

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>PLUMBERS AND STEAMFITTERS LOCAL 102 PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>PLUMBERS & STEAMFITTERS LOCAL UNION NO. 102</u></p> <p><u>PO BOX 27126</u> <u>KNOXVILLE, TN 37927-7126</u></p>	<p>1c Effective date of plan <u>07/01/1968</u></p> <p>2b Employer Identification Number (EIN) <u>62-6077945</u></p> <p>2c Plan Sponsor's telephone number <u>865-546-5501</u></p> <p>2d Business code (see instructions) <u>238220</u></p>

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.	04/14/2025	JOE BOOHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2025	KATRINA IVEY
	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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">BOARD OF TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL UNION NO. 102</p> <p style="color: blue;">PO BOX 27126 KNOXVILLE, TN 37927-7126</p>	<p>3b Administrator's EIN 62-6077945</p> <p>3c Administrator's telephone number 865-546-5501</p>
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<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	915
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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)	392
a(2) Total number of active participants at the end of the plan year	6a(2)	389
b Retired or separated participants receiving benefits	6b	274
c Other retired or separated participants entitled to future benefits	6c	170
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	833
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	73
f Total. Add lines 6d and 6e	6f	906
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)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
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	27
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1F

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4L

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

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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 102 PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL UNION NO. 102		D Employer Identification Number (EIN) 62-6077945	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL US PROPERTY SEPARATE ACCOUNT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290				01/01/2023	12/31/2023

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1638892

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>PLUMBERS AND STEAMFITTERS LOCAL 102 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PLUMBERS & STEAMFITTERS LOCAL UNION NO. 102</u>	D Employer Identification Number (EIN) <u>62-6077945</u>

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) <u>52467454</u>
(2) Actuarial value of assets for funding standard account.....	1b(2) <u>57567105</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>60872183</u>
(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) <u>56333654</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>112000941</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>5460697</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>0</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>3825809</u>

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

SIGN HERE <u>CHARLES T. CARR</u> Signature of actuary <u>SOUTHERN ACTUARIAL SERVICES COMPANY</u> Type or print name of actuary <u>P.O. BOX 888343, ATLANTA, GA 30356-0343</u> Firm name Address of the firm	<u>11/07/2024</u> Date <u>23-04927</u> Most recent enrollment number <u>770-392-0980</u> Telephone number (including area code)
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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	52467454
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	359	56236171
(2) For terminated vested participants	173	26205914
(3) For active participants:		
(a) Non-vested benefits		7807205
(b) Vested benefits		21751651
(c) Total active	392	29558856
(4) Total	924	112000941
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.85 %

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
01/01/2024	3324898	0			
			Totals ▶	3(b)	3(c)
				3324898	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	102.2 %
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> 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: • 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 <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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	2.50 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	6
(2) Females	6c(2)	6F
d Valuation liability interest rate.....	6d	7.00 %
e Salary scale	6e	% <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	3.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.1 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	4.00 %
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1861865	191049
3	422531	422531
4	261523	26835

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.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2043407

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)	26582599	5208219
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c

9d	507613
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e Total charges. Add lines 9a through 9d.....

9e	7759239
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Credits to funding standard account:

f Prior year credit balance, if any

9f	2600484
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g Employer contributions. Total from column (b) of line 3

9g	3324898
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	20677037	3163505

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i	517882
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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)	13962023	
9j(2)	47233004	
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	9606769
-----------	---------

m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	1847530
-----------	---------

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)	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)	
-----------------	--

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

9o(2)(b)	0
-----------------	---

(3) Total as of valuation date

9o(3)	0
--------------	---

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
-----------	--

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 102 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL UNION NO. 102	D Employer Identification Number (EIN) 62-6077945	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

BAIRD ASSET MANAGEMENT

39-6037917

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

CAPITAL RESEARCH AND MANAGEMENT CO

95-1411037

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

FIDELITY MANAGEMENT & RESEARCH CO

04-2033129

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

HARDING LOEVNER

27-0684167

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

T. ROWE PRICE ASSOCIATES INC

52-0556948

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

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

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

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

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

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

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

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

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

RENEE ASHWORTH

62-6077945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	97282	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SOUTHERN ACTUARIAL SERVICES COMPANY

58-2409046

(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 50	NONE	37375	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STRATEGIC CAPITAL INVESTMENT ADVISO

36-4268991

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	35150	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NATIONAL INVESTMENT SERVICE

80-0169636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	27580	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLARION PARTNERS LLC

13-3379970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	27259	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	24789	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WASHINGTON CAPITAL MANAGEMENT INC

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	911042342	17310	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	10951	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CLARION PARTNERS LLC	28 52	27259

(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.	
LION INDUSTRIAL TRUST 230 PARK AVE NEW YORK, NY 10169	INVESTMENT MANAGEMENT	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN REALTY ADVISORS	28 52	10951

(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.	
ARA CORE PROPERTY FUND LP 95-4871432	INVESTMENT MANAGEMENT FEES	

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 <hr/> 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 <u>PLUMBERS AND STEAMFITTERS LOCAL 102 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PLUMBERS & STEAMFITTERS LOCAL UNION NO. 102</u>	D Employer Identification Number (EIN) <u>62-6077945</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITAL JOINT MASTER TRU

b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT INC.

c EIN-PN <u>91-1163419-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3549726</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NIS CORE FIXED INCOME QP FUND

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES

c EIN-PN <u>82-4028492-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9526084</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: DWS RREEF GLOBAL RE SECURITIES

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

c EIN-PN <u>27-5412919-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1224441</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. CORE PARTNERS COLLECTIVE

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

c EIN-PN <u>87-6914227-341</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1985797</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): PRINCIPAL US PROPERTY SEPARATE ACCOUNT

c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1638892</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NIS HIGH YIELD QP FUND

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES

c EIN-PN <u>82-4051841-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>408743</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NIS TOTAL ABSOLUTE RETURN QP FUND

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES

c EIN-PN <u>82-4069919-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1160196</u>
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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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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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 102 PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL UNION NO. 102	D Employer Identification Number (EIN) 62-6077945

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	190937	515397
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	695798	787639
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	300757	3386
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2675415	3745380
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	7900647	5992995
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	11387237	14305261
(10) Value of interest in pooled separate accounts	1c(10)	2010182	1638892
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	3387147	3549726
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	52467137	60798275
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2142064	2007820

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	83157321	93344771
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	430223	61403
i Acquisition indebtedness	1i		
j Other liabilities	1j		600000
k Total liabilities (add all amounts in lines 1g through 1j)	1k	430223	661403
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	82727098	92683368

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)	7055516	
(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)		7055516
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18239	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	12809	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		31048
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	835405	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		835405
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	180231	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	210378	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-30147
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-637701	
(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)		148261
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-175555
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		162584
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		9778922
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		17168333

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6815360	
(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)		6815360
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)	114940	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	5065	
(4) IQPA audit fees.....	2i(4)	19724	
(5) Investment advisory and investment management fees.....	2i(5)	129136	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	37375	
(8) Legal fees.....	2i(8)	1931	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	88532	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		396703
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7212063

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9956270
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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		5992995
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 532766.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>PLUMBERS AND STEAMFITTERS LOCAL 102 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PLUMBERS & STEAMFITTERS LOCAL UNION NO. 102</u>	D Employer Identification Number (EIN) <u>62-6077945</u>	

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): <u>62-6077945</u>		
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	49

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

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 **CONSOLIDATED NUCLEAR SECURITY, LLC**

b EIN **45-4482782** **c** Dollar amount contributed by employer **3473738**

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

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

(1) Contribution rate (in dollars and cents) 8.95

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

a Name of contributing employer **GUBMK**

b EIN **62-1481897** **c** Dollar amount contributed by employer **117204**

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

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

(1) Contribution rate (in dollars and cents) 8.95

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

a Name of contributing employer **FM SYLVAN**

b EIN **22-3841378** **c** Dollar amount contributed by employer **705185**

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

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

(1) Contribution rate (in dollars and cents) 8.95

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

a Name of contributing employer **HICKS & INGLE**

b EIN **56-0714586** **c** Dollar amount contributed by employer **307398**

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

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

(1) Contribution rate (in dollars and cents) 8.95

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

a Name of contributing employer **UNITED CLEANUP OAK RIDGE**

b EIN **85-2867528** **c** Dollar amount contributed by employer **388556**

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

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

(1) Contribution rate (in dollars and cents) 8.95

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

a Name of contributing employer **APOLLO MECHANICAL**

b EIN **80-0877059** **c** Dollar amount contributed by employer **217086**

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

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

(1) Contribution rate (in dollars and cents) 8.95

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer JOHNSON CONTROLS

b EIN 39-0380010 **c** Dollar amount contributed by employer 219852

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

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

(1) Contribution rate (in dollars and cents) 8.95

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

a Name of contributing employer AECON/WACHS

b EIN 83-2528048 **c** Dollar amount contributed by employer 89230

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

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

(1) Contribution rate (in dollars and cents) 8.95

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

a Name of contributing employer DAY AND ZIMMERMANN NPS, INC.

