

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 08/31/2024	
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	
1a	Name of plan PLUMBERS UNION LOCAL NO. 55 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 12/01/1960
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JOINT BOARD OF TRUSTEES PLUMBERS UNION LOCAL 55 PENSION PLAN 980 KEYNOTE CIRCLE BROOKLYN HEIGHTS, OH 44131-0000	2b Employer Identification Number (EIN) 34-6514703 2c Plan Sponsor's telephone number 216-459-9110 2d Business code (see instructions) 813930

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.	05/18/2025	MARK MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/18/2025	SMITTY G. BELCHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1315
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 472 6a(2) 0 6b 6c 6d 0 6e 6f 0 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 0

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

1A 1I

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 08/31/2024

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 UNION LOCAL NO. 55 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 JOINT BOARD OF TRUSTEES PLUMBERS UNION LOCAL 55 PENSION PLAN	D Employer Identification Number (EIN) 34-6514703

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

1a Enter the valuation date: Month 05 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 102272791
(2) Actuarial value of assets for funding standard account	1b(2) 109045953
c (1) Accrued liability for plan using immediate gain methods	1c(1) 126942724
(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) 126942724
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) 191384330
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 9437853
(3) Expected plan disbursements for the plan year	1d(3) 9937853

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	06/12/2025
Signature of actuary JAMES A. NOLAN, FSA, FCA, MAAA	Date 23-07228
Type or print name of actuary SEGAL	Most recent enrollment number 312-984-8500
Firm name 101 NORTH WACKER DR. SUITE 1800 CHICAGO, IL 60606	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	102272791
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	510	106145826
(2) For terminated vested participants	333	33583052
(3) For active participants:		
(a) Non-vested benefits		7237539
(b) Vested benefits		44417913
(c) Total active	472	51655452
(4) Total	1315	191384330
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.44 %

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
06/15/2024	1899896	0			
Totals ►			3(b)	1899896	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	85.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.56 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		4.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		6.7 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		160700
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1321293	45193

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 the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	160700

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)	59617987	2884717
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 213179**e** Total charges. Add lines 9a through 9d.....**9e** 3258596**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 32304656**g** Employer contributions. Total from column (b) of line 3.....**9g** 1899896**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 2322731**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit

	Outstanding balance	
9h	9416560	560578
9j(1)	61478656	
9j(2)	63352370	

k (1) Waived funding deficiency

(2) Other credits

9j(3)**9k(1)****9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 37087861**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 33829265**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.....

(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)**9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 08/31/2024		
A Name of plan PLUMBERS UNION LOCAL NO. 55 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES PLUMBERS UNION LOCAL 55 PENSION PLAN	D Employer Identification Number (EIN) 34-6514703	

Part I	Service Provider Information (see instructions)
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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	
ABS EMERGING MARKETS STRATEGIC PORT	1900 EAST 9TH STREET 13TH FLOOR CLEVELAND, OH 44114

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN REALTY ADVISORS AMERICAN C	515 S. FLOWER STREET LOS ANGELES, CA 90071

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ULLICO INFRASTRUCTURE TAX-EXEMPT FU	8402 COLESVILLE ROAD SILVER SPRING, MD 20910

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

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

CDS ADMINISTRATORS

5 HOT METAL STREET, SUITE 200
PITTSBURGH, PA 15203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	70586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDGEWOOD MANAGEMENT CO.

22-2032238

(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	NONE	42641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL COMPANY

13-1975125

(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	NONE	19932	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARINER (ANDCO)

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	17667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC BANK, NA

25-1211909

(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	NONE	14257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FAULKNER, HOFFMAN & PHILLIPS, LLC

34-1909706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29		5667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 08/31/2024		
A Name of plan PLUMBERS UNION LOCAL NO. 55 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES PLUMBERS UNION LOCAL 55 PENSION PLAN		D Employer Identification Number (EIN) 34-6514703
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SPECIAL SITUATION PROPERTY FU		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 13-3980309-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 08/31/2024

A Name of plan PLUMBERS UNION LOCAL NO. 55 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES PLUMBERS UNION LOCAL 55 PENSION PLAN	D Employer Identification Number (EIN) 34-6514703

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	741247	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	543291	
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	575586	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1378617	
(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)	11859740	
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	7271505	
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	57542837	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	22427958	

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	102340781	
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	55582	
i Acquisition indebtedness	1i		
j Other liabilities	1j	12408	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	67990	
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	102272791	

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)	1899896	
(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)		1899896
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	508644	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		508644
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	145103	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	145754	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		290857
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	717923	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	80535	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		637388
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	319509	
(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)		761244
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4739980
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9157518

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3076960	
(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)		3076960
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	41051	
(3) Recordkeeping fees	2i(3)	204	
(4) IQPA audit fees	2i(4)	4855	
(5) Investment advisory and investment management fees	2i(5)	60308	
(6) Bank or trust company trustee/custodial fees	2i(6)	15610	
(7) Actuarial fees	2i(7)	19583	
(8) Legal fees	2i(8)	5463	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1684	
(11) Other expenses	2i(11)	108691	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		257449
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3334409

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5823109
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		108095900

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: **CALIBRE CPA GROUP, PLLC**

(2) EIN: **47-0900880**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
UNITED ASSOCIATION NATIONAL PENSION FUND	52-6152779	001

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 532494.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 08/31/2024					
A Name of plan PLUMBERS UNION LOCAL NO. 55 PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES PLUMBERS UNION LOCAL 55 PENSION PLAN				D Employer Identification Number (EIN) 34-6514703	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	2
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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 **NEPTUNE PLUMBING & HEATING CO.**

b EIN **34-1022115**

c Dollar amount contributed by employer **338729**

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 **04** Day **30** Year **2026**

