5500.

Supplementary Information

Plumbers and Steamfitters Local 60 Pension Fund

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

Plan #001 / EIN: 72-6025640

June 30, 2024

(a)	(b)	(c)			(d)	(e)	
		Description of Investment					
	Identity of Issue	Description	Maturity Date	Interest Rate	Principal or Shares	Cost	Current Value
	U.S. government and governmental agencies obligations:						
	Bank United Notes						
	CUSIP # 06541EAA0	Fixed Income	03/15/09	8.000%	50,000	\$ 59,436	\$ 1
	Federal Home Loan Mortgage Corp.						
	Pool # G01664	Fixed Income	02/01/34	6.000%	2,448	2,555	2,486
	Federal Home Loan Mortgage Corp.						
	Pool # G01660	Fixed Income	02/01/34	6.000%	1,987	2,061	2,024
	Federal National Mortgage Association						
	Pool # 255073	Fixed Income	02/01/34	5.500%	4,494	4,624	4,516
	Federal National Mortgage Association						
	Pool # 745875	Fixed Income	09/01/36	6.500%	4,370	4,407	4,468
	Federal National Mortgage Association						
	Pool # 745932	Fixed Income	11/01/36	6.500%	2,319	2,357	2,396
	Federal National Mortgage Association						
	Pool # 916939	Fixed Income	05/01/37	6.000%	5,961	5,884	6,102
	Federal National Mortgage Association						
	Pool # 936935	Fixed Income	05/01/37	6.000%	7,377	7,346	7,577
	Federal National Mortgage Association						
	30 YR GTD Single Family Non Callable #MA0693	Fixed Income	04/01/41	4.500%	10,922	11,302	10,626
	Federal National Mortgage Association						
	Family Non Callable #MA4360	Fixed Income	06/01/36	2.000%	34,268	35,505	30,238
	Fed Home Ln						
	CUSIP # 313384A58	Fixed Income	08/02/24	0.600%	600,000	576,974	596,946
	Fed Home Ln						
	CUSIP # 313384J34	Fixed Income	10/03/24	0.000%	600,000	579,366	591,660
	Fed Home Ln Disc						
	CUSIP # 313384YZ6	Fixed Income	07/05/24	0.000%	600,000	572,839	599,388
	FHLB Disc						
	CUSIP # 313385AB2	Fixed Income	01/02/25	0.000%	600,000	580,435	584,286
	United States Treasury SNR PIDI NTS						
	CUSIP # 9128282U3	Fixed Income	08/31/24	1.875%	500,000	488,105	496,965
	United States Treasury						
	CUSIP # 9128283J7	Fixed Income	11/30/24	2.125%	500,000	490,332	493,580
	United States Treasury						
	CUSIP # 912828YM6	Fixed Income	10/31/24	1.500%	600,000	585,539	592,290
	United States Treasury						
	CUSIP # 912828Z52	Fixed Income	01/31/25	1.375%	500,000	486,895	488,799
	Total U.S. government and governmental agencies obligations					4,495,962	4,514,348

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Pension Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #001 / EIN: 72-6025640
June 30, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of Investment						
	Identity of Issue	Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	Cost	Current Value
	Corporate and other bonds and notes:							
	AT&T Inc	Fixed Income	02/20/26	5.539%	N/A	75,000	74,483	74,996
	American Express Co	Fixed Income	02/13/26	4.900%	N/A	75,000	73,675	74,506
	Caterpillar Financial Services C	Fixed Income	08/11/25	5.150%	N/A	50,000	49,907	49,910
	Comcast Corp	Fixed Income	10/15/25	3.950%	N/A	50,000	48,669	49,214
	Enterprise Products SNR NTS	Fixed Income	01/10/26	5.050%	N/A	50,000	49,600	49,860
	Lockheed Martin Corp	Fixed Income	01/15/26	3.550%	N/A	50,000	48,218	48,787
	McDonalds Corp	Fixed Income	01/30/26	3.700%	N/A	75,000	72,216	73,275
	Target Corp	Fixed Income	04/15/25	2.250%	N/A	50,000	53,742	48,791
	Wells Fargo CMO	Fixed Income	03/25/37	6.000%	N/A	3,104	3,112	2,691
	Total corporate and other bonds and notes						473,622	472,030

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Pension Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #001 / EIN: 72-6025640
June 30, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of Investment						
	Identity of Issue	Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	Cost	Current Value
	Common stocks:							
	3M CO	Equity	N/A	N/A	N/A	401	38,941	40,978
	ABBVIE INC	Equity	N/A	N/A	N/A	643	71,615	110,287
	ABERCROMBIE & FITCH	Equity	N/A	N/A	N/A	713	68,850	126,800
	ACUITY BRANDS INC	Equity	N/A	N/A	N/A	158	16,411	38,148
	AGCO CORP	Equity	N/A	N/A	N/A	360	21,470	35,237
	ALLISON	Equity	N/A	N/A	N/A	526	18,741	39,923
	ALPHABET INC INC CL A	Equity	N/A	N/A	N/A	1,108	195,884	201,822
	AMCOR PLC	Equity	N/A	N/A	N/A	2,366	25,125	23,139
	AMDOCS LIMITED	Equity	N/A	N/A	N/A	2,659	223,080	209,848
	AMERIPRISE FINANCIAL INC	Equity	N/A	N/A	N/A	317	30,035	135,419
	AMPHENOL CORP NEW CL A	Equity	N/A	N/A	N/A	2,916	184,770	196,451
	ANALOG DEVICES INC	Equity	N/A	N/A	N/A	825	195,170	188,315
	APPLE INC	Equity	N/A	N/A	N/A	983	81,831	207,039
	APPLIED MATERIALS INC COM	Equity	N/A	N/A	N/A	867	116,220	204,603
	ARISTA NETWORKS INC	Equity	N/A	N/A	N/A	641	67,968	224,658
	ATKORE INC	Equity	N/A	N/A	N/A	276	35,186	37,241
	AUTOLIV INC	Equity	N/A	N/A	N/A	321	9,956	34,344
	BAKER HUGHES CO	Equity	N/A	N/A	N/A	2,212	54,179	77,796
	BERRY GLOBAL GROUP INC	Equity	N/A	N/A	N/A	393	20,055	23,128
	BIOGEN INC	Equity	N/A	N/A	N/A	460	116,585	106,637
	BOISE CASCADE CO.	Equity	N/A	N/A	N/A	289	29,844	34,455
	BOOZ ALLEN HAMILTON HOLDINGS	Equity	N/A	N/A	N/A	1,368	138,536	210,535
	BORG WARNER INC	Equity	N/A	N/A	N/A	1,125	35,153	36,270
	BP AMOCO PLC	Equity	N/A	N/A	N/A	1,988	59,479	71,767
	BUILDERS FIRSTSOURCE INC	Equity	N/A	N/A	N/A	142	13,205	19,654
	CADENCE DESIGN SYSTEMS INC	Equity	N/A	N/A	N/A	655	29,548	201,576
	CARLISLE COMPANIES	Equity	N/A	N/A	N/A	98	9,631	39,711
	CASEYS GEN STORES INC	Equity	N/A	N/A	N/A	387	83,009	147,664
	CENCORA INC	Equity	N/A	N/A	N/A	461	34,748	103,863
	CENTENE CORP	Equity	N/A	N/A	N/A	1,521	117,594	100,842
	CHESAPEAKE ENERGY CORP	Equity	N/A	N/A	N/A	798	68,714	65,588
	THE CIGNA GROUP	Equity	N/A	N/A	N/A	318	73,572	105,121
	CITIGROUP INC	Equity	N/A	N/A	N/A	2,221	96,181	140,945
	COMMERCIAL METALS CO	Equity	N/A	N/A	N/A	447	18,704	24,581
	CUMMINS INC	Equity	N/A	N/A	N/A	142	2,886	39,324
	D R HORTON INC	Equity	N/A	N/A	N/A	809	86,659	114,012
	DAVITA HEALTHCARE PARTNERS INC	Equity	N/A	N/A	N/A	753	68,493	104,343
	DECKERS OUTDOOR CORP	Equity	N/A	N/A	N/A	113	49,873	109,378
	DICKS SPORTING GOODS INC COM	Equity	N/A	N/A	N/A	596	88,891	128,051
	DILLARDS INC	Equity	N/A	N/A	N/A	277	64,550	121,988
	DOMINION ENERGY INC	Equity	N/A	N/A	N/A	824	43,377	40,376
	DOVER CORP COM	Equity	N/A	N/A	N/A	220	12,191	39,699
	DUKE ENERGY HOLDING CORP	Equity	N/A	N/A	N/A	445	41,692	44,602
	EASTMAN CHEMICAL	Equity	N/A	N/A	N/A	247	7,829	24,199
	ELEVANCE HEALTH INC	Equity	N/A	N/A	N/A	200	77,743	108,372
	EMCOR GROUP INC COM	Equity	N/A	N/A	N/A	108	5,245	39,429
	EMERSON ELEC CO ELEC CO COM	Equity	N/A	N/A	N/A	366	18,611	40,319
	EVERGY INC	Equity	N/A	N/A	N/A	837	49,073	44,336
	FIDELITY NATIONAL FINANCIAL INC	Equity	N/A	N/A	N/A	2,714	117,060	134,126
	FORTINET INC	Equity	N/A	N/A	N/A	3,449	183,683	207,871
	GARTNER INC	Equity	N/A	N/A	N/A	446	103,780	200,281
	GENERAL MLS INC COM	Equity	N/A	N/A	N/A	1,592	76,229	100,710
	GENTEX CORP	Equity	N/A	N/A	N/A	1,136	19,471	38,295
	GENUINE PARTS CO COM	Equity	N/A	N/A	N/A	274	34,951	37,900
	GOLDMAN SACHS GROUP INC COM	Equity	N/A	N/A	N/A	304	106,011	137,505