b EIN 23-2499111 **c** Dollar amount contributed by employer 477160

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

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

(1) Contribution rate (in dollars and cents) 8.95

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

a Name of contributing employer PLUMBERS & STEAMFITTERS LOCAL UNION

b EIN 62-0327079 **c** Dollar amount contributed by employer 77092

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

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

(1) Contribution rate (in dollars and cents) 8.95

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 & STEAMFITTERS LOCAL
UNION NO. 102 PENSION PLAN**

FINANCIAL STATEMENTS

JUNE 30, 2024

**PLUMBERS & STEAMFITTERS LOCAL
UNION NO. 102 PENSION PLAN**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

JUNE 30, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of the
Plumbers & Steamfitters Local
Union No. 102 Pension Plan

Opinion

We have audited the financial statements of the Plumbers & Steamfitters Local Union No. 102 Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of 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, the net assets available for benefits of the Plumbers & Steamfitters Local Union No. 102 Pension 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.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Novak Francella LLC

Boston, Massachusetts
January 22, 2025

**PLUMBERS & STEAMFITTERS LOCAL
UNION NO. 102 PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2024 AND 2023

ASSETS	<u>2024</u>	<u>2023</u>
INVESTMENTS - at fair value		
Mutual funds	\$ 60,798,275	\$ 52,467,137
Fixed income commingled funds	11,095,023	9,208,493
Common collective trusts	8,767,784	9,322,773
Limited partnerships	5,992,995	6,285,829
Pooled separate account	1,638,892	2,010,182
Short-term investments	3,745,380	2,675,415
Total investments	<u>92,038,349</u>	<u>81,969,829</u>
PREPAID BENEFITS	<u>-</u>	<u>299,771</u>
RECEIVABLES		
Employer and reciprocal contributions	787,639	695,798
Interest and dividends	3,386	986
Total receivables	<u>791,025</u>	<u>696,784</u>
CASH	<u>515,397</u>	<u>190,937</u>
Total assets	<u>93,344,771</u>	<u>83,157,321</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	61,403	430,223
Due to broker	600,000	-
Total liabilities	<u>661,403</u>	<u>430,223</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 92,683,368</u>	<u>\$ 82,727,098</u>

**PLUMBERS & STEAMFITTERS LOCAL
UNION NO. 102 PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 9,246,358	\$ 5,572,850
Interest and dividends	866,459	887,920
Less: investment expenses	10,112,817	6,460,770
Investment income - net	(129,136)	(174,326)
	9,983,681	6,286,444
Employer contributions		
For pension benefits	3,710,763	4,639,170
For annuity benefits	4,049,424	4,633,180
Outgoing reciprocals	(704,671)	(4,703,229)
Total employer contributions - net	7,055,516	4,569,121
Total additions	17,039,197	10,855,565
DEDUCTIONS		
Benefits		
Retirement benefits	4,022,480	3,957,949
Death benefits	140,000	-
Annuity payments	2,652,880	1,602,151
	6,815,360	5,560,100
Administrative expenses	267,567	398,498
Total deductions	7,082,927	5,958,598
NET INCREASE	9,956,270	4,896,967
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	82,727,098	77,830,131
End of year	\$ 92,683,368	\$ 82,727,098

See accompanying notes to financial statements.

**PLUMBERS & STEAMFITTERS LOCAL
UNION NO. 102 PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following brief description of the Plumbers & Steamfitters Local Union No. 102 Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a multiemployer defined benefit pension plan covering all employees under the collective bargaining agreements between Plumbers and Steamfitters Local 102 (Local 102) and Master Plumbers, Steamfitters and Piping Contractors of Knoxville, Tennessee and/or between the United Association Union of Plumbers, Fitters, Welders and HVAC Service Techs and employers of members of Local 102. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Operations of the Plan are under the control of the Plan sponsor, a board of trustees composed of union-designated and employer-designated Board of Trustees.

Eligibility

An employee will become a participant as of the earlier of the first day of the month following the completion of a 12-month period beginning with the date on which the employee first earns an hour of service and ending with the day prior to the one-year anniversary of such date during which period the employee earns at least 1,000 hours of service; or the first day of the plan year immediately following the first plan year during which the employee earns at least 1,000 hours of service. A participant who incurs two consecutive one-year break in service shall cease to be a participant as of the last day of the Plan year which constituted the one-year break in service, unless the participant is a pensioner or vested participant.

Vesting

In order to become 100% vested in his monthly accrued benefit, the participant must earn at least five years of vesting service. One year of vesting service will be granted for each plan year during which the employee earns at least 1,000 hours of service.

NOTE 1. DESCRIPTION OF PLAN (continued)

Normal Retirement Benefits

A participant is entitled to a normal retirement pension on the later of the date of attaining age 62 or the fifth anniversary of the date of commencing participation in the Plan (with respect to those participants who earn some benefit accrual service after June 30, 2013), or the later of the date of attaining age 65 or the fifth anniversary of the date of commencing participation in the Plan (for all other participants), provided there has not been a permanent break in service. The amount of benefits is determined by a combination of the number of years worked prior to July 1, 1968 (up to a maximum of 25 years), the total contributions made into the Plan for the participant between July 1, 1968 and July 1, 1979, and the number of hours worked each plan year after July 1, 1979.

Early Retirement Benefits

A participant is eligible for an early pension upon attaining age 55 and having completed fifteen years of eligible service, at least three of which were completed after July 1, 1968. The early retirement pension amount is reduced by 0.125% for each month by which the participant's early retirement date precedes age 62. There is no early retirement reduction for those participants who have attained at least 30 years of vesting services.

Vested Deferred Pension

Beginning July 1, 1976, a participant who has at least five years of eligible service is entitled to receive an early or normal retirement benefit even if the participant leaves covered employment. A participant, who discontinued work prior to July 1, 1976, is also eligible for a vested deferred pension under certain conditions.

Disability Pension

A participant is entitled to a disability pension upon becoming totally and permanently disabled provided the participant has accumulated five or more years of eligible service, at least two of which were earned after June 30, 1968.

Death Benefits

A death benefit will be paid for participants who die before becoming eligible for a pension if the participants have three years of covered employment after June 30, 1968. The benefit amount is equal to \$10,000 for each year of vesting serviced. The death benefit is not payable if the participant is eligible for (or elected) a joint and survivor pension.

Funding Policy

The Trustees established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Each employer contributes to the Plan such amounts at such times as required by the applicable provisions of the collective bargaining or other agreements as approved by the Trustees. Contribution rates vary depending on employer and employee classifications. Contributions are made ratably throughout the year. According to the Plan's actuary, contributions for the years ended June 30, 2024 and 2023, exceeded the minimum funding requirements of ERISA.

NOTE 1. DESCRIPTION OF PLAN (continued)

414(K) Fund Benefits

The Plan has a 414(k) Fund component available to the same individuals who are eligible for the defined benefit pension component. The 414(k) Fund arrangement requires reciprocal contributions that exceed the Plan rate, or from a defined contribution plan, to be credited to an individual employee account. Employers are required to contribute a certain amount to the 414(k) Fund account for each hour that the participant is employed to do work that is covered by the collective bargaining agreement with the union. The 414(k) Fund benefit may be paid in a lump sum or an annuity as elected by the participant. Participants are eligible to receive a distribution upon death or at the time they: retire and begin receiving any of the benefits from the pension plan; are eligible to receive disability benefits from the pension; become totally disabled and do not qualify to receive a disability benefit from the pension due to service; reach age 62 and are not otherwise eligible for a retirement benefit from the pension; have no contributions credited on their behalf for a 12 month period and Local 102 is not their home local union; or have no contributions credited on their behalf for a 24 month period, Local 102 is their home local union and they are no longer employed by a participating employer.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the accrual basis of accounting.