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 **GORMAN-LAVELLE CORPORATION**

b EIN **34-1585310**

c Dollar amount contributed by employer **315057**

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 **04** Day **30** Year **2026**

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 **THE JOHN F GALLAGHER CO. INC**

b EIN **34-1017101**

c Dollar amount contributed by employer **237817**

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 **04** Day **30** Year **2026**

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 **SUMMIT PLUMBING CONTRACTORS**

b EIN **83-1469520**

c Dollar amount contributed by employer **176197**

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 **04** Day **30** Year **2026**

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 **RELMEC MECHANICAL**

b EIN **27-1096734**

c Dollar amount contributed by employer **166288**

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 **04** Day **30** Year **2026**

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 **NEXT GENERATION SERVICE, LLC**

b EIN _____

c Dollar amount contributed by employer **82785**

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 **04** Day **30** Year **2026**

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): _____

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 **QMCI CORP. FKA QWEST**

b EIN **c** Dollar amount contributed by employer **81386**

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 **04** Day **30** Year **2026**

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 **THE SMITH & OBY COMPANY**

b EIN **34-0537580** **c** Dollar amount contributed by employer **74169**

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 **04** Day **30** Year **2026**

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 **MILLER PLUMBING & HEATING COMPANY**

b EIN **34-0690339** **c** Dollar amount contributed by employer **57896**

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 **04** Day **30** Year **2026**

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 **S A COMUNALE CO**

b EIN **34-1122758** **c** Dollar amount contributed by employer **56704**

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 **04** Day **30** Year **2026**

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): _____

a Name of contributing employer

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

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

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

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

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

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

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

14a

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

14b

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

14c

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 LOCAL UNION NO. 55
PENSION PLAN AND TRUST**

FINANCIAL STATEMENTS

AUGUST 31, 2024



PLUMBERS LOCAL UNION NO. 55 PENSION PLAN AND TRUST

FINANCIAL STATEMENTS

FOUR MONTH PERIOD ENDED AUGUST 31, 2024
AND YEAR ENDED APRIL 30, 2024

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Plumbers Local Union No. 55 Pension Plan and Trust

Opinion

We have audited the accompanying financial statements of the Plumbers Local Union No. 55 Pension Plan and Trust (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 August 31, 2024, and the related statement of changes in net assets available for benefits for the four month period then ended, and the statement of accumulated plan benefits as of April 30, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of August 31, 2024, and the changes in its net assets available for benefits for the four month period then ended, and the accumulated plan benefits as of April 30, 2024, and the changes in accumulated plan benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Prior Period Financial Statements

The financial statements of the Plan as of April 30, 2024, were audited by other auditors whose report dated February 11, 2025, expressed an unmodified opinion on those statements.



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 that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Other Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of administrative expenses is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Bethesda, MD
June 10, 2025



PLUMBERS LOCAL UNION NO. 55 PENSION PLAN AND TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

AUGUST 31, 2024 AND APRIL 30, 2024

	August 31, 2024	April 30, 2024
Assets		
Investments - at fair value		
Money market fund	\$ 1,228,788	\$ 1,378,617
Registered investment companies	62,324,203	57,542,837
Common stocks	12,453,069	11,859,740
Common collective trusts	18,636,556	18,044,182
Limited partnerships	11,839,579	11,620,131
Total investments - at fair value	<u>106,482,195</u>	<u>100,445,507</u>
Receivables		
Accrued interest and dividends	46,559	48,533
Employers' contributions	516,834	543,291
Due from related fund, net	<u>528,201</u>	<u>527,053</u>
Total receivables	<u>1,091,594</u>	<u>1,118,877</u>
Other assets		
Prepaid expenses	53,189	35,150
Cash	<u>499,076</u>	<u>741,247</u>
Total other assets	<u>552,265</u>	<u>776,397</u>
Total assets	<u>108,126,054</u>	<u>102,340,781</u>
Liabilities and Net Assets		
Liabilities		
Due to broker for securities purchased	-	12,408
Accounts payable and accrued liabilities	<u>30,154</u>	<u>55,582</u>
Total liabilities	<u>30,154</u>	<u>67,990</u>
Transfer of net assets available for benefits due to merger to United Association National Pension Fund	<u>(108,095,900)</u>	<u>-</u>
Net assets available for benefits	<u>\$ -</u>	<u>\$ 102,272,791</u>

See accompanying notes to financial statements.

PLUMBERS LOCAL UNION NO. 55 PENSION PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOUR MONTH PERIOD ENDED AUGUST 31, 2024
AND YEAR ENDED APRIL 30, 2024

	August 31, 2024	April 30, 2024
Additions		
Investment income (loss)		
Net appreciation in fair value of investments	\$ 6,458,121	\$ 4,415,960
Interest and dividends	<u>799,501</u>	<u>2,434,396</u>
	7,257,622	6,850,356
Less: investment expenses	<u>(56,898)</u>	<u>(344,509)</u>
Net investment income	7,200,724	6,505,847
Employers' contributions	<u>1,899,896</u>	<u>5,923,793</u>
Total additions	<u>9,100,620</u>	<u>12,429,640</u>
Deductions		
Benefits paid to participants and beneficiaries	3,076,960	8,892,807
General and administrative expenses	<u>200,551</u>	<u>451,930</u>
Total deductions	<u>3,277,511</u>	<u>9,344,737</u>
Net change	5,823,109	3,084,903
Net assets available for benefits		
Beginning of year	102,272,791	99,187,888
Transfer of net assets available for benefits due to merger to United Association National Pension Fund	<u>(108,095,900)</u>	<u>-</u>
End of year	<u>\$ -</u>	<u>\$ 102,272,791</u>

See accompanying notes to financial statements.