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Pension Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #001 / EIN: 72-6025640

June 30, 2024

(a)	(b)	(c)				(d)	(e)
		Description of Investment					
	Identity of Issue	Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	Current Value
	Common stocks - continued:						
	HALLIBURTON CO	Equity	N/A	N/A	N/A	2,061	69,621
	HARTFORD FINL SVCS GROUP INCCOM	Equity	N/A	N/A	N/A	1,314	132,110
	HCA HEALTHCARE INC	Equity	N/A	N/A	N/A	321	103,131
	HOLOGIC INC	Equity	N/A	N/A	N/A	1,448	107,514
	HP INC	Equity	N/A	N/A	N/A	5,455	191,034
	INGREDION INC	Equity	N/A	N/A	N/A	209	23,972
	INTUIT INC	Equity	N/A	N/A	N/A	335	220,165
	JACOBS SOLUTIONS INC	Equity	N/A	N/A	N/A	286	39,957
	KB KB HOME	Equity	N/A	N/A	N/A	1,689	118,534
	KLA CORP	Equity	N/A	N/A	N/A	248	204,478
	KNIGHT-SWIFT TRANSPORTATION	Equity	N/A	N/A	N/A	804	40,136
	LABCORP HOLDINGS INC COM SHS	Equity	N/A	N/A	N/A	535	108,878
	LAM RESEARCH	Equity	N/A	N/A	N/A	198	210,840
	LEAR CORPORATION	Equity	N/A	N/A	N/A	309	35,291
	LEIDOS HOLDINGS INC	Equity	N/A	N/A	N/A	1,445	210,797
	LENNAR	Equity	N/A	N/A	N/A	741	111,054
	LIGHT AND WONDER INC	Equity	N/A	N/A	N/A	1,220	127,954
	LYONDELLBASELL INDUSTRIES NV-CL A	Equity	N/A	N/A	N/A	249	23,819
	MARRIOTT	Equity	N/A	N/A	N/A	508	122,819
	MASCO CORP	Equity	N/A	N/A	N/A	761	37,402
	MCKESSON CORP COM	Equity	N/A	N/A	N/A	183	106,879
	METLIFE INC COM	Equity	N/A	N/A	N/A	1,922	134,905
	MICRON TECHNOLOGY INC COM	Equity	N/A	N/A	N/A	1,449	190,587
	MICROSOFT CORP CORPORATION	Equity	N/A	N/A	N/A	456	203,809
	MOLINA HEALTHCARE	Equity	N/A	N/A	N/A	334	99,298
	MOLSON COORS BEVERAGE CO B	Equity	N/A	N/A	N/A	1,956	99,423
	MUELLER INDUSTRIES INC	Equity	N/A	N/A	N/A	698	39,744
	MURPHY USA, INC	Equity	N/A	N/A	N/A	266	124,876
	NETAPP INC	Equity	N/A	N/A	N/A	1,590	204,792
	NRG ENERGY INC	Equity	N/A	N/A	N/A	525	40,877
	NUCOR CORP	Equity	N/A	N/A	N/A	140	22,131
	OGE ENERGY CORP	Equity	N/A	N/A	N/A	1,267	45,232
	O'REILLY AUTOMOTIVE INC	Equity	N/A	N/A	N/A	131	138,344
	ORGANON CO	Equity	N/A	N/A	N/A	4,989	103,272
	OSHKOSH CORP	Equity	N/A	N/A	N/A	343	37,113
	OVINTIV INC	Equity	N/A	N/A	N/A	1,460	68,430
	OWENS CORNING INC	Equity	N/A	N/A	N/A	135	23,452
	PACKAGING CORP OF AMERICA	Equity	N/A	N/A	N/A	132	24,098
	PARKER HANNIFIN CORP	Equity	N/A	N/A	N/A	77	38,947
	PAYCHEX INC	Equity	N/A	N/A	N/A	1,598	189,459
	PFIZER INC	Equity	N/A	N/A	N/A	3,668	102,631
	PHILIP MORRIS INTL INC	Equity	N/A	N/A	N/A	1,047	106,093
	PINNACLE WEST CAPITAL CORP	Equity	N/A	N/A	N/A	595	45,446
	POST HOLDINGS	Equity	N/A	N/A	N/A	1,026	106,868
	PPL CORP	Equity	N/A	N/A	N/A	1,586	43,853
	PRUDENTIAL FINL INC	Equity	N/A	N/A	N/A	1,149	134,651
	PULTEGROUP INC	Equity	N/A	N/A	N/A	1,035	113,954
	QUALCOMM INC COM	Equity	N/A	N/A	N/A	917	182,648
	QUEST DIAGNOSTICS INC	Equity	N/A	N/A	N/A	753	106,999
	REGIONS FINANCIAL CORP	Equity	N/A	N/A	N/A	7,026	140,801
	RELiance INC	Equity	N/A	N/A	N/A	82	23,419
	ROYAL CARIBBEAN CRUISES	Equity	N/A	N/A	N/A	780	124,355
	ROYAL DUTCH SHELL PLC SPONSORED NPVADR	Equity	N/A	N/A	N/A	1,070	77,233
	RYDER SYSTEM	Equity	N/A	N/A	N/A	324	40,137

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Pension Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #001 / EIN: 72-6025640
June 30, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of Investment						
	Identity of Issue	Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	Cost	Current Value
	Common stocks - continued:							
	SM ENERGY COMPANY	Equity	N/A	N/A	N/A	1,585	56,964	68,520
	SNAP ON INC	Equity	N/A	N/A	N/A	148	29,772	38,686
	SONOCO PRODUCTS	Equity	N/A	N/A	N/A	403	21,389	20,440
	STATE STREET CORP STREET CORP	Equity	N/A	N/A	N/A	1,838	135,013	136,012
	STEEL DYNAMICS INC	Equity	N/A	N/A	N/A	187	9,075	24,217
	SUPER MICRO COMPUTER	Equity	N/A	N/A	N/A	242	42,445	198,283
	SYNCHRONY	Equity	N/A	N/A	N/A	3,130	75,499	147,705
	SYNOVUS FINANCIAL CORP	Equity	N/A	N/A	N/A	3,621	131,150	145,528
	TAYLOR MORRISON HOME CORP A	Equity	N/A	N/A	N/A	2,297	130,641	127,346
	TENET	Equity	N/A	N/A	N/A	807	73,010	107,355
	TEXTRON INC COM	Equity	N/A	N/A	N/A	2,410	228,955	206,923
	TIMKEN CO	Equity	N/A	N/A	N/A	468	36,885	37,501
	T-MOBILE US INC	Equity	N/A	N/A	N/A	239	11,472	42,107
	TOLL BROTHERS INC	Equity	N/A	N/A	N/A	983	69,684	113,222
	TOTALENERGIES SE	Equity	N/A	N/A	N/A	1,015	49,643	67,680
	TRANSDIGM GROUP INC	Equity	N/A	N/A	N/A	143	142,017	182,698
	TRINET GROUP INC	Equity	N/A	N/A	N/A	379	40,322	37,900
	UFP INDUSTRIES INC COM	Equity	N/A	N/A	N/A	211	17,635	23,632
	UGI CORP	Equity	N/A	N/A	N/A	1,890	50,845	43,281
	UNITED RENTALS INC	Equity	N/A	N/A	N/A	62	3,910	40,097
	UNITED THERAPEUTICS CORP	Equity	N/A	N/A	N/A	373	89,575	118,819
	UNUM GROUP	Equity	N/A	N/A	N/A	2,508	96,070	128,184
	VERIZON COMMUNICATIONS COM	Equity	N/A	N/A	N/A	1,039	40,239	42,848
	VISTRA CORP COM	Equity	N/A	N/A	N/A	469	8,065	40,325
	VONTIER CORPORATION COM	Equity	N/A	N/A	N/A	1,010	31,404	38,582
	WELLS FARGO & CO NEW COM	Equity	N/A	N/A	N/A	2,328	86,912	138,260
	WESTERN UNION CO	Equity	N/A	N/A	N/A	8,345	101,620	101,976
	WESTLAKE CORP	Equity	N/A	N/A	N/A	155	7,036	22,447
	ZIONS BANCORP NA	Equity	N/A	N/A	N/A	3,281	129,636	142,294
	Total common stocks						10,011,482	13,522,703