Investments and Income recognition - Investments in mutual funds and fixed income commingled funds are carried at fair value as provided by the investment custodian, which generally represents quoted market prices or the net asset value of mutual fund as of the last business day of the year or use of pricing models that use similar observable inputs for similar securities. The short-term investments are valued at cost, which approximates fair value.

The investments in the limited partnership pooled separate account and common collective trusts are carried at estimated fair value as provided by the Partnership and Trust. The fair value of certain investments in the underlying funds, which include securities for which fair value may not be readily available, are determined in good faith by the respective underlying fund, and are all subject to a third party annual audit. The estimated fair values may differ from the values that would have been used, had a ready market existed for these investments, and those differences may be significant.

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

Due (to)/ from Broker - Represents the amounts due to or from the custodial bank for purchase or sale of securities with trade dates prior to year-end and settlement dates after year end.

Contributions Receivable - Contributions due and not paid prior to the year-end are recorded as contributions receivable. Allowance for credit losses is considered unnecessary and is not provided.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fixed Assets - Fixed assets are carried at cost. Major additions are capitalized, while replacements, maintenance, and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed over the estimated useful lives of five to ten years by the straight-line method. Depreciation expense totaled \$0 for the year ended June 30, 2024 and \$3,233 for the year ended June 30, 2023, respectively.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Payments of Benefits - Benefit payments are recorded upon distribution.

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

Revenue Recognition - The Fund is funded by contributions from participating employers under the terms of collective bargaining agreements (CBA). Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

NOTE 3. TAX STATUS

The Plan obtained its latest determination letter on April 22, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a).

Accounting principles generally accepted in the United States of America require 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 U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, tax years will remain open for three years; however, this may differ depending upon circumstances of the Plan.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the 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. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

The Pension Benefit Guaranty Corporation (PBGC) does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all. In addition, certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions.

NOTE 5. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS

Employees of the Plan participate in a multiemployer defined benefit pension plan under the terms the participation agreement that covers its non-collectively bargained employees. The risks of participating in a multiemployer defined benefit pension plan is different from single-employer plan in the following aspects:

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.
- c. If the Plan chooses to stop participating in any of its multiemployer defined benefit pension plans, the Plan may be required to pay those multiemployer defined benefit pension plans an allocated amount based on the underfunded status of the multiemployer defined benefit pension plan, referred to as a withdrawal liability.

The Plan's participation in this multiemployer defined benefit pension plan for the annual periods ended June 30, 2024 and 2023 is outlined in the table below. The zone status is based on information that the Benefit Funds received from each multiemployer defined benefit pension plan and is certified by each multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow, or orange zones are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded. A plan in the orange zone is projected to be within the red zone within the five succeeding plan years.

NOTE 5. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

Legal Name of Pension Plans	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
Plumbers & Steamfitters Local Union No. 102 Pension Plan	62-6077945	001	Green as of 07/01/24	No	Green as of 07/01/23	No	*

* The employees of the Plan participate in the Plumbers & Steamfitters Local Union No. 102 Pension Plan through a participation agreement. The participation agreement does not have an expiration date.

Legal Name of Pension Plans	Contribution paid by Pension Fund directly to the Pension Plans		Contributions to the Pension Plans greater than 5% of total Pension Plan Contributions (Plan year ending)		Employer Contribution Rates of the Pension Plans		Number of Employees Covered by Pension Plans for which the Administrative Account contributes directly to Pension Plans.	
	6/30/2024	6/30/2023	No, Plan year ending	No, Plan year ending	6/30/2024	6/30/2023	6/30/2024	6/30/2023
Plumbers & Steamfitters Local Union No. 102 Pension Plan	\$ 16,376	\$ 29,500	No, Plan year ending 06/30/24	No, Plan year ending 06/30/23	\$8.95 per hour worked	\$7.88 per hour worked	2 employees	2 employees

Legal Name of Pension Plans	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by the Benefit Funds?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
Plumbers & Steamfitters Local Union No. 102 Pension Plan	N/A, Green Zone	No	No	N/A

NOTE 6. MULTIEMPLOYER PLAN THAT PROVIDES POSTRETIREMENT BENEFITS OTHER THAN PENSIONS

The Plan contributes to a multiemployer defined benefit health and welfare plan that provides postretirement benefits for its non-collectively bargained employees during the years ended June 30, 2024 and 2023. The Plan remits the contributions to the multiemployer health and welfare plan that provide postretirement benefits for the shared employees on behalf of the Benefit Funds. Information about the health and welfare plan is below:

Legal Name of Plan providing postretirement benefits other than pension	Contribution paid by Pension Fund directly to the Plan		Employer contribution rates of the Plan		Number of employees covered by the Plan for which the Administrative Account contributes directly to the Plan	
	6/30/2024	6/30/2023	6/30/2024	6/30/2023	6/30/2024	6/30/2023
Southeastern Pipetrades Health and Welfare Plan	\$ 12,952	\$ 20,672	\$6.20 per hour	\$6.00 per hour	2	2

NOTE 6. MULTIEMPLOYER PLAN THAT PROVIDES POSTRETIREMENT BENEFITS OTHER THAN PENSIONS (continued)

* The Plan provides postretirement health benefits, disability, death benefits, and accidental death and dismemberment benefits for eligible participants and their spouses, beneficiaries, and covered dependents.

NOTE 7. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of July 1, 2023. Information in the report included the following:

	<u>July 1, 2023</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 56,236,171
Other participants	47,957,565
Total	<u>104,193,736</u>
Nonvested benefits	<u>7,807,205</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$ 112,000,941</u></u>

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended June 30, 2023 were as follows:

Actuarial present value of accumulated plan benefits at July 1, 2022	<u>\$ 106,504,310</u>
Increase (decrease) during the year attributable to:	
Benefits paid	(3,957,949)
Interest	2,396,347
Changes in actuarial assumptions	3,985,687
Benefits accumulated, net experience gain or loss	<u>3,072,546</u>
Net increase	<u>5,496,631</u>
 Actuarial present value of accumulated plan benefits at July 1, 2023	 <u><u>\$ 112,000,941</u></u>

NOTE 7. ACTUARIAL INFORMATION (continued)

The actuarial valuation was made using the individual entry age normal cost method. Some of the more significant actuarial assumptions used in the valuation as of July 1, 2023 were as follows:

Mortality - RP-2014 Blue Collar Mortality Table for employees and healthy annuitants, with full generational improvements in mortality using Scale MP-2020.

Retirement age - 25% of participants have been assumed to retire at each age prior to age 62 at which they are eligible to receive an unreduced early retirement benefit and 100% of participants have been assumed to retire at age 62 or later if they are eligible to receive an unreduced early or normal retirement benefit.

Percent married - 85% of males and 50% of females.

Interest rate - 2.50% per annum for calculating current liability and ASC 960 liability and 7.00% per annum for calculating all other liabilities.

Administrative expenses - All liabilities have been loaded by 4.00% to account for anticipated administrative expenses exclusive for investment expenses and commissions.

Actuarial value of assets - The actuarial valuation method is the adjusted market value.

For the July 1, 2023 valuation, the interest rate increased from 2.25% to 2.50%. The rate of return decreased from 7.25% to 7.00% for the July 1, 2023 valuation. The mortality improvement scale was updated from Scale MP-2017 to Scale MP-2020.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Under the Pension Protection Act of 2006, the Plan is required to provide an actuarial certification as to its funded status. Therefore, as of July 1, 2023, the Plan is neither in endangered status nor critical status.

NOTE 8. FAIR VALUE MEASUREMENTS

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

NOTE 8. FAIR VALUE MEASUREMENTS (continued)

Basis of Fair Value Measurement:

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; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

	Fair Value Measurements at June 30, 2024			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 60,798,275	\$ 60,798,275	\$ -	\$ -
Short-term investments	3,745,380	3,745,380	-	-
Total assets in the fair value hierarchy	64,543,655	\$ 64,543,655	\$ -	\$ -
Investments measured at NAV (A)	27,494,694			
Total investments	\$ 92,038,349			

	Fair Value Measurements at June 30, 2023			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 52,467,137	\$ 52,467,137	\$ -	\$ -
Short-term investments	2,675,415	2,675,415	-	-
Total assets in the fair value hierarchy	55,142,552	\$ 55,142,552	\$ -	\$ -
Investments measured at NAV (A)	26,827,277			
Total investments	\$ 81,969,829			

NOTE 8. FAIR VALUE MEASUREMENTS (continued)

(A) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statement of Net Assets Available for Benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the period.