PLUMBERS LOCAL UNION NO. 55 PENSION PLAN AND TRUST

STATEMENT OF ACCUMULATED PLAN BENEFITS

APRIL 30, 2024

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 79,205,714
Other participants	<u>43,084,091</u>
Total vested benefits	122,289,805
 Nonvested benefits	 <u>4,652,919</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$ 126,942,724</u></u>



PLUMBERS LOCAL UNION NO. 55 PENSION PLAN AND TRUST

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEAR ENDED APRIL 30, 2024

Actuarial present value of accumulated plan benefits at beginning of year	\$ 128,385,608
Change during the year attributable to	
Benefits accumulated, net experience gain or loss, changes in data	(1,199,884)
Increase for interest	8,649,807
Benefits paid	<u>(8,892,807)</u>
Net change	<u>(1,442,884)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 126,942,724</u>



PLUMBERS LOCAL UNION NO. 55 PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

FOUR MONTH PERIOD AUGUST 31, 2024

NOTE 1. DESCRIPTION OF THE PLAN

The following description of Plumbers Local Union No. 55 Pension Plan and Trust (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

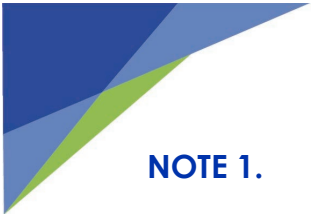
General - The Plan is a multiemployer defined benefit pension plan. The Plan was established effective December 1, 1960 as a result of a collective bargaining agreement (CBA) between the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of U.S. and Canada, AFL-CIO, Local No. 55 (the Union) and Cleveland Plumbing Association, Inc. to provide retirement, death, and disability benefits for eligible participants and beneficiaries. To be eligible, an employee must be working for a participating employer who is subject to the CBA or for a participating employer subject to a trustee approved participation agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Administration of the Plan is the responsibility of the Plan's Board of Trustees (Trustees) and is governed by a joint board consisting of equal representation from the participating employers and the Union.

Funding Policy - Effective January 1, 2018, the accrued benefit for each participant was frozen and no participant shall accrue any further benefits. The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code (IRC). Hourly contribution rates vary by employee classification. Contributions by employees are not permitted under the Plan. The Plan's Trustees design the benefit structure based on information from actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of April 30, 2024.

Pension Protection Act Funding Status - Beginning May 1, 2023, based on actuarial assumptions, participant and financial data, and plan provisions, the Plan's actuary certified that the Plan was in neither critical nor endangered status as defined in the Pension Protection Act of 2006.

Pension Benefits - The Plan provides the following three types of pension benefits: (1) normal retirement, (2) early retirement, and (3) disability retirement. The type and amount of the pension benefit is based on several factors, including the participant's age, work history (years of service and number of hours worked), and disability. Participants are 100% vested in the Plan after five years of credited service without a permanent break in service.



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Normal retirement - Participants are eligible to receive a monthly benefit upon attaining age 62. Single participants receive a guaranteed life annuity payable monthly. Married participants may elect to receive a life annuity or optional joint survivor (50%, 75%, or 100%).

Early retirement - Participants are eligible for an unreduced early retirement benefit after attaining age 55 with 30 years of service. Participants attaining age 55 with a shorter number of service years are eligible for a reduced early retirement benefit. The amount of the reduced early retirement benefit is equal to the participant's normal retirement benefit reduced by one-half of 1% for each month the participant was younger than age 62 on the commencement date of the participant's early retirement benefit.

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

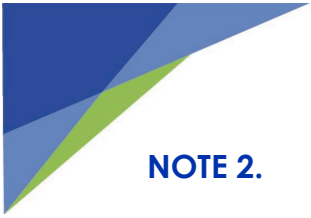
Death and Disability Benefits - Death and disability benefits are provided by the Plan as follows:

Death - The spouse of a deceased participant will receive a survivorship benefit based upon the form of retirement benefit the participant was receiving prior to their death. If a participant's death occurs prior to the commencement of their benefits, the surviving spouse will receive a monthly benefit equal to the joint and 100% survivor monthly retirement benefit which the participant would have been eligible to receive upon normal retirement, adjusted for the actuarial cost of the spousal benefit. If the participant dies and is not survived by an eligible spouse, the participant's beneficiary will receive a cash distribution of the aggregate contributions made to the Plan on behalf of the participant less the amount of any retirement benefits actually paid to the participant prior to the date of death.

Disability - Participants who become totally and permanently disabled after attaining age 40 or completing 15 years of credited service are eligible to receive disability retirement benefits. The monthly benefit is equal to the monthly accrued benefit at the time of disability and will begin on the first day of the month following the month in which the participant files an application for disability benefits with the Plan.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements have been prepared under the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition - Investments are recognized at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions Receivable - Contributions due from employers are accrued at year-end only to those applicable contribution periods which ended on or before the financial statement dates and are estimated based on subsequent period cash collections. As of August 31, 2024 and April 30, 2024, the Plan has evaluated contributions receivable and determined that any expected credit losses on balances outstanding will be immaterial to the financial statements.

Cash - The Plan maintains its cash accounts at a national financial institution. The balances, at times, may exceed federally insured limits. The Plan has not experienced any losses on its cash accounts and believes it is not exposed to any significant credit risk on cash positions.

Payment of Benefits - Benefit payments to participants and beneficiaries are recorded upon distribution.

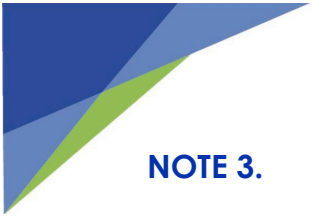
Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. The Plan pays all administrative expenses.