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Pension Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #001 / EIN: 72-6025640

June 30, 2024

(a)	(b)	(c)				(d)	(e)	
	Identity of Issue	Description of Investment						
		Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	Cost	Current Value
	Multi-employer property trust:							
	New Tower Multi-employer Property Trust	MEPT	N/A	N/A	N/A	\$ 203	917,317	2,540,332
	Collective trust funds:							
	Blackrock Global Allocation Collective Fund	CCT	N/A	N/A	N/A	446,722	4,883,840	9,009,251
	Johnston International Equity Group Trust	CCT	N/A	N/A	N/A	51,686	727,690	2,134,954
	ASB Allegiance Real Estate Fund	CCT	N/A	N/A	N/A	1,465	1,602,188	2,066,315
	JPMorgan Corporate High Yield Bond	CCT	N/A	N/A	N/A	198,914	11,148,481	12,044,242
	Earnest Partners SMID CAP Core Fund	CCT	N/A	N/A	N/A	252,336	3,535,226	3,949,056
	MFB NT Collective Russell 1000 Growth Index Fund	CCT	N/A	N/A	N/A	10,975	10,000,000	13,079,630
	Acadian ADR Fund, LLC	CCT	N/A	N/A	N/A	838	893,844	2,889,902
	Total collective trust funds						32,791,269	45,173,350
	Limited partnerships:							
	Hamilton Lane Secondary Feeder Fund V-A LP	LP	N/A	N/A	N/A		1,764,299	3,092,287
	Hamilton Lane Secondary Feeder Fund VI-B LP	LP	N/A	N/A	N/A		276,389	371,807
	NB Crossroads Fund 24 Plan LP	LP	N/A	N/A	N/A		510,785	546,439
	Total limited partnerships						2,551,473	4,010,533
	Real estate investment fund:							
	US Real Estate Investment Fund	Other	N/A	N/A	N/A	3,153	4,000,000	3,727,736
	Pooled separate account:							
	Principal Life Insurance Company U.S. Property Separate Account	Other	N/A	N/A	N/A	29,656	1,077,570	1,854,959
	Money market funds:							
	BlackRock Liq Fds Fedfund	Money Market Fund	N/A	N/A	N/A	965	965	965
	Goldman Sachs Treasury Obligation Money Market	Money Market Fund	N/A	N/A	N/A	1,694,085	1,694,085	1,694,085
	Total money market funds						1,695,050	1,695,050
	Real estate:							
	2540 Severn Avenue, Metairie, LA	Real Estate	N/A	N/A	N/A		2,025,244	5,300,000
	Total investments						\$ 60,038,989	\$ 82,811,041

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Pension Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #001 / EIN: 72-6025640

June 30, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of assets	Purchase price	Selling price	Cost of assets	Current value of asset	Net gain or (loss)
	Single Transactions Exceeding 5% of Plan Assets					
	MFB NT Collective Russell 1000 Growth Index Fund	\$ 10,000,000	\$ -	\$ 10,000,000	\$ 10,000,000	\$ -
	Series of Transactions Exceeding 5% of Plan Assets					
	Goldman Sachs Financial Square Treasury Obligation Fund	\$ 21,121,693	\$ -	\$ 21,121,693	\$ 21,121,693	\$ -
	Goldman Sachs Financial Square Treasury Obligation Fund	-	20,157,868	20,157,868	20,157,868	-

Schedule MB (2023 Form 5500), Line 6

Plumbers & Steamfitters Local 60 Pension Fund

EIN: 72-6025640 Plan: 001

Summary of Plan Provisions

EFFECTIVE DATE:

May 1, 1959. Restatement effective January 1, 1990, adopted November 28, 1994. Restatement effective January 1, 1995, adopted January 23, 2001. Restatement effective July 1, 2009, adopted January 18, 2011. Restatement effective July 1, 2014, adopted October 22, 2014. Amendment No. 1 adopted August 24, 2016. Amendment No. 2 adopted March 28, 2018. Amendment No. 3 adopted September 18, 2018. Amendment No. 4 adopted June 19, 2019. Amendment No. 5 adopted May 20, 2020. Amendment No. 6 adopted May 19, 2021. Amendment No. 7 adopted October 28, 2021.

PLAN YEAR:

July 1 to June 30.

**COVERED
EMPLOYMENT:**

Employment by an Employee for which an Employer is obligated to contribute to the Plan.

ENTRY INTO PLAN:

On July 1 or January 1 after a 12-month period in which employee had at least 300 hours in Covered Employment.

**EMPLOYER
CONTRIBUTIONS:**

According to the amount specified in Collective Bargaining Agreement, as shown in the following schedule:

<u>Effective Date</u>	<u>Hourly Rate</u>	
	<u>Journeyman</u>	<u>Apprentices</u>
June 1, 2014	\$4.50	\$0.95
August 1, 2014 (for 6 months only)	\$5.50	\$1.95
February 1, 2015	\$4.50	\$0.95
December 1, 2015	\$4.60	\$1.05
December 1, 2016	\$4.70	\$1.15
December 1, 2017	\$4.80	\$1.25
December 7, 2020	\$4.70	\$1.15
June 6, 2022	\$4.75	\$1.20
June 5, 2023	\$4.80	\$1.25

SERVICE:

Service is used for vesting and benefit eligibility purposes. Prior to July 1, 1976, "Service" was the same as "Pension Credits". On and after July 1, 1976, an employee earns Service as follows:

Hours worked in Covered
Employment in calendar year

Vesting Service

0 to 299

0

Schedule MB (2023 Form 5500), Line 6

Plumbers & Steamfitters Local 60 Pension Fund

EIN: 72-6025640 Plan: 001

Summary of Plan Provisions

300 to 599	1/3 year
600 to 899	2/3 year
900 and over	1 year

CREDITS:

An Employee's benefit amount is based on his "Pension Credit" or "Credits". There are "Past Service Pension Credits" for work prior to May of 1959, and "Future Service Pension Credits" for work after April of 1959.

**Past Service
Pension Credits:**

Up to 10 Past Service Pension Credits can be given for employment between January 1, 1949 and December 31, 1958. The Monthly Accrual is \$27.00 for each year of Past Service Pension Credits.

**Future Service
Pension Credits:**

a. For May 1, 1959 to December 31, 1959:

<u>Hours Worked in Covered Employment</u>	<u>Future Service Credit Amount</u>	<u>Monthly Accrual</u>
Under 800	0	\$ 0
800 or more	1	\$ 27

b. For calendar years from January 1, 1960 through December 31, 1969:

<u>Hours Worked in Covered Employment</u>	<u>Future Service Credit Amount</u>	<u>Monthly Accrual</u>
Under 1,200	0	\$ 0
1,200 or more	1	\$ 27

c. For calendar years from January 1, 1970 through December 31, 1973:

<u>Hours Worked in Covered Employment</u>	<u>Future Service Credit Amount</u>	<u>Monthly Accrual</u>
Under 300	0	\$ 0
300 – 599	1/4	\$ 6.75
600 – 899	2/4	\$ 13.50
900 – 1199	3/4	\$ 20.25
1200 or more	1	\$ 27.00

Schedule MB (2023 Form 5500), Line 6

Plumbers & Steamfitters Local 60 Pension Fund

EIN: 72-6025640 Plan: 001

Summary of Plan Provisions

d. For calendar years on and after January 1, 1974 through December 31, 2021:

<u>Hours Worked in Covered Employment</u>	<u>Future Service Credit Amt for Vesting</u>	<u>1974 Through 1989</u>	<u>1990 Through 1992</u>	<u>On & After 1992</u>
Less than 300	0	0	0	
300 - 599	1/4	\$ 6.75	\$ 7.00	\$ 9.00
600 - 899	2/4	13.50	14.00	18.00
900 - 1199	3/4	20.25	21.00	27.00
1200 - 1499	1	27.00	28.00	36.00
1500 - 1799	1	28.00	29.00	37.00
1800 - 1899	1	29.00	30.00	38.00
1900 - 1999	1	30.00	31.00	39.00
2000 - 2099	1	31.00	32.00	41.00
2100 - 2199	1	32.00	33.00	43.00
2200 - 2299	1	33.00	35.00	45.00
2300 - 2399	1	34.00	37.00	47.00
2400 - 2499	1	35.00	39.00	49.00
2500 - 2599	1	36.00	41.00	51.00
2600 - 2699	1	37.00	43.00	54.00
2700 - 2799	1	38.00	45.00	57.00
2800 - 2899	1	39.00	47.00	60.00
2900 - 2999	1	40.00	49.00	63.00
3000+	1	40.00	51.00	66.00

e. For calendar years on or after January 1, 2022, Future Service Credits for Vesting are the same as in (d) above, but the benefit accrual is:

<u>Hours Worked In Covered Employment</u>	<u>Benefit Accrual</u>
Less than 200	\$ 0
200 - 399	12.00
400 - 599	18.00
600 - 799	24.00
800 - 999	30.00
1,000 - 1,199	36.00
1,200 - 1,399	42.00
1,400 - 1,599	48.00

Schedule MB (2023 Form 5500), Line 6

Plumbers & Steamfitters Local 60 Pension Fund

EIN: 72-6025640 Plan: 001

Summary of Plan Provisions

1,600 – 1,799	54.00
1,800 – 2,799	62.00
2,800 – 2,999	63.00
3,000 +	66.00

For hours worked after 2010, the Monthly Accrual for an apprentice is one-fourth of the above amounts.

BREAK IN SERVICE:

Effective July 1, 1976, an Employee will suffer a Break in Service if he fails to work at least 300 hours in Covered Employment.

The Service and Credits of a non-vested person are cancelled (i.e., due to a "Permanent Break") if the break-in-service exceeds his pre-break service and (effective 1/1/87) equals at least 5 years.

NORMAL RETIREMENT:

Eligibility:

- a. Age 62 and fifth anniversary of date of participation.
- b. 35 or more years of Pension Credits.

Benefit:

Accrued Benefit.

Normal Form:

Life Annuity with 36 guaranteed monthly payments.

EARLY RETIREMENT:

Eligibility:

Age 55 with 15 years of Service, with 1 Pension Credit earned since May 1, 1959.

Benefit:

Accrued Benefit to early retirement date, reduced by 6% for each year early retirement precedes Normal Retirement.

DISABILITY RETIREMENT:

Eligibility:

- a. Total and permanent disability, unable to engage in any employment, earned at least 1 credit over prior two calendar years, and 10 years of Service without a Break in Service. Social security disability is evidence of such total and permanent disability for this Plan.

Schedule MB (2023 Form 5500), Line 6

Plumbers & Steamfitters Local 60 Pension Fund

EIN: 72-6025640 Plan: 001

Summary of Plan Provisions

b. Total and permanent disability in the trade of a Plumber and Steamfitter or in the building trades or construction industry; and 10 years of Service without a Break in Service.

Benefit:

- a. 100% of Accrued Benefit.
- b. For participants only disabled from trade work, the benefit is as follows:

<u>Years of Service:</u>	<u>Benefit Amount</u>
10 but less than 15	40% of Accrued Benefit
15 but less than 20	60% of Accrued Benefit
20 but less than 25	80% of Accrued Benefit
25 and over	100% of Accrued Benefit

**POST-RETIREMENT DEATH
BENEFITS:**

Eligibility:

Death prior to receiving thirty-six monthly payments from the Plan.

Benefit:

Legal spouse receives the remaining balance of the thirty-six payments, provided 50% Husband and Wife Pension has not been elected. "Pop-Up" provided if spouse dies first and participant had elected the 50% Husband and Wife Pension.

**PRE-RETIREMENT
DEATH BENEFITS:**

If an active Employee dies who is either (i) vested but not eligible for retirement, or (ii) not vested, then the beneficiary receives a lump sum equal to a return of prior contributions, but not more than \$70,000 (\$60,000 before 2008). If the employee was vested, then spouse can choose benefit C below rather than lump sum.

VESTED DEFERRED PENSION:

Eligibility:

5 years of Service (10 years if did not work after 7/1/98).

Benefit:

Accrued Benefit to termination date commencing on Normal Retirement Date. Reduced benefit payable for

Schedule MB (2023 Form 5500), Line 6

Plumbers & Steamfitters Local 60 Pension Fund

EIN: 72-6025640 Plan: 001

Summary of Plan Provisions

retirement between ages 55 and 62, provided the Participant had at least 15 years of Service.

SUSPENSION OF BENEFITS:

Retirees who retired prior to Hurricane Katrina (2005) may return to work, without a suspension of benefits, through December 31, 2008. Effective June 1, 2009, a retiree can return to work, through December 31, 2009, and continue to receive a portion of his pension:

<u>Age when re-employed</u>	<u>Percent of Pension while working</u>
Under 62	60%
62 & over	80%

ROUNDING OF BENEFITS:

Benefits rounded upward to next multiple of 50 cents.

Plumbers and Steamfitters Local 60 Pension Fund

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

Plan #001 / EIN: 72-6025640

June 30, 2024

(a)	(b)	(c)			(d)	(e)	
		Description of Investment					
	Identity of Issue	Description	Maturity Date	Interest Rate	Principal or Shares	Cost	Current Value
	U.S. government and governmental agencies obligations:						
	Bank United Notes						
	CUSIP # 06541EAA0	Fixed Income	03/15/09	8.000%	50,000	\$ 59,436	\$ 1
	Federal Home Loan Mortgage Corp.						
	Pool # G01664	Fixed Income	02/01/34	6.000%	2,448	2,555	2,486
	Federal Home Loan Mortgage Corp.						
	Pool # G01660	Fixed Income	02/01/34	6.000%	1,987	2,061	2,024
	Federal National Mortgage Association						
	Pool # 255073	Fixed Income	02/01/34	5.500%	4,494	4,624	4,516
	Federal National Mortgage Association						
	Pool # 745875	Fixed Income	09/01/36	6.500%	4,370	4,407	4,468
	Federal National Mortgage Association						
	Pool # 745932	Fixed Income	11/01/36	6.500%	2,319	2,357	2,396
	Federal National Mortgage Association						
	Pool # 916939	Fixed Income	05/01/37	6.000%	5,961	5,884	6,102
	Federal National Mortgage Association						
	Pool # 936935	Fixed Income	05/01/37	6.000%	7,377	7,346	7,577
	Federal National Mortgage Association						
	30 YR GTD Single Family Non Callable #MA0693	Fixed Income	04/01/41	4.500%	10,922	11,302	10,626
	Federal National Mortgage Association						
	Family Non Callable #MA4360	Fixed Income	06/01/36	2.000%	34,268	35,505	30,238
	Fed Home Ln						
	CUSIP # 313384A58	Fixed Income	08/02/24	0.600%	600,000	576,974	596,946
	Fed Home Ln						
	CUSIP # 313384J34	Fixed Income	10/03/24	0.000%	600,000	579,366	591,660
	Fed Home Ln Disc						
	CUSIP # 313384YZ6	Fixed Income	07/05/24	0.000%	600,000	572,839	599,388
	FHLB Disc						
	CUSIP # 313385AB2	Fixed Income	01/02/25	0.000%	600,000	580,435	584,286
	United States Treasury SNR PIDI NTS						
	CUSIP # 9128282U3	Fixed Income	08/31/24	1.875%	500,000	488,105	496,965
	United States Treasury						
	CUSIP # 9128283J7	Fixed Income	11/30/24	2.125%	500,000	490,332	493,580
	United States Treasury						
	CUSIP # 912828YM6	Fixed Income	10/31/24	1.500%	600,000	585,539	592,290
	United States Treasury						
	CUSIP # 912828Z52	Fixed Income	01/31/25	1.375%	500,000	486,895	488,799
	Total U.S. government and governmental agencies obligations					4,495,962	4,514,348