For the years ended June 30, 2024 and 2023 there were no transfers in or out of Levels 1, 2, or 3.

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

	2024	2023	2024	2023	Redemption	Redemption
	Fair Value	Fair Value	Unfunded	Unfunded	Frequency	Notice Period
			Commitments	Commitments		
Common collective trusts :						
Clarion LIT	\$ 2,007,820	\$ 2,142,064	\$ -	\$ -	Quarterly	90 days
RREEF America REIT II	1,224,441	1,614,818	-	-	Monthly	30 days
U.S. Core Partners Collective						
Trust CI 1	1,985,797	2,178,744	-	-	Quarterly	75 days
WC Joint Master Trust Mortgage Income Fund	3,549,726	3,387,147	-	-	Monthly	30 days
Commingled funds						
NIS Core Fixed Income Funds	9,526,084	6,667,042	-	-	Monthly	30 days
NIS High Yield Corporate Funds	408,743	353,737	-	-	Monthly	30 days
NIS Total Return Funds	1,160,196	2,187,714	-	-	Monthly	30 days
Pooled separate account:						
Principal Real Estate	1,638,892	2,010,182	-	-	Daily	5 days
Limited partnerships:						
American Core Realty Fund, LLC	821,767	1,181,443	-	-	Quarterly	10 days
Ares SIF	1,227,921	1,029,392	1,778,015	1,969,749	Quarterly	90 days
Stockbridge Niche Logistics Fund, LP	2,301,340	2,095,358	-	-	Quarterly [^]	45 days
Stockbridge Smart Markets Fund, LP	1,641,967	1,979,636	-	-	Quarterly ^{&}	45 days
Total	<u>\$ 27,494,694</u>	<u>\$ 26,827,277</u>	<u>\$ 1,778,015</u>	<u>\$ 1,969,749</u>		

[^]-Redemptions permitted on a quarterly basis with 45 days written notice, subject to a two-year initial lockup.

[&]-Redemptions permitted on a quarterly basis with 45 days written notice, subject to a six month initial lockup.

The American Core Realty Fund, LLC has been organized to allow Taft-Hartley pension funds, government retirement plans, corporate pension plans and qualified trusts forming part of a pension or profit-sharing plan, endowments, charitable foundations and other taxable and tax-exempt organizations to pool their assets to make investments primarily in core institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

NOTE 8. FAIR VALUE MEASUREMENTS (continued)

The Principal U.S. Property Separate Account is an open-end, commingled real estate account available to retirement plans meeting the requirements for qualification under Section 401(a) of the Internal Revenue Code of 1986 (“Code”), as amended, and governmental plans meeting the requirements of Section 457 of the Code, as amended, since 1982. The Separate Account is an insurance company separate account sponsored by Principal Life Insurance Company and managed by Principal Real Estate Investors. The Separate Account is a diversified real estate equity portfolio consisting primarily of high quality, well-leased real estate properties in the multifamily, industrial, office, retail and hotel sectors.

The Stockbridge Smart Markets Fund is an open-end core fund that aims to capture performance in excess of the ODCE Index by acquiring assets in "Smart Markets" characterized by educated, stable and fast-growing employment bases. The Smart Market Fund's target market strategy is based on the principle that real estate demand is dependent on jobs which are increasingly being created where there are educated work forces in the U.S.

The Stockbridge Niche Logistics Fund is a real estate value added fund, focusing on industrial assets and targets logistics sector.

The Ares SIF is a diversified real estate solution that seeks to deliver consistent income and capture long-term value appreciation across a balanced portfolio of high quality real estate assets.

NOTE 9. 414(K) FUND OBLIGATION

The 414(k) Fund Supplemental Accounts provide for separate participant accounts derived from employer contributions, as provided in Section 414(k) of the Internal Revenue Code. The hourly contribution rate is for all hours worked. Changes in the 414(k) Accounts for the years ended June 30, 2024 and 2023 are as follows:

	June 30, 2024	June 30, 2023
Balance at beginning of year	\$ 30,259,646	\$ 28,610,362
Investment income-net	3,759,863	2,321,803
Contributions-net	3,638,777	1,076,810
Benefits paid to participants	(2,652,881)	(1,602,151)
Administrative expenses	(100,766)	(147,178)
Balance at end of year	<u>\$ 34,904,639</u>	<u>\$ 30,259,646</u>

NOTE 10. RISKS AND UNCERTAINTIES

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

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

NOTE 11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through January 22, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**PLUMBERS & STEAMFITTERS LOCAL
UNION NO. 102 PENSION PLAN**

SCHEDULE OF ASSETS HELD AT END OF YEAR

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN No: 62-6077945

Plan No: 001

(a)	(b)	(c)				(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Shares/ Principal	Type	Interest Rate	Maturity Date	Cost	Current Value
	<u>Mutual funds:</u>						
American Fds Euro Pacific Growth		19,038				\$ 1,022,381	\$ 1,090,131
Baird Intermediate Bond		801,447				8,377,724	8,190,784
Fidelity Advisor Intl Cap Appr- CI Z		68,314				953,024	1,131,280
Fidelity Total Market Index Funds		318,356				26,640,770	47,565,528
Harding Loevner International Small Cap		17,736				274,070	307,536
Harding Loevner International Equity Port		41,925				969,496	1,104,707
T Rowe Price Intl Discovery Fund		6,045				552,807	396,387
T Rowe Price Intl Stock Fd - I		51,133				965,029	1,011,922
	Total mutual funds					<u>39,755,301</u>	<u>60,798,275</u>
	<u>Fixed income commingled funds:</u>						
NIS Core Fixed Income Funds						9,597,975	9,526,084
NIS High Yield Corporate Funds						338,863	408,743
NIS Total Return Funds						1,027,008	1,160,196
	Total fixed income commingled funds					<u>10,963,846</u>	<u>11,095,023</u>
	<u>Common collective trusts:</u>						
Clarion LIT		536				2,209,859	2,007,820
RREED America REIT II		9,540				1,289,444	1,224,441
U. S. Core Partners Collective Investment Trust, CL 1 Class 1		230,000				2,300,000	1,985,797
WC Joint Master Trust Mortgage Income Fund		96				3,200,258	3,549,726
	Total common collective trusts					<u>8,999,561</u>	<u>8,767,784</u>
	<u>Limited partnerships:</u>						
American Core Realty Fund, LLC		7				863,530	821,767
Ares Real Estate Secured Income Fund, L.P.		1				1,275,045	1,227,921
Stockbridge Niche Logistics Fund, LP		1,519				2,200,841	2,301,340
Stockbridge Smart Markets Fund, LP		963				1,984,999	1,641,967
	Total limited partnerships					<u>6,324,415</u>	<u>5,992,995</u>
	<u>Pooled separate account:</u>						
Principal Real Estate Investment Fund		26,202				2,015,691	1,638,892
	<u>Short-term investments:</u>						
Goldman Sachs Government Institutional Fund		1,870,959				1,870,959	1,870,959
Invesco STIT Gov & Agency		124				124	124
Home Federal Money Market		1,874,297				1,874,297	1,874,297
	Total short-term investments					<u>3,745,380</u>	<u>3,745,380</u>
	Total investments					<u>\$ 71,804,194</u>	<u>\$ 92,038,349</u>

* A party-in-interest as defined by ERISA.

**PLUMBERS & STEAMFITTERS LOCAL
UNION NO. 102 PENSION PLAN**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2024

Form 5500, Schedule H, Line 4j

EIN No: 62-6077945
Plan No: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net (Loss) or Gain	
* Goldman Sachs Financial Square Fund	\$ 4,580,210	N/A	\$ 4,580,210	\$ 4,580,210	N/A	
* Goldman Sachs Financial Square Fund	N/A	\$ 2,948,468	2,948,468	2,948,468	\$ -	

* A party-in-interest as defined by ERISA.