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

Reclassifications - Certain information previously presented in the April 30, 2024 financial statements has been reclassified to conform to the August 31, 2024 presentation.

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service 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.



NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Benefits under the Plan are accumulated based on participants' years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

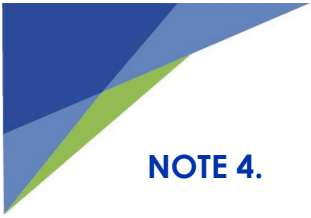
The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment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

The significant actuarial assumptions used in the valuation as of May 1, 2024, were as follows:

- Net investment return 7.00%.
- Mortality rates
 - Healthy participants Pri-2012 Employee Blue Collar Amount-weighted Mortality Tables (sex distinct), projected generationally with the MP-2020 scale.
 - Disabled participants Pri-2012 Disabled Retiree Amount-weighted Mortality Tables (sex distinct), projected generationally with the MP-2020 scale.
- Retirement age Age 60.
- Administrative expenses \$500,000 per year.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue.

Since information on the accumulated plan benefits at August 31, 2024 and changes therein for the four month period then ended are not presented in the accompanying financial statements, the financial statements do not purport to present the complete presentation of the financial status of the Plan as of August 31, 2024 and changes in its financial status for the four month period then ended. The financial statements present the complete financial status of the Plan as of April 30, 2024.



NOTE 4. FAIR VALUE MEASUREMENTS

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

Level 1 – inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – inputs to the valuation methodology include the following:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

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

Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at August 31, 2024 and April 30, 2024.

Money market fund: The Plan's investments in money market funds are valued at the closing price on the active market on which they are traded.

Registered investment companies and common stocks: The Plan's investments in registered investment companies and common stocks are valued at the closing price on the active markets in which the securities are traded.

Common collective trusts and limited partnerships: The Plan's investments in common collective trusts and limited partnerships are valued at net asset value (NAV) or its equivalent. The fair value of the NAV is estimated by the investment manager and is generally an estimate of the fair value of the fund's underlying assets and the Plan's percentage ownership of each respective fund.

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2024 and April 30, 2024:

Assets at Fair Value as of August 31, 2024				
	Total	Level 1	Level 2	Level 3
Money market fund	\$ 1,228,788	\$ 1,228,788	\$ -	\$ -
Registered investment companies	62,324,203	62,324,203	-	-
Common stocks	12,453,069	12,453,069	-	-
Total assets in the fair value hierarchy	76,006,060	\$ 76,006,060	\$ -	\$ -
Investments measured at NAV*	30,476,135			
Total investments	\$ 106,482,195			

Assets at Fair Value as of April 30, 2024				
	Total	Level 1	Level 2	Level 3
Money market fund	\$ 1,378,617	\$ 1,378,617	\$ -	\$ -
Registered investment companies	57,542,837	57,542,837	-	-
Common stocks	11,859,740	11,859,740	-	-
Total assets in the fair value hierarchy	70,781,194	\$ 70,781,194	\$ -	\$ -
Investments measured at NAV*	29,664,313			
Total investments	\$ 100,445,507			

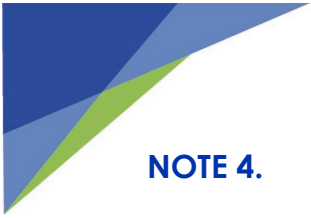
*In accordance with Accounting Standards Codification, investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV as a practical expedient as of August 31, 2024 and April 30, 2024:

Description	August 31, 2024	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts	\$ 18,636,556	Monthly - Quarterly	45 - 60 days
Limited partnerships	11,839,579	Varies	Varies
	<u>\$ 30,476,135</u>		

Description	April 30, 2024	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts	\$ 18,044,182	Monthly - Quarterly	45 - 60 days
Limited partnerships	11,620,131	Varies	Varies
	<u>\$ 29,664,313</u>		



NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following summarizes the investment strategy of each of the Plan's investments in the table presented on the previous page which do not report as a direct filing entity (DFE) to the Department of Labor:

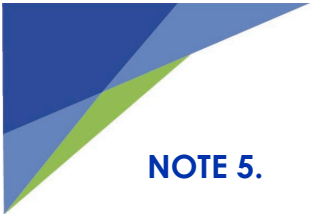
Common collective trusts – The Plan's investments in common collective trusts as of August 31, 2024 are comprised of three funds, two of which report as DFE to the Department of Labor. The third investment focuses on an objective to provide long-term total return in excess of the MSCI EAFE Index.

Limited partnerships – The Plan's investments in limited partnerships are comprised of three separate investments. The first investment invests capital among domestic private investment funds, offshore funds and other entities that invest and trade in securities in emerging markets. This fund allows for monthly redemptions with a 60-day notice period. The second investment focuses primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence. This fund allows for quarterly redemptions with a 10-day notice period. The third investment provides investors with access to infrastructure investments that deliver long-dated, low-volatility, and inflation—linked cash flows by investing in a portfolio of U.S. and Canada based infrastructure businesses that provide essential services to communities, governments, and corporations. Generally, this fund does not allow redemption except as initiated by the general partner.

NOTE 5. PLAN TERMINATION

As discussed in Note 9, effective September 1, 2024, the Plan merged into the United Association National Pension Fund (National Fund). As of the effective date, the National Fund assumed all assets, liabilities, rights and obligations of the Plan. Among those liabilities are current pension benefits now being paid to retirees and/or their survivors, as well as accrued benefits of current participants and deferred vested benefits accrued by other participants or former participants of the Plan. The Board of Trustees of the National Fund expect to maintain the plan indefinitely but reserves the right to amend or terminate the Plan at any time. In the event that the National Fund terminates, the net assets of the plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect any time during the five years preceding plan termination.