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Pension Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #001 / EIN: 72-6025640
June 30, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of Investment						
	Identity of Issue	Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	Cost	Current Value
	Corporate and other bonds and notes:							
	AT&T Inc	Fixed Income	02/20/26	5.539%	N/A	75,000	74,483	74,996
	American Express Co	Fixed Income	02/13/26	4.900%	N/A	75,000	73,675	74,506
	Caterpillar Financial Services C	Fixed Income	08/11/25	5.150%	N/A	50,000	49,907	49,910
	Comcast Corp	Fixed Income	10/15/25	3.950%	N/A	50,000	48,669	49,214
	Enterprise Products SNR NTS	Fixed Income	01/10/26	5.050%	N/A	50,000	49,600	49,860
	Lockheed Martin Corp	Fixed Income	01/15/26	3.550%	N/A	50,000	48,218	48,787
	McDonalds Corp	Fixed Income	01/30/26	3.700%	N/A	75,000	72,216	73,275
	Target Corp	Fixed Income	04/15/25	2.250%	N/A	50,000	53,742	48,791
	Wells Fargo CMO	Fixed Income	03/25/37	6.000%	N/A	3,104	3,112	2,691
	Total corporate and other bonds and notes						473,622	472,030

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Pension Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #001 / EIN: 72-6025640
June 30, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of Investment						
	Identity of Issue	Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	Cost	Current Value
	Common stocks:							
	3M CO	Equity	N/A	N/A	N/A	401	38,941	40,978
	ABBVIE INC	Equity	N/A	N/A	N/A	643	71,615	110,287
	ABERCROMBIE & FITCH	Equity	N/A	N/A	N/A	713	68,850	126,800
	ACUITY BRANDS INC	Equity	N/A	N/A	N/A	158	16,411	38,148
	AGCO CORP	Equity	N/A	N/A	N/A	360	21,470	35,237
	ALLISON	Equity	N/A	N/A	N/A	526	18,741	39,923
	ALPHABET INC INC CL A	Equity	N/A	N/A	N/A	1,108	195,884	201,822
	AMCOR PLC	Equity	N/A	N/A	N/A	2,366	25,125	23,139
	AMDOCS LIMITED	Equity	N/A	N/A	N/A	2,659	223,080	209,848
	AMERIPRISE FINANCIAL INC	Equity	N/A	N/A	N/A	317	30,035	135,419
	AMPHENOL CORP NEW CL A	Equity	N/A	N/A	N/A	2,916	184,770	196,451
	ANALOG DEVICES INC	Equity	N/A	N/A	N/A	825	195,170	188,315
	APPLE INC	Equity	N/A	N/A	N/A	983	81,831	207,039
	APPLIED MATERIALS INC COM	Equity	N/A	N/A	N/A	867	116,220	204,603
	ARISTA NETWORKS INC	Equity	N/A	N/A	N/A	641	67,968	224,658
	ATKORE INC	Equity	N/A	N/A	N/A	276	35,186	37,241
	AUTOLIV INC	Equity	N/A	N/A	N/A	321	9,956	34,344
	BAKER HUGHES CO	Equity	N/A	N/A	N/A	2,212	54,179	77,796
	BERRY GLOBAL GROUP INC	Equity	N/A	N/A	N/A	393	20,055	23,128
	BIOGEN INC	Equity	N/A	N/A	N/A	460	116,585	106,637
	BOISE CASCADE CO.	Equity	N/A	N/A	N/A	289	29,844	34,455
	BOOZ ALLEN HAMILTON HOLDINGS	Equity	N/A	N/A	N/A	1,368	138,536	210,535
	BORG WARNER INC	Equity	N/A	N/A	N/A	1,125	35,153	36,270
	BP AMOCO PLC	Equity	N/A	N/A	N/A	1,988	59,479	71,767
	BUILDERS FIRSTSOURCE INC	Equity	N/A	N/A	N/A	142	13,205	19,654
	CADENCE DESIGN SYSTEMS INC	Equity	N/A	N/A	N/A	655	29,548	201,576
	CARLISLE COMPANIES	Equity	N/A	N/A	N/A	98	9,631	39,711
	CASEYS GEN STORES INC	Equity	N/A	N/A	N/A	387	83,009	147,664
	CENCORA INC	Equity	N/A	N/A	N/A	461	34,748	103,863
	CENTENE CORP	Equity	N/A	N/A	N/A	1,521	117,594	100,842
	CHESAPEAKE ENERGY CORP	Equity	N/A	N/A	N/A	798	68,714	65,588
	THE CIGNA GROUP	Equity	N/A	N/A	N/A	318	73,572	105,121
	CITIGROUP INC	Equity	N/A	N/A	N/A	2,221	96,181	140,945
	COMMERCIAL METALS CO	Equity	N/A	N/A	N/A	447	18,704	24,581
	CUMMINS INC	Equity	N/A	N/A	N/A	142	2,886	39,324
	D R HORTON INC	Equity	N/A	N/A	N/A	809	86,659	114,012
	DAVITA HEALTHCARE PARTNERS INC	Equity	N/A	N/A	N/A	753	68,493	104,343
	DECKERS OUTDOOR CORP	Equity	N/A	N/A	N/A	113	49,873	109,378
	DICKS SPORTING GOODS INC COM	Equity	N/A	N/A	N/A	596	88,891	128,051
	DILLARDS INC	Equity	N/A	N/A	N/A	277	64,550	121,988
	DOMINION ENERGY INC	Equity	N/A	N/A	N/A	824	43,377	40,376
	DOVER CORP COM	Equity	N/A	N/A	N/A	220	12,191	39,699
	DUKE ENERGY HOLDING CORP	Equity	N/A	N/A	N/A	445	41,692	44,602
	EASTMAN CHEMICAL	Equity	N/A	N/A	N/A	247	7,829	24,199
	ELEVANCE HEALTH INC	Equity	N/A	N/A	N/A	200	77,743	108,372
	EMCOR GROUP INC COM	Equity	N/A	N/A	N/A	108	5,245	39,429
	EMERSON ELEC CO ELEC CO COM	Equity	N/A	N/A	N/A	366	18,611	40,319
	EVERGY INC	Equity	N/A	N/A	N/A	837	49,073	44,336
	FIDELITY NATIONAL FINANCIAL INC	Equity	N/A	N/A	N/A	2,714	117,060	134,126
	FORTINET INC	Equity	N/A	N/A	N/A	3,449	183,683	207,871
	GARTNER INC	Equity	N/A	N/A	N/A	446	103,780	200,281
	GENERAL MLS INC COM	Equity	N/A	N/A	N/A	1,592	76,229	100,710
	GENTEX CORP	Equity	N/A	N/A	N/A	1,136	19,471	38,295
	GENUINE PARTS CO COM	Equity	N/A	N/A	N/A	274	34,951	37,900
	GOLDMAN SACHS GROUP INC COM	Equity	N/A	N/A	N/A	304	106,011	137,505

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Pension Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #001 / EIN: 72-6025640