**PLUMBERS & STEAMFITTERS LOCAL
UNION NO. 102 PENSION PLAN**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Professional fees	\$ 65,625	\$ 75,282
Payroll	87,792	149,669
Employee benefits	35,750	78,906
Insurance	51,254	45,614
Office and data processing	24,366	42,035
Depreciation	-	3,233
Printing	<u>2,780</u>	<u>3,759</u>
Total administrative expenses	<u>\$ 267,567</u>	<u>\$ 398,498</u>

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 62-6077945; PN: 001

1. Monthly Accrued Benefit

\$5.79 multiplied by Past Service, *plus*

2.57% of the contributions required to be made on the participant's behalf for Future Service earned during the period July 1, 1968 through June 30, 1979, *plus*

the applicable benefit accrual from Table A below based on the hours of service earned in each plan year during the period July 1, 1979 through June 30, 1995, *plus*

the applicable benefit accrual from Table B below based on the hours of service earned during the 1995/96 plan year, *plus*

the applicable benefit accrual from Table C below based on the hours of service earned in each plan year during the period July 1, 1996 through June 30, 1998, *plus*

the applicable benefit accrual from Table D below based on the hours of service earned in the 1998/99 plan year, *plus*

the applicable benefit accrual from Table E below based on the hours of service earned in each plan year during the period July 1, 1999 through June 30, 2013, *plus*

\$5.56 for each additional 120 hours of service in excess of 2,400 hours of service earned in each plan year during the period July 1, 2000 through June 30, 2013, *plus*

the applicable benefit accrual from Table F below based on the hours of service earned in each plan year during the period July 1, 2013 through June 30, 2018, *plus*

\$5.84 for each additional 120 hours of service in excess of 2,400 hours of service earned in each plan year during the period July 1, 2013 through June 30, 2018, *plus*

the applicable benefit accrual from Table G below based on the hours of service earned in each plan year after June 30, 2018, *plus*

\$6.34 for each additional 120 hours of service in excess of 2,400 hours of service earned in each plan year after June 30, 2018

Note: The benefit levels which are in effect for a non-active participant and for periods of service prior to two consecutive One-Year Breaks-in-Service for an active participant may be less than the benefit levels shown in these tables. Also, for participants who are working at a pension contribution rate of less than \$2.34 per hour, the benefit accrual is reduced on a pro-rata basis.

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 62-6077945; PN: 001

(continued)**TABLE A**

Hours of Service During the Plan Year	Benefit Accrual for the Plan Year
Less than 120	\$ 0.00
At least 120, but less than 240	2.58
At least 240, but less than 360	5.13
At least 360, but less than 480	7.71
At least 480, but less than 600	10.27
At least 600, but less than 720	12.84
At least 720, but less than 840	15.39
At least 840, but less than 960	17.96
At least 960, but less than 1,080	20.51
At least 1,080, but less than 1,200	23.09
At least 1,200, but less than 1,320	25.66
At least 1,320, but less than 1,440	28.22
At least 1,440, but less than 1,560	30.78
At least 1,560, but less than 1,680	33.35
At least 1,680, but less than 1,800	35.92
At least 1,800, but less than 1,920	38.49
At least 1,920, but less than 2,040	41.05
At least 2,040, but less than 2,160	43.65
At least 2,160, but less than 2,280	46.31
At least 2,280, but less than 2,400	48.75
At least 2,400	51.29

TABLE B

Hours of Service During the Plan Year	Benefit Accrual for the Plan Year
Less than 120	\$ 0.00
At least 120, but less than 240	3.64
At least 240, but less than 360	7.23
At least 360, but less than 480	10.87
At least 480, but less than 600	14.48
At least 600, but less than 720	18.10
At least 720, but less than 840	21.70
At least 840, but less than 960	25.32
At least 960, but less than 1,080	28.92
At least 1,080, but less than 1,200	32.56
At least 1,200, but less than 1,320	36.18
At least 1,320, but less than 1,440	39.79
At least 1,440, but less than 1,560	43.40
At least 1,560, but less than 1,680	47.02
At least 1,680, but less than 1,800	50.65
At least 1,800, but less than 1,920	54.27
At least 1,920, but less than 2,040	57.88
At least 2,040, but less than 2,160	61.55
At least 2,160, but less than 2,280	65.30
At least 2,280, but less than 2,400	68.74
At least 2,400	72.32

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 62-6077945; PN: 001

(continued)

TABLE C

Hours of Service During the Plan Year	Benefit Accrual for the Plan Year
Less than 120	\$ 0.00
At least 120, but less than 240	4.37
At least 240, but less than 360	8.68
At least 360, but less than 480	13.04
At least 480, but less than 600	17.38
At least 600, but less than 720	21.72
At least 720, but less than 840	26.04
At least 840, but less than 960	30.38
At least 960, but less than 1,080	34.70
At least 1,080, but less than 1,200	39.07
At least 1,200, but less than 1,320	43.42
At least 1,320, but less than 1,440	47.75
At least 1,440, but less than 1,560	52.08
At least 1,560, but less than 1,680	56.42
At least 1,680, but less than 1,800	60.78
At least 1,800, but less than 1,920	65.12
At least 1,920, but less than 2,040	69.46
At least 2,040, but less than 2,160	73.86
At least 2,160, but less than 2,280	78.36
At least 2,280, but less than 2,400	82.49
At least 2,400	86.78

TABLE D

Hours of Service During the Plan Year	Benefit Accrual for the Plan Year
Less than 120	\$ 0.00
At least 120, but less than 240	4.48
At least 240, but less than 360	8.90
At least 360, but less than 480	13.37
At least 480, but less than 600	17.81
At least 600, but less than 720	22.26
At least 720, but less than 840	26.69
At least 840, but less than 960	31.14
At least 960, but less than 1,080	35.57
At least 1,080, but less than 1,200	40.05
At least 1,200, but less than 1,320	44.51
At least 1,320, but less than 1,440	48.94
At least 1,440, but less than 1,560	53.38
At least 1,560, but less than 1,680	57.83
At least 1,680, but less than 1,800	62.30
At least 1,800, but less than 1,920	66.75
At least 1,920, but less than 2,040	71.20
At least 2,040, but less than 2,160	75.71
At least 2,160, but less than 2,280	80.32
At least 2,280, but less than 2,400	84.55
At least 2,400	88.95

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 62-6077945; PN: 001

(continued)**TABLE E**

Hours of Service During the Plan Year	Benefit Accrual for the Plan Year
Less than 120	\$ 0.00
At least 120, but less than 240	5.60
At least 240, but less than 360	11.13
At least 360, but less than 480	16.71
At least 480, but less than 600	22.26
At least 600, but less than 720	27.83
At least 720, but less than 840	33.36
At least 840, but less than 960	38.93
At least 960, but less than 1,080	44.46
At least 1,080, but less than 1,200	50.06
At least 1,200, but less than 1,320	55.64
At least 1,320, but less than 1,440	61.18
At least 1,440, but less than 1,560	66.73
At least 1,560, but less than 1,680	72.29
At least 1,680, but less than 1,800	77.88
At least 1,800, but less than 1,920	83.44
At least 1,920, but less than 2,040	89.00
At least 2,040, but less than 2,160	94.64
At least 2,160, but less than 2,280	100.40
At least 2,280, but less than 2,400	105.69
At least 2,400	111.19

TABLE F

Hours of Service During the Plan Year	Benefit Accrual for the Plan Year
Less than 120	\$ 0.00
At least 120, but less than 240	5.88
At least 240, but less than 360	11.69
At least 360, but less than 480	17.55
At least 480, but less than 600	23.37
At least 600, but less than 720	29.22
At least 720, but less than 840	35.03
At least 840, but less than 960	40.88
At least 960, but less than 1,080	46.68
At least 1,080, but less than 1,200	52.56
At least 1,200, but less than 1,320	58.42
At least 1,320, but less than 1,440	64.24
At least 1,440, but less than 1,560	70.07
At least 1,560, but less than 1,680	75.90
At least 1,680, but less than 1,800	81.77
At least 1,800, but less than 1,920	87.61
At least 1,920, but less than 2,040	93.45
At least 2,040, but less than 2,160	99.37
At least 2,160, but less than 2,280	105.42
At least 2,280, but less than 2,400	110.97
At least 2,400	116.75

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 62-6077945; PN: 001

(continued)**TABLE G**

Hours of Service During the Plan Year	Benefit Accrual for the Plan Year
Less than 120	\$ 0.00
At least 120, but less than 240	6.38
At least 240, but less than 360	12.74
At least 360, but less than 480	19.10
At least 480, but less than 600	25.42
At least 600, but less than 720	31.82
At least 720, but less than 840	38.13
At least 840, but less than 960	44.48
At least 960, but less than 1,080	50.83
At least 1,080, but less than 1,200	57.21
At least 1,200, but less than 1,320	63.57
At least 1,320, but less than 1,440	69.94
At least 1,440, but less than 1,560	76.27
At least 1,560, but less than 1,680	82.60
At least 1,680, but less than 1,800	89.02
At least 1,800, but less than 1,920	95.36
At least 1,920, but less than 2,040	101.70
At least 2,040, but less than 2,160	108.17
At least 2,160, but less than 2,280	114.77
At least 2,280, but less than 2,400	120.77
At least 2,400	127.10