NOTE 5. PLAN TERMINATION (CONTINUED)

- b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits, 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 while other benefits may not be provided at all.

NOTE 6. TAX STATUS

The Plan obtained its latest determination letter on September 18, 2015, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

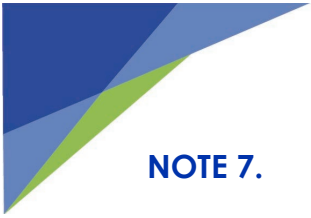
Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan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

NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

As disclosed in Note 2, the Plan pays certain administrative, investment and professional fees to various service providers and affiliate entities. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

At times, the Plan is charged for contract administration services provided by the Union, for time spent by the Union personnel in administering the Plan. The Plan incurred \$1,136 and \$7,741 for such services provided for the four month period ended August 31, 2024 and the year ended April 30, 2024, respectively.

The Plan's employer contributions are processed and collected by Plumbers Union Local No. 55 Health & Welfare Plan (the Welfare Plan). Amounts collected by the Welfare Plan and not yet remitted to the Plan are recorded as a receivable due to from related fund.



NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

At August 31, 2024 and April 30, 2024, the amount due from related fund for contributions receivable, net of amounts due to related fund for expenses owed, was \$528,201 and \$527,053, respectively.

NOTE 8. RISK AND SIGNIFICANT UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of such investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement 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 employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

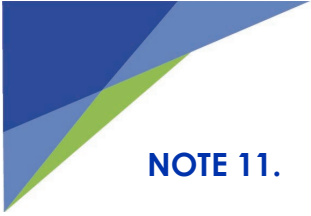
A reconciliation for additions and deductions per the financial statements to income per Form 5500 for the year ended August 31, 2024:

Additions per financial statements	\$ 9,100,620
Add: investment expenses	<u>56,898</u>
Income per Form 5500	<u><u>\$ 9,157,518</u></u>
Deductions per financial statements	\$ 3,277,511
Add: investment expenses	<u>56,898</u>
Expenses per Form 5500	<u><u>\$ 3,334,409</u></u>

Investment expenses are not netted with additions on the Form 5500.

NOTE 10. PLAN MERGER

Effective September 1, 2024, the Plan merged into the United Association National Pension Fund (the National Fund). Accordingly, on that date, the United Association National Pension Fund assumed all assets, liabilities, rights and obligations of the Plan.



NOTE 11. SUBSEQUENT EVENTS

Subsequent events have been evaluated through June 10, 2025, which is the date the financial statements were available to be issued. Except as discussed in Note 9, this review and evaluation revealed no other material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION





PLUMBERS LOCAL UNION NO. 55 PENSION PLAN AND TRUST

SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES

FOUR MONTH PERIOD ENDED AUGUST 31, 2024
AND YEAR ENDED APRIL 30, 2024

	<u>August 31, 2024</u>	<u>April 30, 2024</u>
Contract administration	\$ 1,136	\$ 7,741
Third-party administrator	39,915	111,454
Actuary	19,583	101,099
Attorney	5,463	30,388
Accountant	4,855	27,665
Collection and employer payroll compliance expenses	204	1,711
Trustee meetings and seminars	1,684	22,693
Postage, printing, and stationery	7,232	6,371
Insurance	100,649	83,145
Dues and subscriptions	475	475
Investment advisor	17,667	54,500
Other	<u>1,688</u>	<u>4,688</u>
Total	<u>\$ 200,551</u>	<u>\$ 451,930</u>

Exhibit L: Summary of plan provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

May 1 through April 30

Pension credit year

May 1 through April 30

Plan status

Ongoing for Eligibility Purposes

Regular pension

- **Age Requirement:** 62
- **Service Requirement:** None
- **Amount:**
 - Benefit accrued as of May 1, 2002 in accordance with Tables B and C of the Plan, plus \$0.085 per hour (Journeyman) or \$0.0433 per hour (Servicemen) worked on or after May 1, 2002.
 - For other work classifications, accruals are based on the Journeyman accrual rate, prorated based on the ratio of the applicable contribution rate of the classification to the Journeyman contribution rate.
- Benefits accrued on and after January 1, 2017, are reduced by 10%
- No benefits will accrue on or after January 1, 2018.

Service pension

- **Age Requirement:** 55
- **Service Requirement:** 30 years of credited service
- **Amount:** Normal benefit accrued

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** Ten years of credited service or five years of future service
- **Amount:** Normal benefit accrued reduced by $\frac{1}{2}\%$ for each full calendar month of age less than 62

Disability

- **Age Requirement:** 40
or
- **Service Requirement:** 15 years of credited service
- **Amount:** Normal pension accrued based on the plan in effect at the time of termination of employment

Vesting

- **Vesting Percentage:**

Years of Service	Vesting Percentage
2 – 4	50%
5 or more	100%

- **Amount:** Normal pension accrued. With five years of service, the benefit is unreduced payable at Normal Retirement Age
- **Normal Retirement Age:** 62

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** 2 years of credited service
- **Amount:** The full amount the deceased participant would have received had the participant retired at the date of death rather than died, elected the 100% joint and survivor form of payment and commenced payment on the date described below. Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment.
- **Charge for Coverage:** None
- **When Paid:** The later of immediately or the earliest early retirement age for the deceased participant

Pre-retirement lump-sum death benefit

- **Age Requirement:** None
- **Service Requirement:** Two years of credited service.
- **Amount:** Return of contributions made on participant's behalf (excluding contributions for work on or after January 1, 2018) reduced by 50%. With five years of service or for death in active service, the benefit is unreduced.