June 30, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of Investment						
	Identity of Issue	Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	Cost	Current Value
	Common stocks - continued:							
	HALLIBURTON CO	Equity	N/A	N/A	N/A	2,061	79,664	69,621
	HARTFORD FINL SVCS GROUP INCCOM	Equity	N/A	N/A	N/A	1,314	89,188	132,110
	HCA HEALTHCARE INC	Equity	N/A	N/A	N/A	321	87,314	103,131
	HOLOGIC INC	Equity	N/A	N/A	N/A	1,448	105,114	107,514
	HP INC	Equity	N/A	N/A	N/A	5,455	198,473	191,034
	INGREDION INC	Equity	N/A	N/A	N/A	209	13,936	23,972
	INTUIT INC	Equity	N/A	N/A	N/A	335	140,199	220,165
	JACOBS SOLUTIONS INC	Equity	N/A	N/A	N/A	286	15,062	39,957
	KB KB HOME	Equity	N/A	N/A	N/A	1,689	106,911	118,534
	KLA CORP	Equity	N/A	N/A	N/A	248	99,444	204,478
	KNIGHT-SWIFT TRANSPORTATION	Equity	N/A	N/A	N/A	804	44,720	40,136
	LABCORP HOLDINGS INC COM SHS	Equity	N/A	N/A	N/A	535	98,942	108,878
	LAM RESEARCH	Equity	N/A	N/A	N/A	198	134,679	210,840
	LEAR CORPORATION	Equity	N/A	N/A	N/A	309	29,947	35,291
	LEIDOS HOLDINGS INC	Equity	N/A	N/A	N/A	1,445	212,432	210,797
	LENNAR	Equity	N/A	N/A	N/A	741	76,925	111,054
	LIGHT AND WONDER INC	Equity	N/A	N/A	N/A	1,220	122,633	127,954
	LYONDELLBASELL INDUSTRIES NV-CL A	Equity	N/A	N/A	N/A	249	16,272	23,819
	MARRIOTT	Equity	N/A	N/A	N/A	508	81,182	122,819
	MASCO CORP	Equity	N/A	N/A	N/A	761	17,446	37,402
	MCKESSON CORP COM	Equity	N/A	N/A	N/A	183	31,351	106,879
	METLIFE INC COM	Equity	N/A	N/A	N/A	1,922	112,804	134,905
	MICRON TECHNOLOGY INC COM	Equity	N/A	N/A	N/A	1,449	137,207	190,587
	MICROSOFT CORP CORPORATION	Equity	N/A	N/A	N/A	456	184,379	203,809
	MOLINA HEALTHCARE	Equity	N/A	N/A	N/A	334	105,901	99,298
	MOLSON COORS BEVERAGE CO B	Equity	N/A	N/A	N/A	1,956	121,064	99,423
	MUELLER INDUSTRIES INC	Equity	N/A	N/A	N/A	698	26,963	39,744
	MURPHY USA, INC	Equity	N/A	N/A	N/A	266	63,957	124,876
	NETAPP INC	Equity	N/A	N/A	N/A	1,590	141,109	204,792
	NRG ENERGY INC	Equity	N/A	N/A	N/A	525	23,841	40,877
	NUCOR CORP	Equity	N/A	N/A	N/A	140	11,133	22,131
	OGE ENERGY CORP	Equity	N/A	N/A	N/A	1,267	44,573	45,232
	O'REILLY AUTOMOTIVE INC	Equity	N/A	N/A	N/A	131	115,276	138,344
	ORGANON CO	Equity	N/A	N/A	N/A	4,989	104,977	103,272
	OSHKOSH CORP	Equity	N/A	N/A	N/A	343	32,524	37,113
	OVINTIV INC	Equity	N/A	N/A	N/A	1,460	69,416	68,430
	OWENS CORNING INC	Equity	N/A	N/A	N/A	135	9,248	23,452
	PACKAGING CORP OF AMERICA	Equity	N/A	N/A	N/A	132	10,431	24,098
	PARKER HANNIFIN CORP	Equity	N/A	N/A	N/A	77	3,226	38,947
	PAYCHEX INC	Equity	N/A	N/A	N/A	1,598	178,892	189,459
	PFIZER INC	Equity	N/A	N/A	N/A	3,668	103,692	102,631
	PHILIP MORRIS INTL INC	Equity	N/A	N/A	N/A	1,047	95,515	106,093
	PINNACLE WEST CAPITAL CORP	Equity	N/A	N/A	N/A	595	41,891	45,446
	POST HOLDINGS	Equity	N/A	N/A	N/A	1,026	90,005	106,868
	PPL CORP	Equity	N/A	N/A	N/A	1,586	43,630	43,853
	PRUDENTIAL FINL INC	Equity	N/A	N/A	N/A	1,149	124,615	134,651
	PULTEGROUP INC	Equity	N/A	N/A	N/A	1,035	68,847	113,954
	QUALCOMM INC COM	Equity	N/A	N/A	N/A	917	158,685	182,648
	QUEST DIAGNOSTICS INC	Equity	N/A	N/A	N/A	753	106,999	103,071
	REGIONS FINANCIAL CORP	Equity	N/A	N/A	N/A	7,026	123,633	140,801
	RELiance INC	Equity	N/A	N/A	N/A	82	4,889	23,419
	ROYAL CARIBBEAN CRUISES	Equity	N/A	N/A	N/A	780	66,486	124,355
	ROYAL DUTCH SHELL PLC SPONSORED NPVADR	Equity	N/A	N/A	N/A	1,070	49,886	77,233
	RYDER SYSTEM	Equity	N/A	N/A	N/A	324	28,783	40,137

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Pension Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #001 / EIN: 72-6025640
June 30, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of Investment						
	Identity of Issue	Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	Cost	Current Value
	Common stocks - continued:							
	SM ENERGY COMPANY	Equity	N/A	N/A	N/A	1,585	56,964	68,520
	SNAP ON INC	Equity	N/A	N/A	N/A	148	29,772	38,686
	SONOCO PRODUCTS	Equity	N/A	N/A	N/A	403	21,389	20,440
	STATE STREET CORP STREET CORP	Equity	N/A	N/A	N/A	1,838	135,013	136,012
	STEEL DYNAMICS INC	Equity	N/A	N/A	N/A	187	9,075	24,217
	SUPER MICRO COMPUTER	Equity	N/A	N/A	N/A	242	42,445	198,283
	SYNCHRONY	Equity	N/A	N/A	N/A	3,130	75,499	147,705
	SYNOVUS FINANCIAL CORP	Equity	N/A	N/A	N/A	3,621	131,150	145,528
	TAYLOR MORRISON HOME CORP A	Equity	N/A	N/A	N/A	2,297	130,641	127,346
	TENET	Equity	N/A	N/A	N/A	807	73,010	107,355
	TEXTRON INC COM	Equity	N/A	N/A	N/A	2,410	228,955	206,923
	TIMKEN CO	Equity	N/A	N/A	N/A	468	36,885	37,501
	T-MOBILE US INC	Equity	N/A	N/A	N/A	239	11,472	42,107
	TOLL BROTHERS INC	Equity	N/A	N/A	N/A	983	69,684	113,222
	TOTALENERGIES SE	Equity	N/A	N/A	N/A	1,015	49,643	67,680
	TRANSDIGM GROUP INC	Equity	N/A	N/A	N/A	143	142,017	182,698
	TRINET GROUP INC	Equity	N/A	N/A	N/A	379	40,322	37,900
	UFP INDUSTRIES INC COM	Equity	N/A	N/A	N/A	211	17,635	23,632
	UGI CORP	Equity	N/A	N/A	N/A	1,890	50,845	43,281
	UNITED RENTALS INC	Equity	N/A	N/A	N/A	62	3,910	40,097
	UNITED THERAPEUTICS CORP	Equity	N/A	N/A	N/A	373	89,575	118,819
	UNUM GROUP	Equity	N/A	N/A	N/A	2,508	96,070	128,184
	VERIZON COMMUNICATIONS COM	Equity	N/A	N/A	N/A	1,039	40,239	42,848
	VISTRA CORP COM	Equity	N/A	N/A	N/A	469	8,065	40,325
	VONTIER CORPORATION COM	Equity	N/A	N/A	N/A	1,010	31,404	38,582
	WELLS FARGO & CO NEW COM	Equity	N/A	N/A	N/A	2,328	86,912	138,260
	WESTERN UNION CO	Equity	N/A	N/A	N/A	8,345	101,620	101,976
	WESTLAKE CORP	Equity	N/A	N/A	N/A	155	7,036	22,447
	ZIONS BANCORP NA	Equity	N/A	N/A	N/A	3,281	129,636	142,294
	Total common stocks						10,011,482	13,522,703

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Pension Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #001 / EIN: 72-6025640
June 30, 2024

(a)	(b)	(c)				(d)	(e)	
	Identity of Issue	Description of Investment				Cost	Current Value	
		Description	Maturity Date	Interest Rate	Collateral	Principal or Shares		
	Multi-employer property trust:							
	New Tower Multi-employer Property Trust	MEPT	N/A	N/A	N/A	\$ 203	917,317	2,540,332
	Collective trust funds:							
	Blackrock Global Allocation Collective Fund	CCT	N/A	N/A	N/A	446,722	4,883,840	9,009,251
	Johnston International Equity Group Trust	CCT	N/A	N/A	N/A	51,686	727,690	2,134,954
	ASB Allegiance Real Estate Fund	CCT	N/A	N/A	N/A	1,465	1,602,188	2,066,315
	JPMorgan Corporate High Yield Bond	CCT	N/A	N/A	N/A	198,914	11,148,481	12,044,242
	Earnest Partners SMID CAP Core Fund	CCT	N/A	N/A	N/A	252,336	3,535,226	3,949,056
	MFB NT Collective Russell 1000 Growth Index Fund	CCT	N/A	N/A	N/A	10,975	10,000,000	13,079,630
	Acadian ADR Fund, LLC	CCT	N/A	N/A	N/A	838	893,844	2,889,902
	Total collective trust funds						32,791,269	45,173,350
	Limited partnerships:							
	Hamilton Lane Secondary Feeder Fund V-A LP	LP	N/A	N/A	N/A		1,764,299	3,092,287
	Hamilton Lane Secondary Feeder Fund VI-B LP	LP	N/A	N/A	N/A		276,389	371,807
	NB Crossroads Fund 24 Plan LP	LP	N/A	N/A	N/A		510,785	546,439
	Total limited partnerships						2,551,473	4,010,533
	Real estate investment fund:							
	US Real Estate Investment Fund	Other	N/A	N/A	N/A	3,153	4,000,000	3,727,736
	Pooled separate account:							
	Principal Life Insurance Company U.S. Property Separate Account	Other	N/A	N/A	N/A	29,656	1,077,570	1,854,959
	Money market funds:							
	BlackRock Liq Fds Fedfund	Money Market Fund	N/A	N/A	N/A	965	965	965
	Goldman Sachs Treasury Obligation Money Market	Money Market Fund	N/A	N/A	N/A	1,694,085	1,694,085	1,694,085
	Total money market funds						1,695,050	1,695,050
	Real estate:							
	2540 Severn Avenue, Metairie, LA	Real Estate	N/A	N/A	N/A		2,025,244	5,300,000
	Total investments						\$ 60,038,989	\$ 82,811,041