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 62-6077945; PN: 001

(continued)

2. Normal Retirement Age and Benefit

- **Age**

Later of age 62 and the fifth anniversary of the date that the participant first earns an hour of service (*solely with respect to those participants who earn some Benefit Accrual Service after June 30, 2013*); or

Later of age 65 and the fifth anniversary of the date that the participant first earns an hour of service (*with respect to all other participants*); or

- **Amount**

Monthly Accrued Benefit

- **Form of Payment**

Three-year certain and life annuity (normal form for single participants);

Actuarially reduced 50% joint and contingent annuity with spouse as beneficiary (normal form for married participants);

Actuarially reduced 10-year certain and life annuity (optional);

Actuarially reduced 50% joint and contingent annuity (optional);

Actuarially reduced 75% joint and contingent annuity (optional);

Actuarially reduced 100% joint and contingent annuity (optional);

Actuarially reduced 50% joint and contingent annuity with “pop-up” feature¹ (optional);

Actuarially reduced 75% joint and contingent annuity with “pop-up” feature¹ (optional);

Actuarially reduced 100% joint and contingent annuity with “pop-up” feature¹ (optional);

or

Actuarially equivalent lump sum payment (mandatory and only available if the present value of the monthly annuity at retirement is less than \$1,000)

3. Early Retirement Age and Benefit

- **Age**

Later of age 55 and attainment of at least 15 years of Vesting Service (at least three of which were earned after June 30, 1968)

- **Amount**

Monthly Accrued Benefit, reduced (for Early Retirement Ages less than age 62) by 0.125% for each month by which the participant’s Early Retirement Date precedes age 62; there is no early retirement reduction for those participants who have attained at least 30 years of Vesting Service as of their Early Retirement Date

- **Form of Payment**

Same as for Normal Retirement

¹ An annuity with a “pop-up” feature is one that increases to the amount of the unreduced accrued benefit upon the death of the contingent annuitant.

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 62-6077945; PN: 001

(continued)

4. Late Retirement Age and Benefit

- **Age**
After Normal Retirement Age
- **Amount**
Greater of (a) or (b), as follows:
 - (a) Monthly Accrued Benefit, or
 - (b) Monthly Accrued Benefit at Normal Retirement Age actuarially increased to account for the delayed payment of the benefit
- **Form of Payment**
Same as for Normal Retirement

5. Disability Retirement Benefit

- **Eligibility Requirements**
In order to be eligible for a Disability Retirement Benefit, the participant must have earned at least five years of Vesting Service (at least two of which were earned after June 30, 1968) and must be found by the Trustees to be totally and permanently disabled from working at the trade or within the building and construction trades. If the participant is not eligible for a social security disability benefit, the disability benefit is only payable temporarily for a period of up to 48 months based on Trustee approval.
- **Amount**
Monthly Accrued Benefit
- **Form of Payment**
Same as for Normal Retirement

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 62-6077945; PN: 001

(continued)

6. Deferred Vested Retirement Benefit

- **Eligibility Requirement**

In order to be eligible for a Deferred Vested Retirement Benefit, the participant must be vested in his Monthly Accrued Benefit.

- **Amount**

Monthly Accrued Benefit (payable at Normal Retirement Age or, if the participant has not incurred two consecutive one-year breaks-in-service as of June 30, 1998 or has earned at least 1,000 hours of service (300 hours of service for those participants who were not vested as of June 30, 1998) during a plan year thereafter, payable at Early Retirement Age), or

Monthly Accrued Benefit reduced by 0.125% (if the participant has not incurred two consecutive one-year breaks-in-service as of June 30, 1992 or has earned at least 1,000 hours of service (300 hours of service for those participants who were not vested as of June 30, 1992) during a plan year thereafter), 0.25% (if the participant has not incurred two consecutive one-year breaks-in-service as of June 30, 1987 or has earned at least 1,000 hours of service during a plan year thereafter), or 0.42% (otherwise) for each month by which the participant's Early Retirement Date precedes age 62 (payable at Early Retirement Age)

- **Form of Payment**

Same as for Normal Retirement

7. Pre-Retirement Death Benefits

- **Qualified Pre-Retirement Survivor Annuity (QPSA)**

Upon the death prior to retirement of a vested participant who was married during the one-year period preceding his death, the participant's spouse receives 50% of the Monthly Accrued Benefit that would have been payable to the participant in the form of a 50% joint and contingent annuity had the participant survived to his earliest retirement age. At the spouse's election, an actuarially equivalent QPSA is payable at any time following the participant's death, but no later than the participant's Normal Retirement Age. In lieu of the QPSA, the spouse may elect to receive a lump sum payment equal to the greater of the actuarially equivalent value of the QPSA or the lump sum pre-retirement death benefit described below. Notwithstanding the above, if the actuarially equivalent value of the QPSA is less than \$1,000, the lump sum payment is mandatory.

- **Lump Sum Pre-Retirement Death Benefit**

Upon the death prior to retirement of a non-vested or unmarried participant or of a vested participant who had been married for less than one year prior to his death, the participant's beneficiary receives a lump sum death benefit equal to \$10,000 multiplied by his number of whole years of Vesting Service, provided that the participant had not incurred two consecutive One-Year Breaks-in-Service at the time of his death.

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 62-6077945; PN: 001

(continued)

8. Vesting Requirement

In order to become 100% vested in his Monthly Accrued Benefit, the participant must earn at least five years of Vesting Service, where Vesting Service for this purpose includes similar service earned under a pension plan sponsored by any other local union of the U.A. provided that the participant was a member in good standing of the respective union at the time that the service was earned.

9. Years of Vesting Service

Equal to sum of Vesting Service earned both before and after July 1, 1976:

- **Vesting Service Earned Before July 1, 1976**

Equal to Benefit Accrual Service earned before July 1, 1976

- **Vesting Service Earned After July 1, 1976**

One-tenth of a year of Vesting Service is granted for each 100 hours of service during any plan year after June 30, 1976 during which the participant earns at least 200 hours of service, with a maximum of one year of Vesting Service granted during any single plan year and with one-tenth of a year of Vesting Service granted for at least 120, but less than 200, hours of service during a plan year.

10. Years of Benefit Accrual Service

Equal to sum of Past Service and Future Service:

- **Past Service**

Past Service was granted for certain service prior to the original effective date of the plan.

- **Future Service**

One-tenth of a year of Future Service is granted for each 120 hours of service during any plan year after June 30, 1968, with a maximum of one year of Future Service granted during any single plan year. Alternatively, during the period July 1, 1968 through June 30, 1971, two years of Future Service were granted if the participant earned at least 2,400 hours of service and three years were granted if the participant earned at least 3,600 hours of service.

11. One-Year Break-in-Service

Participant incurs a one-year break-in-service if he fails to earn at least 120 hours of service during a plan year.

12. Participation Requirement

Earn at least 1,000 hours of service during the first year of employment or during any plan year

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 62-6077945; PN: 001

(continued)

13. Definition of Actuarially Equivalent

- **Interest Rate**

7.00% per annum

- **Mortality Table**

RP-2000 Mortality Table for annuitants, projected to 2007 by Scale AA, as published by the IRS for purposes of IRC section 430, with the male rates being used for the participant and the female rates being used for his beneficiary

Notes:

- *The lump sum value of an annuity, however, will not be less than that computed using the mortality table and segment interest rates issued by the IRS for the second calendar month preceding the plan year during which the lump sum is distributed; and*
- *For purposes of converting the normal form of payment into an optional form of annuity, actuarial equivalence will be based on the specific formula set forth in the plan document for such purposes.*

14. Union

Local Number 102 of the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada

15. Initial Plan Effective Date

July 1, 1968

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 62-6077945; PN: 001

The following plan amendments have been adopted within the past several plan years:

1. Effective December 1, 2014, retirees who were retired as of that date were given a one-time additional lump sum payment equal to one month's retirement income.
2. Effective December 15, 2015, retirees who were retired as of that date were given a one-time additional lump sum payment equal to one month's retirement income.
3. Effective December 1, 2016:
 - (a) The pre-retirement lump sum death benefit was increased from \$5,000 for each full year of vesting service to \$10,000 for each full year of vesting service; and
 - (b) Retirees as of December 1, 2016 were given a one-time additional lump sum payment equal to one month's retirement income.
4. Effective December 1, 2017, retirees as of that date were given a one-time additional lump sum payment equal to the greater of one month's retirement income or \$100.00.
5. Effective July 1, 2018, the benefit levels applicable to service earned after June 30, 2018 were increased by approximately 8.5% to 9.0%.
6. Effective December 1, 2018, retirees as of that date were given a one-time additional lump sum payment equal to the greater of one-half month's retirement income or \$500.00.
7. Effective December 1, 2019, retirees as of that date were given a one-time additional lump sum payment equal to the greater of one-half month's retirement income or \$500.00.
8. Effective December 1, 2020, retirees as of that date were given a one-time additional lump sum payment equal to the greater of one month's retirement income or \$500.00.
9. Effective December 1, 2021, retirees as of that date were given a one-time additional lump sum payment equal to the greater of one month's retirement income or \$500.00.
10. **Effective December 1, 2022, retirees as of that date were given a one-time additional lump sum payment equal to the greater of one month's retirement income or \$1,000.00.**

* Note: Amendments that have first been reflected in this valuation are indicated in bold print.