Post-retirement death benefit

If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If rejected, or if not married, benefits are payable for the life of the participant. Benefits may also be payable in any other available optional form elected by the participant in an actuarially equivalent amount. If total benefits paid to the participant and spouse, if applicable, are less than aggregate contributions made on the participant's behalf, the participant's beneficiary shall receive, as a lump sum payment, the excess of contributions over benefits paid.

Lump-sum retirement options

- **Age Requirement:** 62
- **Amount:** Either 100% or 25% of accrued benefit as of May 1, 1996, or contributions made on participant's behalf prior to May 1, 1996, if greater.

Forms of benefit

Normal forms:

- Joint and 50% Survivor Annuity for married participants
- Single Life Annuity for single participants

Optional forms:

- Single Life Annuity (married participants only)
- Joint and 100% Survivor Annuity with “pop-up” feature (married participants only)
- Joint and 75% Survivor Annuity (married participants only)
- Lump Sum Option, for service earned prior to May 1, 1996

Credited service

Past service is service before December 1, 1960 (Journeyman) or December 1, 1962 (Servicemen) limited to twenty years.

Future Credited Service is granted according to the following table:

Hours Worked	Service Credit
0 – 86	0.0
87 – 179	0.1
180 – 269	0.2
270 – 359	0.3
360 – 449	0.4
450 – 539	0.5
540 – 629	0.6
630 – 719	0.7
720 – 809	0.8
810 – 869	0.9
870 or more	1.0

Contribution rate

Journeyman: \$8.73 per hour effective May 1, 2022

Additional rates apply for other work classifications.

Changes in plan provisions

There were no changes in plan provisions reflected in this actuarial valuation.

PLUMBERS LOCAL UNION NO. 55 PENSION PLAN AND TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 34-6514703
Plan No. 001

		(c) Description of investment including maturity date, rate of interest, par/maturity value				(d)	(e)
(a)	(b) Identity of issue, borrower, lessor, or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
Money Market Funds							
	Federated Hermes Government Obligations Fund #117	Money Market Fund	N/A	5.21%	1,228,788	\$ 1,228,788	\$ 1,228,788
	Total money market funds					<u>1,228,788</u>	<u>1,228,788</u>
Registered Investment Companies							
	Baird Aggregate Bond Fund	Registered Investment Company	N/A	N/A	1,372,543	15,349,648	13,670,528
	Dodge & Cox Stock Fund	Registered Investment Company	N/A	N/A	43,179	8,295,845	11,808,569
	Vanguard Intermediate-Term Bond Corporate Index Fund	Registered Investment Company	N/A	N/A	26,894	6,156,686	12,524,680
	Vanguard Intermediate-Term Treasury Fund	Registered Investment Company	N/A	N/A	285,332	6,666,860	6,342,936
	Vanguard Institutional Index Fund	Registered Investment Company	N/A	N/A	397,147	4,506,501	3,991,331
	Vanguard Mid-Cap Index Fund	Registered Investment Company	N/A	N/A	36,595	5,697,725	11,703,603
	Vanguard Small-Cap Index Fund	Registered Investment Company	N/A	N/A	20,411	1,629,811	2,282,556
	Total registered investment companies					<u>48,303,076</u>	<u>62,324,203</u>
Common Stocks							
	Adobe Systems, Inc.	Common Stock	N/A	N/A	1,160	388,570	666,316
	Airbnb Inc	Common Stock	N/A	N/A	4,380	499,161	513,818
	ASML Holding NV-NY	Common Stock	N/A	N/A	792	512,895	715,865
	Blackstone, Inc	Common Stock	N/A	N/A	3,973	383,561	565,596
	Chipotle Mexican Grill, Inc	Common Stock	N/A	N/A	7,200	215,733	403,776
	Copart Inc	Common Stock	N/A	N/A	7,011	382,960	371,303
	Danaher Corp	Common Stock	N/A	N/A	2,187	440,627	588,981
	Eli Lilly & Co.	Common Stock	N/A	N/A	765	307,073	734,415
	Intuit Software	Common Stock	N/A	N/A	861	242,059	542,654
	Intuitive Surgical Inc	Common Stock	N/A	N/A	1,154	158,417	568,495
	Lululemon Athletica Inc	Common Stock	N/A	N/A	1,074	355,491	278,671
	Microsoft Corp	Common Stock	N/A	N/A	1,692	335,677	705,801
	MSCI Inc.	Common Stock	N/A	N/A	746	378,159	433,120
	Netflix Inc	Common Stock	N/A	N/A	1,226	388,582	859,855
	Nvidia Corporation	Common Stock	N/A	N/A	5,570	90,761	664,891
	S&P Global Inc	Common Stock	N/A	N/A	1,333	260,416	684,149
	Service Now Inc	Common Stock	N/A	N/A	5,570	435,977	689,985
	Synopsys Inc	Common Stock	N/A	N/A	981	510,759	509,708
	The Trade Desk, Inc. - Class A	Common Stock	N/A	N/A	3,369	325,161	352,162
	Uber Technologies	Common Stock	N/A	N/A	9,339	565,180	682,961
	Vertex Pharmaceuticals Inc	Common Stock	N/A	N/A	482	229,586	239,019
	Visa Inc Class A Shares	Common Stock	N/A	N/A	2,466	239,951	681,528
	Total common stocks					<u>7,646,756</u>	<u>12,453,069</u>
Common Collective Trusts							
	ASB Allegiance Real Estate Fund	Common Collective Trust	N/A	N/A	2,431	3,315,237	3,455,808
	JPMCB Special Situation Property Fund	Common Collective Trust	N/A	N/A	379,624	5,496,843	3,445,547
	Wellington International Research Equity Fund	Common Collective Trust	N/A	N/A	825,260	6,133,144	11,735,201
	Total common collective trusts					<u>14,945,224</u>	<u>18,636,556</u>
Limited Partnerships							
	ABS Emerging Markets Strategic Portfolio LP	Limited Partnership	N/A	N/A	4,713,206	4,100,000	4,713,206
	American Realty Advisors American Core Realty Fund	Limited Partnership	N/A	N/A	16	1,984,990	1,973,975
	Ullico Infrastructure Tax-Exempt Fund LP	Limited Partnership	N/A	N/A	18,138	4,990,110	5,152,398
	Total limited partnerships					<u>11,075,100</u>	<u>11,839,579</u>
Total assets (held at end of year)						<u>\$ 83,198,944</u>	<u>\$ 106,482,195</u>

Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended April 30, 2024.