(a) * = Party-in-interest

Schedule MB (2023 Form 5500), Line 8(b)(2)

**Plumbers and Steamfitters Local 60 Pension Fund
EIN: 72-6025640 Plan: 001**

Schedule of Active Participant Data

		Years of Service									
Age		Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up
Under 25	Count	6	10	0	0	0	0	0	0	0	0
25-29	Count	4	36	5	0	0	0	0	0	0	0
30-34	Count	9	34	42	1	0	0	0	0	0	0
35-39	Count	7	25	46	20	6	0	0	0	0	0
40-44	Count	7	24	24	20	17	4	0	0	0	0
45-49	Count	11	16	14	8	9	10	9	1	0	0
50-54	Count	2	8	12	11	15	9	10	7	0	0
55-59	Count	7	9	7	5	8	7	8	14	2	0
60-64	Count	2	8	4	3	9	4	4	5	8	5
65-69	Count	2	1	1	1	3	4	3	1	3	1
70 & up	Count	0	2	0	0	0	0	0	0	0	1

Schedule MB (2023 Form 5500), Lines 9c and 9h

Plumbers & Steamfitters Local 60 Pension Fund

EIN: 72-6025640 Plan: 001

Schedule of Funding Standard Account Bases

<u>Item</u>	<u>Initial Amount</u>	<u>Date Added To Costs</u>	<u>7/1/2023 Outstanding Balance for Minimum Funding</u>	<u>Amortization Period for Minimum</u>	<u>Amortization Amount For Minimum</u>
1) Plan Change	\$ 249,681	7/1/04	\$ 310,528	30	\$ 38,702
2) Plan Change	96,000	7/1/05	63,166	30	7,432
3) Assumption Change	- 6,636,720	7/1/06	- 4,590,439	30	- 513,317
4) Plan Change	45,072	7/1/07	32,533	30	3,477
5) Experience Loss	11,835,981	7/1/09	1,253,373	15	1,253,373
6) Experience Loss	7,438,960	7/1/10	1,517,997	15	784,667
7) Experience Loss	6,849,083	7/1/11	2,020,908	15	719,691
8) Experience Loss	5,431,088	7/1/12	2,060,701	15	568,577
9) Experience Loss	840,777	7/1/13	384,781	15	87,704
10) Experience Gain	- 1,218,124	7/1/14	- 645,797	15	- 126,623
11) Experience Loss	458,220	7/1/15	273,740	15	47,470
12) Assumption Change	4,455,561	7/1/15	2,661,732	15	461,582
13) Experience Loss	111,769	7/1/16	73,737	15	11,541
14) Experience Loss	205,651	7/1/17	147,567	15	21,167
15) Experience Gain	- 802,665	7/1/18	- 618,976	15	- 82,363
16) Assumption Change	7,955,526	7/1/18	6,134,916	15	816,331
17) Experience Loss	1,024,336	7/1/19	843,349	15	105,109
18) Assumption Change	2,384,658	7/1/19	1,963,323	15	244,694
19) Method Change	- 3,847,097	7/1/19	- 2,610,822	10	- 511,907
20) Experience Loss	769,275	7/1/20	670,857	15	78,937
21) Experience Gain	- 1,696,167	7/1/21	- 1,556,444	15	- 174,047
22) Assumption Change	- 849,852	7/1/21	- 779,845	15	- 87,205
23) Plan Change	314,719	7/1/21	288,794	15	32,294
24) Experience Gain	- 1,045,137	7/1/22	- 1,003,547	15	- 107,243
25) Experience Loss	259,894	7/1/23	259,894	15	26,668
26) Assumption change	2,106,597	7/1/23	2,106,597	15	216,162
			<u>\$11,262,623</u>		<u>\$ 3,922,873</u>

Schedule MB (2023 Form 5500), Line 11

Plumbers & Steamfitters Local 60 Pension Fund

EIN: 72-6025640 Plan: 001

Justification for Change in Actuarial Assumptions

The Pri 2012 Blue Collar table is the most recent applicable life expectancy table available. However, an older table is used for those who retired before July 2, 2015. Based on experience since 2019, that older table has been changed from 1971 GAM to 1983 GAM.

Schedule MB (2023 Form 5500), Line 6

Plumbers & Steamfitters Local 60 Pension Fund

EIN: 72-6025640 Plan: 001

Statement of Actuarial Assumptions/Methods

COST METHOD:

The "unit credit cost method" has been used in your plan.

MORTALITY:

Deaths have been projected with the Pri 2012 Blue Collar Mortality Table with generational projection using MP 2020. (The 1983 GAM Table for those who retired by July 1, 2015). The IRS static mortality table for 2023 was used for the "current liability". Mortality rates from the projected Pri 2012 Blue Collar table at a few same ages are:

<u>Age</u>	<u>Male Mortality rate per 1,000</u>		
	<u>Healthy</u> <u>2025</u>	<u>Healthy</u> <u>2030</u>	<u>Healthy</u> <u>2035</u>
25	0.799	0.769	0.723
30	0.919	0.884	0.831
35	1.113	1.079	1.014
40	1.227	1.208	1.137
45	1.327	1.318	1.246
50	1.708	1.684	1.592
55	2.652	2.558	2.414
60	4.432	4.200	3.949

The life expectancy according to the projected Pri 2012 Blue Collar table is as follows:

	<u>Age</u>	<u>Males</u>	<u>Females</u>
Healthy 2025	55	29.26 years	31.47 years
	65	19.78 years	21.79 years
	75	12.14 years	13.75 years
Healthy 2030	55	29.71 years	31.90 years
	65	20.18 years	22.17 years
	75	12.40 years	14.01 years
Healthy 2035	55	30.16 years	32.32 years
	65	20.58 years	22.55 years
	75	12.68 years	14.30 years

**INVESTMENT
EARNINGS:**

At an annually compounded rate of 7.0%. "Current Liability" was determined using 2.85%.

Schedule MB (2023 Form 5500), Line 6

Plumbers & Steamfitters Local 60 Pension Fund

EIN: 72-6025640 Plan: 001

Statement of Actuarial Assumptions/Methods

TERMINATIONS:

We have assumed that termination with no benefit will be in accordance with the plan's experience from 2009 through 2018. Termination rates were assumed to be:

280 per 1,000 in the first year
160 per 1,000 in the second year
130 per 1,000 in the third year
100 per 1,000 in the fourth year
100 per 1,000 in the fifth year

For those with five or more years in the plan, the following termination rates were used:

<u>Age</u>	<u>Termination Rate per 1,000</u>
20	30.0
25	30.0
30	30.0
35	40.0
40	40.0
45	35.0
50	30.0
55	30.0
60	30.0

**EXPECTED RETIREMENT
PATTERN:**

As the Plan has liberal early retirement features, an assumption that will have an important cost impact is what percentage of people who are eligible for retirement will actually retire. Based on a continuing analysis of the plan's experience, we assumed that the following percentages of those eligible for Normal Retirement will retire each year at the following ages:

<u>Age</u>	<u>Percentage</u>
50 - 59	15%
60 - 61	35%
62	35%
63 - 64	20%
65 and over	100%

DISABILITY RATES:

Disability rates at a few sample ages are:

Schedule MB (2023 Form 5500), Line 6

Plumbers & Steamfitters Local 60 Pension Fund

EIN: 72-6025640 Plan: 001

Statement of Actuarial Assumptions/Methods

<u>Age</u>	<u>Disability Rate per 1,000</u>
25	5.1
30	6.6
35	8.8
40	13.2
45	21.6
50	36.4
55	60.5
60	97.6
64	121.6

For mortality after disability we have approximated the Railroad Retirement rates using an age set-up in the regular mortality Table. The set-up was equal to one-half of the difference between the true age and 84.

One half of the disabilities were assumed to have Social Security disabilities (i.e. to be total and permanent).

POP-UP:

The liability for the "Pop-Up" feature was calculated at 1% of the present value of retirees on a Husband and Wife Pension.

EXPECTED HOURS:

1,000,000 per year.