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

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

EIN: 62-6077945; PN: 001

Distribution of Active Participants as of July 1, 2023 by Age and Service Groups

Attained Age	Completed Years of Vesting Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	59	1	0	0	0	0	0	0	0	60
25 to 29	0	61	11	0	0	0	0	0	0	0	72
30 to 34	1	49	17	8	0	0	0	0	0	0	75
35 to 39	0	26	0	5	1	1	0	0	0	0	33
40 to 44	0	23	2	9	4	1	0	0	0	0	39
45 to 49	0	19	4	6	7	2	1	0	0	0	39
50 to 54	1	19	0	2	2	2	3	2	0	0	31
55 to 59	0	13	2	2	1	6	1	2	0	0	27
60 to 64	0	6	0	1	1	2	1	0	0	0	11
65 to 69	0	2	0	2	0	0	0	0	0	0	4
70 & up	0	0	0	0	0	0	0	0	0	1	1
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	2	277	37	35	16	14	6	4	0	1	392

Schedule MB, line 9c - Schedule of Funding Standard Account Bases

EIN: 62-6077945; PN: 001

Description	Original Amount	Outstanding Balance as of July 1, 2022	2022/23 Amortization Payment	Outstanding Balance as of July 1, 2023	2023/24 Amortization Payment	Years Remaining ***
7/1/14 Method Chg.	\$2,671,014	\$690,497	\$357,327	\$357,325	\$357,325	1 year
7/1/95 Assump. Chg.		\$1,996	\$712	\$1,377	\$712	2 years
7/1/98 Assump. Chg.	\$2,886,378	\$1,118,805	\$220,545	\$963,384	\$219,589	5 years
7/1/10 Assump. Chg.	\$1,719,736	\$497,570	\$177,592	\$343,176	\$177,390	2 years
7/1/14 Assump. Chg.	\$384,696	\$228,480	\$39,874	\$202,280	\$39,661	6 years
7/1/17 Assump. Chg.	\$2,821,436	\$2,183,190	\$293,183	\$2,027,033	\$290,768	9 years
7/1/19 Assump. Chg.	\$299,725	\$262,019	\$31,170	\$247,586	\$30,857	11 years
7/1/20 Assump. Chg.	\$1,525,016	\$1,401,644	\$158,594	\$1,333,171	\$156,868	12 years
7/1/23 Assump. Chg.	\$261,523			\$261,523	\$26,835	15 years
1/1/94 Amendment		\$135,096	\$91,629	\$46,618	\$46,618	0.5 year
7/1/95 Amendment		\$171,413	\$61,180	\$118,225	\$61,111	2 years
7/1/96 Amendment	\$560,264	\$187,030	\$42,817	\$154,668	\$42,675	4 years
7/1/97 Amendment	\$1,037,895	\$402,302	\$79,305	\$346,414	\$78,960	5 years
7/1/98 Amendment	\$225,702	\$98,887	\$17,258	\$87,547	\$17,165	6 years
7/1/99 Amendment	\$2,508,349	\$1,098,990	\$191,796	\$972,966	\$190,770	6 years
1/1/00 Amendment	\$629,032	\$305,280	\$48,132	\$275,791	\$47,826	7 years
12/1/00 Amendment	\$125,369	\$66,370	\$9,599	\$60,887	\$9,530	8 years
12/1/03 Amendment	\$135,979	\$87,685	\$10,431	\$82,855	\$10,326	11 years
7/1/06 Amendment	\$55,787	\$41,180	\$4,283	\$39,572	\$4,229	14 years
12/1/16 Amendment	\$147,373	\$114,036	\$15,314	\$105,879	\$15,188	9 years
7/1/18 Amendment	\$395,997	\$327,109	\$41,182	\$306,657	\$40,805	10 years
12/1/21 Amendment	\$309,083	\$309,083	\$309,083	\$0	\$0	0 years
12/1/22 Amendment	\$422,531			\$422,531	\$422,531	1 year
2007/08 Exp. Loss	\$5,879,276	\$607,845	\$607,845	\$0	\$0	0 years
2008/09 Exp. Loss	\$8,089,474	\$1,615,201	\$835,852	\$835,852	\$835,852	1 year
2011/12 Exp. Loss	\$521,166	\$235,537	\$53,922	\$194,782	\$53,743	4 years
2014/15 Exp. Loss	\$2,599,201	\$1,710,248	\$269,643	\$1,545,049	\$267,933	7 years
2015/16 Exp. Loss	\$2,795,311	\$2,006,625	\$290,232	\$1,840,831	\$288,112	8 years
2017/18 Exp. Loss	\$1,558,244	\$1,287,179	\$162,050	\$1,206,701	\$160,567	10 years
2018/19 Exp. Loss	\$1,242,758	\$1,086,419	\$129,241	\$1,026,573	\$127,944	11 years
2021/22 Exp. Loss	\$9,691,797	\$9,691,797	\$1,007,899	\$9,313,481	\$995,280	14 years
2022/23 Exp. Loss	\$1,861,865			\$1,861,865	\$191,049	15 years
Total		\$27,969,513	\$5,557,690	\$26,582,599	\$5,208,219	

*** Years remaining as of July 1, 2023

Schedule MB, line 9h - Schedule of Funding Standard Account Bases

EIN: 62-6077945; PN: 001

Description	Original Amount	Outstanding Balance as of July 1, 2022	2022/23 Amortization Payment	Outstanding Balance as of July 1, 2023	2023/24 Amortization Payment	Years Remaining ***
7/1/22 Method Chg.	\$7,249,393	\$7,249,393	\$973,530	\$6,730,863	\$965,511	9 years
7/1/01 Assump. Chg.	\$417,038	\$220,771	\$31,932	\$202,530	\$31,698	8 years
7/1/05 Assump. Chg.	\$1,013,718	\$687,676	\$77,810	\$654,081	\$76,963	12 years
7/1/06 Assump. Chg.	\$1,495,106	\$1,061,039	\$114,825	\$1,014,815	\$113,480	13 years
7/1/18 Assump. Chg.	\$1,404,004	\$1,159,774	\$146,009	\$1,087,263	\$144,675	10 years
2009/10 Exp. Gain	\$1,488,384	\$430,633	\$153,700	\$297,011	\$153,527	2 years
2010/11 Exp. Gain	\$2,997,430	\$1,119,233	\$309,834	\$868,080	\$309,143	3 years
2012/13 Exp. Gain	\$2,238,046	\$1,175,740	\$231,770	\$1,012,408	\$230,763	5 years
2013/14 Exp. Gain	\$2,726,522	\$1,619,333	\$282,607	\$1,433,639	\$281,095	6 years
2016/17 Exp. Gain	\$1,375,794	\$1,064,573	\$142,962	\$988,428	\$141,785	9 years
2019/20 Exp. Gain	\$107,090	\$98,427	\$11,137	\$93,619	\$11,016	12 years
2020/21 Exp. Gain	\$6,848,324	\$6,581,003	\$712,192	\$6,294,300	\$703,849	13 years
Total		\$22,467,595	\$3,188,308	\$20,677,037	\$3,163,505	

*** Years remaining as of July 1, 2023

Schedule MB, line 11 – Justification of Change in Actuarial Assumptions

EIN: 62-6077945; PN: 001

Effective July 1, 2023:

- c) The mortality improvement scale was updated from Scale MP-2017 to Scale MP-2020;**
- d) The interest rate used to determine current liability and SFAS 35 liability was increased from 2.25% per annum to 2.50% per annum;**
- e) The interest rate used for all other purposes was decreased from 7.25% per annum to 7.00% per annum;**
- f) The assumed contribution rate for future hours of service was increased from \$4.00 to \$4.10; and**
- g) The administrative expense loading was decreased from 6.00% to 4.00%.**

These changes were made to keep the plan's assumptions in line with expected experience and the current liability interest rate within the range allowed under IRC.