Years of Credited Service

Age	Total	0 - 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34
Under 25	38	—	32	6	—	—	—	—	—
25 - 29	58	—	34	24	—	—	—	—	—
30 - 34	71	—	30	29	12	—	—	—	—
35 - 39	64	—	18	24	17	5	—	—	—
40 - 44	59	—	14	25	10	7	3	—	—
45 - 49	53	—	5	11	7	5	11	14	—
50 - 54	53	—	5	7	6	6	11	17	1
55 - 59	40	—	2	7	1	5	8	15	2
60 - 64	31	—	2	1	5	2	6	10	5
65 - 69	5	—	—	3	—	—	—	1	1
Totals	472	—	142	137	58	30	39	57	9

Note: Excludes 15 participants with less than one year of credited service.

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	05/01/1996	304,784	2.00	52,515
Plan Amendment	05/01/1997	103,713	3.00	12,312
Change in Assumptions	05/01/1998	522,041	4.00	48,013
Plan Amendment	05/01/1998	749,917	4.00	68,971
Plan Amendment	05/01/1999	175,148	5.00	13,307
Plan Amendment	05/01/2000	2,216,426	6.00	144,859
Change in Assumptions	05/01/2001	132,220	7.00	7,643
Plan Amendment	05/01/2001	2,272,315	7.00	131,351
Change in Assumptions	05/01/2002	817,834	8.00	42,667
Plan Amendment	05/01/2002	1,101,779	8.00	57,481
Plan Amendment	05/01/2004	413,112	10.00	18,323
Plan Amendment	05/01/2005	491,347	11.00	20,413
Plan Amendment	05/01/2006	2,600	12.00	102
Extended Amortization of April 30, 2009 Investment Loss	05/01/2009	14,860,827	14.00	529,365
Change in Assumptions	05/01/2010	22,127	1.00	7,376
Extended Amortization of April 30, 2009 Investment Loss	05/01/2010	5,023,043	14.00	178,928
Change in Assumptions	05/01/2011	626	2.00	108
Extended Amortization of April 30, 2009 Investment Loss	05/01/2011	3,927,710	14.00	139,911
Change in Assumptions	05/01/2012	881	3.00	105
Experience Loss	05/01/2012	1,453,595	3.00	172,553
Change in Assumptions	05/01/2013	1,107	4.00	102
Experience Loss	05/01/2013	2,563,642	4.00	235,782

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c) (continued)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions	05/01/2014	803	5.00	61
Change in Assumptions	05/01/2015	837	6.00	55
Experience Loss	05/01/2015	1,318,921	6.00	86,201
Change in Assumptions	05/01/2016	291,899	7.00	16,873
Experience Loss	05/01/2016	2,743,894	7.00	158,610
Change in Assumptions	05/01/2017	671,474	8.00	35,031
Experience Loss	05/01/2017	2,048,301	8.00	106,861
Change in Assumptions	05/01/2018	23,179	9.00	1,108
Experience Loss	05/01/2018	700,746	9.00	33,506
Experience Loss	05/01/2019	1,299,892	10.00	57,656
Experience Loss	05/01/2020	1,425,291	11.00	59,213
Change in Assumptions	05/01/2020	4,061,075	11.00	168,714
Actuarial Gain/Loss	05/01/2023	2,748,346	14.00	97,900
Change in Assumptions	05/01/2023	3,805,242	14.00	135,548
Experience Loss	05/01/2024	1,321,293	15.00	45,193
Total		\$59,617,987		\$2,884,717

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions	5/1/1995	8,300	1.00	2,767
Change in Assumptions	5/1/1996	136,910	2.00	23,590
Change in Assumptions	5/1/2007	1,435,261	13.00	53,499
Experience Gain	5/1/2010	526,872	1.00	175,624
Experience Gain	5/1/2011	67,449	2.00	11,622
Experience Gain	5/1/2014	421,714	5.00	32,041
Change in Assumptions	5/1/2019	2,740	10.00	122
Experience Gain	5/1/2021	3,697,917	12.00	145,039
Experience Gain	5/1/2022	3,119,397	13.00	116,274
Total		\$9,416,560		\$560,578

Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

Healthy Non-Pensioner: Pri-2012 Employee Blue Collar Amount-weighted Mortality Tables (sex distinct), projected generationally with the MP-2020 scale.

Healthy Pensioner: Pri-2012 Retiree Blue Collar Amount-weighted Mortality Tables (sex distinct), projected generationally with the MP-2020 scale.

Disabled: Pri-2012 Disabled Retiree Amount-weighted Mortality Tables (sex distinct), projected generationally with the MP-2020 scale.

The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date.

These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths by age and the projected number based on the prior year's assumption over the most recent five years.