ADMINISTRATIVE
EXPENSES:

These were assumed to be \$710,000. Investment expenses are appropriately treated as offsets against the gross investment return.

ACTIVES:

We valued all non-retired members who had a three-year average of hours of at least 300. New people were not added unless they had 300 hours.

ASSET VALUATION:

Five -year smoothing of market returns over or under assumed rate. The resulting value must be within 20% of market value.

CONSIDERATION OF
FUTURE MORTALITY
IMPROVEMENTS:

The minimum and maximum contribution requirements are determined using mortality assumptions specified by the Internal Revenue Service. These assumptions do include anticipated mortality improvements, up to the valuation date, but not beyond.

Future mortality improvements were considered for all other purposes.

Schedule MB (2023 Form 5500), Line 8(b)(1)**Plumbers & Steamfitters Local 60 Pension Fund****EIN: 72-6025640 Plan: 001****Schedule of Projection of Expected Benefit Payments**

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries in Payment	Total
2023	362,167	439,023	6,970,674	7,771,864
2024	569,617	500,808	6,656,932	7,727,357
2025	731,713	549,869	6,345,254	7,626,836
2026	888,932	586,449	6,036,915	7,512,296
2027	1,096,404	621,429	5,733,546	7,451,379
2028	1,256,952	679,702	5,436,829	7,373,483
2029	1,422,894	779,314	5,148,210	7,350,418
2030	1,609,121	832,596	4,868,896	7,310,613
2031	1,737,922	920,725	4,600,013	7,258,660
2032	1,912,069	964,211	4,342,470	7,218,750
2033	2,091,907	1,008,186	4,097,002	7,197,095
2034	2,265,498	1,080,842	3,864,113	7,210,453
2035	2,458,708	1,161,634	3,644,150	7,264,492
2036	2,642,940	1,208,836	3,437,236	7,289,012
2037	2,825,089	1,225,757	3,243,357	7,294,203
2038	2,987,911	1,271,945	3,062,354	7,322,210
2039	3,137,163	1,327,469	2,893,965	7,358,597
2040	3,333,952	1,340,043	2,737,840	7,411,835
2041	3,467,516	1,411,620	2,593,558	7,472,694
2042	3,687,150	1,442,412	2,460,690	7,590,252
2043	3,970,242	1,444,258	2,338,797	7,753,297
2044	4,209,508	1,455,074	2,227,449	7,892,031
2045	4,446,309	1,449,497	2,126,253	8,022,059
2046	4,731,236	1,462,975	2,034,866	8,229,077
2047	4,999,403	1,452,556	1,952,951	8,404,910
2048	5,225,309	1,436,271	1,880,148	8,541,728
2049	5,408,959	1,416,849	1,816,068	8,641,876
2050	5,691,996	1,393,266	1,760,215	8,845,477
2051	5,970,498	1,366,749	1,712,050	9,049,297
2052	6,149,674	1,339,450	1,670,974	9,160,098
2053	6,435,507	1,311,464	1,636,352	9,383,323
2054	6,660,626	1,282,919	1,607,521	9,551,066
2055	6,830,857	1,253,962	1,583,820	9,668,639
2056	6,992,448	1,224,733	1,564,598	9,781,779
2057	7,053,943	1,195,383	1,549,235	9,798,561
2058	7,081,716	1,166,050	1,537,146	9,784,912
2059	7,045,661	1,136,866	1,527,787	9,710,314
2060	6,926,748	1,107,961	1,520,660	9,555,369
2061	6,799,463	1,079,458	1,515,324	9,394,245
2062	6,643,163	1,051,486	1,511,398	9,206,047
2063	6,445,781	1,024,165	1,508,562	8,978,508
2064	6,247,968	997,618	1,506,553	8,752,139
2065	6,022,457	971,955	1,505,158	8,499,570
2066	5,783,801	947,281	1,504,208	8,235,290
2067	5,540,723	923,701	1,503,575	7,967,999
2068	5,289,409	901,295	1,503,162	7,693,866
2069	5,035,409	880,130	1,502,898	7,418,437
2070	4,779,061	860,270	1,502,731	7,142,062
2071	4,520,739	841,762	1,502,628	6,865,129
2072	4,261,057	824,638	1,502,566	6,588,261

Schedule MB (2023 Form 5500), Line 8b(3)

Plumbers & Steamfitters Local 60 Pension Fund

EIN: 72-6025640 Plan: 001

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	4,445,000	0	4,445,000
2024	4,445,000	0	4,445,000
2025	4,445,000	0	4,445,000
2026	4,445,000	0	4,445,000
2027	4,445,000	0	4,445,000
2028	4,445,000	0	4,445,000
2029	4,445,000	0	4,445,000
2030	4,445,000	0	4,445,000
2031	4,445,000	0	4,445,000
2032	4,445,000	0	4,445,000

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with
the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2023****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

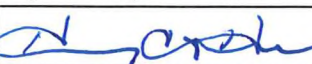
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 05/01/1959
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 6 3515 I-10 SERVICE ROAD METAIRIE LA 70002	2b Employer Identification Number (EIN) 72-6025640 2c Plan Sponsor's telephone number 504-885-3062 2d Business code (see instructions) 238220

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

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

SIGN HERE 	4-8-25	RONALD ROSSER
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	4 8 25	HENRY G. HEIER
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

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

**Form 5500 (2023)
v. 230728**

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report a Sponsor's name c Plan Name	4b EIN 4d PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	1987
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	556
a (2) Total number of active participants at the end of the plan year	6a(2)	529
b Retired or separated participants receiving benefits	6b	860
c Other retired or separated participants entitled to future benefits	6c	409
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1798
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	159
f Total. Add lines 6d and 6e	6f	1957
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	54

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☒ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

Plumbers and Steamfitters Local 60 Pension Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #001 / EIN: 72-6025640

June 30, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of assets	Purchase price	Selling price	Cost of assets	Current value of asset	Net gain or (loss)
	Single Transactions Exceeding 5% of Plan Assets					
	MFB NT Collective Russell 1000 Growth Index Fund	\$ 10,000,000	\$ -	\$ 10,000,000	\$ 10,000,000	\$ -
	Series of Transactions Exceeding 5% of Plan Assets					
	Goldman Sachs Financial Square Treasury Obligation Fund	\$ 21,121,693	\$ -	\$ 21,121,693	\$ 21,121,693	\$ -
	Goldman Sachs Financial Square Treasury Obligation Fund	-	20,157,868	20,157,868	20,157,868	-

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

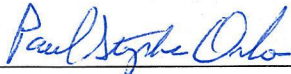
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND	D Employer Identification Number (EIN) 72-6025640

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

1a Enter the valuation date: Month 07 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 79,575,139
(2) Actuarial value of assets for funding standard account.....	1b(2) 81,530,091
c (1) Accrued liability for plan using immediate gain methods	1c(1) 86,331,427
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 86,331,427
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 143,035,638
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 4,050,397
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 6,970,674
(3) Expected plan disbursements for the plan year	1d(3) 6,970,674

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

SIGN HERE		01/15/2025
Signature of actuary		Date
PAUL STEPHEN OSBORN, F.S.A.		2303095
Type or print name of actuary		Most recent enrollment number
OSBORN, CARREIRO AND ASSOCIATES INC		501-376-8043
Firm name		Telephone number (including area code)
124 WEST CAPITOL AVENUE Suite 1690		
LITTLE ROCK AR 72201		
Address of the firm		

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

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

Schedule MB (Form 5500) 2023
v. 230728

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		2a	79,575,139
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	1,044	78,798,834
(2)	For terminated vested participants	371	21,867,088
(3)	For active participants:		
(a)	Non-vested benefits		1,688,855
(b)	Vested benefits		40,680,861
(c)	Total active	641	42,369,716
(4)	Total	2,056	143,035,638
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	55.63 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2023	4,775,851	0			
		</			

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	94.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time
 (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),
 measured as of the valuation date

f If the plan is in critical status or critical and declining status, and is:

- Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;
- Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐
- Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."

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

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

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method

5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.85 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	8.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.5 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	710,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	259,894	26,668
4	2,106,597	216,162

8 Miscellaneous information:

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

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	2,391,223

c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	23,068,493
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c	9d	554,176
e Total charges. Add lines 9a through 9d	9e	8,470,977

Credits to funding standard account:		
f Prior year credit balance, if any	9f	6,461,287
g Employer contributions. Total from column (b) of line 3	9g	4,775,851

h Amortization credits as of valuation date	Outstanding balance	
	9h	11,805,870

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	728,320
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j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	0
(2) "RPA '94" override (90% current liability FFL)	9j(2)	0
(3) FFL credit	9j(3)	0

k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	13,568,163
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	5,097,186
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
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