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

EIN: 62-6077945; PN: 001

NOTE: Because the plan covers a limited number of participants, we have not conducted an experience study for the purpose of establishing the actuarial assumptions other than the retirement assumption. Instead, we have relied on generally applicable assumptions for this purpose.

1. Actuarial Cost Method

Individual entry age normal cost method

2. Decrements

• Pre-Retirement Mortality

Sex-distinct rates set forth in the RP-2014 Blue Collar Mortality Table for employees, with full generational improvements in mortality using Scale MP-2020

• Post-Retirement Mortality

Sex-distinct rates set forth in the RP-2014 Blue Collar Mortality Table for healthy annuitants, with full generational improvements in mortality using Scale MP-2020

• Disability

Sex-distinct disability rates set forth in the Wyatt 1985 Disability Study (Class 4)

(The Wyatt 1985 Disability Study provides disability rates for four classes of participants. Class 1 rates are applicable to “white collar” workers and reflect the lowest incidence of disability and the disability rates increase progressively for Classes 2 through 4. We selected 125% of the Class 4 rates as being the most appropriate for the group of participants covered by this plan due to the plan’s relatively high incidence of disability retirements.)

• Permanent Withdrawal from Active Status

Sex-distinct withdrawal rates set forth in the Scale 155 table

• Retirement

25% of participants have been assumed to retire at each age prior to age 62 at which they are eligible to receive an unreduced early retirement benefit and 100% of participants have been assumed to retire at age 62 or later if they are eligible to receive an unreduced early or normal retirement benefit.

(The retirement rates shown above are based on a study of the plan’s retirement experience.)

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

EIN: 62-6077945; PN: 001

(continued)

3. Interest Rates

- **Used for Calculating SFAS 35 Liability and Current Liability**
2.50% per annum
- **Used for Calculating All Other Liabilities**
7.00% per annum

(The plan's current investment mix reflects a 65% allocation to equities and a 35% allocation to fixed income investments. Based on historical average returns, we have assumed that the equity portion of the portfolio will return 8.75% per year on average and that the fixed income portion of the portfolio will return 3.75% per year on average, giving an assumed long-term investment return of 7.00% per year for the portfolio as a whole.)

4. Marriage Assumptions

- **Percent Married**
85% of males and 50% of females are assumed married.
- **Age Difference Between Spouses**
Male spouses are assumed to be three years older than female spouses.

5. Future Benefit Accruals

- **Hours of Service**
2,000 hours of service for each future year of service
- **Contribution Rate**
\$4.10 per hour for each future hour of service

6. Contributions

Contributions are assumed to be made monthly throughout the plan year as of the end of each month. The amount of contributions assumed is equal to the total individual contributions assumed for benefit accrual purposes as set forth in item 5. above.

7. Expenses

All liabilities have been loaded by 4.00% to account for anticipated administrative expenses *exclusive* of investment expenses and commissions. In addition, the interest rates set forth in item 3. above are assumed to be net of investment expenses and commissions.

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

EIN: 62-6077945; PN: 001

(continued)

8. Assets

Actuarial value of assets is equal to the market value of assets, adjusted to reflect a five-year phase-in of the unexpected investment appreciation (or depreciation) that occurs after June 30, 2021.

9. Incomplete Data Records

For those participants whose date of birth is unknown, a date of birth has been assumed to correspond with an age at entry of 30.

Schedule MB – Statement of Enrolled Actuary

Name of Plan: Plumbers and Steamfitters Local Union No. 102 Pension Plan
EIN: 62-6077945
PN: 001

Line 3

The contributions set forth are those reported by the fund's auditor on an accrual basis during the 2023/24 plan year. This basis of reporting the contributions to the fund is consistent with prior Schedule MB's. In addition, contributions are made on various dates throughout the plan year. For purposes of the funding standard account, all contributions were assumed to have been made on January 1, 2024.

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

EIN: 62-6077945; PN: 001

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments	
Plan Year	Expected Annual Benefit Payments
Current Plan Year	\$3,825,809
Current Plan Year +1	\$3,888,184
Current Plan Year +2	\$3,981,095
Current Plan Year +3	\$4,044,808
Current Plan Year +4	\$4,119,162
Current Plan Year +5	\$4,171,372
Current Plan Year +6	\$4,325,698
Current Plan Year +7	\$4,441,980
Current Plan Year +8	\$4,485,420
Current Plan Year +9	\$4,525,993

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

Part II Basic Plan Information - enter all requested information	
1a Name of plan PLUMBERS AND STEAMFITTERS LOCAL 102 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PLUMBERS & STEAMFITTERS LOCAL UNION NO. 102 PO BOX 27126 KNOXVILLE TN 37927-7126	1c Effective date of plan 07/01/1968 2b Employer Identification Number (EIN) 62-6077945 2c Plan Sponsor's telephone number 865-546-5501 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		4/14/25	JOE BOOHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		4-14-25	KATRINA IVEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address Same as Plan Sponsor
BOARD OF TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL UNION NO. 102

PO BOX 27126
KNOXVILLE TN 37927-7126

3b Administrator's EIN
62-6077945

3c Administrator's telephone number
865-546-5501

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	915
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)	392
a(2) Total number of active participants at the end of the plan year	6a(2)	389
b Retired or separated participants receiving benefits	6b	274
c Other retired or separated participants entitled to future benefits	6c	170
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	833
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	73
f Total. Add lines 6d and 6e	6f	906
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	27

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4L

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) - Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information - Small Plan)
- (3) **A** (Insurance Information) - Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

**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**

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 UNION NO. 102 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL UNION NO. 102	D Employer Identification Number (EIN) 62-6077945	

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)	52,467,454
(2) Actuarial value of assets for funding standard account.....	1b(2)	57,567,105
c (1) Accrued liability for plan using immediate gain methods	1c(1)	60,872,183
(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)	56,533,654
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)	112,000,941
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	5,460,697
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	0
(3) Expected plan disbursements for the plan year.....	1d(3)	3,825,809

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		11/07/2024
	Signature of actuary	Date
	CHARLES T. CARR	2304927
	Type or print name of actuary	Most recent enrollment number
	SOUTHERN ACTUARIAL SERVICES COMPANY	770-392-0980
	Firm name	Telephone number (including area code)
	P.O. Box 888343 ATLANTA GA 30356-0343	
	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**

- 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	2.50 %	
b Rates specified in insurance or annuity contracts	Pre-retirement		Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
c Mortality table code for valuation purposes:			
(1) Males.....	6c(1)	6	6
(2) Females	6c(2)	6F	6F
d Valuation liability interest rate.....	6d	7.00 %	7.00 %
e Salary scale.....	6e	0.00 %	<input type="checkbox"/> N/A
f Withdrawal liability interest rate:			
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	3.2 %	
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	8.1 %	
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	4.0 %	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,861,865	191,049
3	422,531	422,531
4	261,523	26,835

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.....
b Employer's normal cost for plan year as of valuation date

9a	0
9b	2,043,407

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)	26,582,599	5,208,219
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c

9d	507,613
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e Total charges. Add lines 9a through 9d.....

9e	7,759,239
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Credits to funding standard account:

f Prior year credit balance, if any.....
g Employer contributions. Total from column (b) of line 3

9f	2,600,484
9g	3,324,898

h Amortization credits as of valuation date.....

	Outstanding balance	
9h	20,677,037	3,163,505

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i	517,882
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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)	13,962,023	
9j(2)	47,233,004	
9j(3)		0

k (1) Waived funding deficiency.....
(2) Other credits.....

9k(1)	0
9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	9,606,769
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	1,847,530
-----------	-----------

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

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

(a) Reconciliation outstanding balance as of valuation date

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

(3) Total as of valuation date

9o(1)	0
9o(2)(a)	0
9o(2)(b)	0
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