Annuitant mortality rates*

Age	Healthy Male	Healthy Female	Disabled Male	Disabled Female
55	0.64	0.49	2.17	1.47
60	0.93	0.71	2.35	1.71
65	1.27	1.08	2.87	2.13
70	2.05	1.64	3.94	2.84
75	3.33	2.62	5.81	4.04
80	5.72	4.35	8.92	6.15
85	9.78	7.49	13.71	9.87
90	16.54	13.05	20.52	16.11

Termination rates*

Age	Mortality Male	Mortality Female	Disability [†]	Withdrawal [‡]
20	0.07	0.02	0.12	5.44
25	0.07	0.03	0.17	5.29
30	0.07	0.03	0.22	5.07
35	0.07	0.04	0.29	4.70
40	0.09	0.06	0.44	3.50
45	0.12	0.09	0.72	1.77
50	0.18	0.13	1.21	0.40
55	0.28	0.20	2.02	0.00

* Mortality rates shown for base table.

[†] Disability rates do not apply at or beyond unreduced retirement age.

[‡] Withdrawal rates do not apply at or beyond unreduced retirement age.

The withdrawal rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of withdrawals and disability retirements by age and the projected number based on the prior year's assumption over the most recent five years.

Retirement rates

Age	Not Eligible for Service Pension	Eligible for Service Pension
55	2%	30%
56 – 57	10%	30%
58 – 60	5%	30%
61 – 63	10%	30%
64 – 66	30%	30%
67+	100%	100%

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent five years.

Description of weighted average retirement age

Age 60, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the May 1, 2024 actuarial valuation.

Hours worked

1,700 hours per year per active participant included in the valuation.

The assumed hours worked per year were based on historical and current demographic data, adjusted to reflect advice from the Trustees, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual hours worked per year over the most recent five years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Participants who worked at least 180 hours during the year and also had at least one year of credited service by the end of the year, excluding those who retired prior to the valuation date.

Exclusion of inactive vested participants

Liabilities for inactive participants over age 75 excluded from the valuation.

The exclusion of liabilities for inactive vested participants over age 75 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.

Percent married

85%

Age and sex of spouse

Spouses are assumed to be 4 years younger than male participants and 4 years older than female participants. If not specified, spouses are assumed to be the opposite sex of the participant.

Benefit election

Married participants are assumed to elect the Joint and 50% Survivor Annuity form of payment and non-married participants are assumed to elect the Single Life Annuity. 50% of all participants are assumed to elect to receive their accrued benefit as of May 1, 1996 in a lump sum.

The assumed benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent five years.

Eligible for delayed retirement factors

Inactive vested participants after attaining age 62.

Lump sum assumptions

- **Interest:** 5.00%
- **Mortality:** Mortality prescribed by the IRS for computing lump sums beginning in 2024

Net investment return

7.00%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

\$500,000 for the year beginning May 1, 2023 (equivalent to an annual amount of \$482,099 payable at the beginning of the year, prorated to \$160,700 for the short Plan year).

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Actuarial value of assets

The actuarial value of assets is equal to the market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized, 20% per year, over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit K.

Current liability assumptions

- **Interest:** 3.56%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and retiree mortality tables, projected generationally using scale 2024 Adjusted MP-2021.

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 4.6%, for the Plan Year ending April 30, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 6.7%, for the Plan Year ending April 30, 2024

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a November 1 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Schedule R, Line 13e – Information on Contribution Rates and Base Units
Plumbers Local No. 55 Pension Plan
EIN 34-6514703/PN 001

All rates are per hour.

Name of Contributing Employer:	Neptune Plumbing & Heating
Journeyman (Commercial)	\$8.73
Journeyman (Light Commercial)	\$1.68
1st Year Apprentice 1-6 Months	\$0.24
1st Year Apprentice 7-12 Months	\$0.28
2nd Apprentice 1-6 Months	\$0.69
2nd Apprentice 7-12 Months	\$2.69
3rd Apprentice 1-6 Months	\$2.64
3rd Apprentice 7-12 Months	\$3.04
Fourth Year Apprentice before May 2010	\$3.44
Fifth Year Apprentice before May 2010	\$3.83
Yard Piping	\$1.68
Plumber Serviceman Year 1	\$2.80
Plumber Serviceman Year 2	\$2.84
Plumber Serviceman Year 3	\$2.89
plumber Serviceman Year 4	\$4.77
Plumber Serviceman Year 5	\$5.77
Plumber Serviceman Tech. Year 1	\$0.00
Plumber Serviceman Tech. Year 2	\$0.69
Plumber Serviceman Tech Year 3	\$0.72
Plumber Serviceman Tech Year 4	\$0.78
Plumber Serviceman Tech Year 5	\$0.78
Light Commercial Residential	\$1.68
Residential Journeyman Plumber	\$1.68
Plumber Shopman after 5/1991	\$0.00
Plumber Shopman before 5/1991	\$3.71
Residential Trainee 0-3 Months	\$0.00
Residential Trainee 4-6 Months	\$0.00
Residential Trainee 7-12 Months	\$0.17
Residential Trainee Year 2	\$0.19
Residential Trainee Year 3	\$0.20
Office Staff	\$0.00

Schedule R, Line 13e – Information on Contribution Rates and Base Units
Plumbers Local No. 55 Pension Plan
EIN 34-6514703/PN 001

All rates are per hour.

Name of Contributing Employer:	Gorman-Lavelle Corporation
Journeyman (Commercial)	\$8.73
Journeyman (Light Commercial)	\$1.68
1st Year Apprentice 1-6 Months	\$0.24
1st Year Apprentice 7-12 Months	\$0.28
2nd Apprentice 1-6 Months	\$0.69
2nd Apprentice 7-12 Months	\$2.69
3rd Apprentice 1-6 Months	\$2.64
3rd Apprentice 7-12 Months	\$3.04
Fourth Year Apprentice before May 2010	\$3.44
Fifth Year Apprentice before May 2010	\$3.83
Yard Piping	\$1.68
Plumber Serviceman Year 1	\$2.80
Plumber Serviceman Year 2	\$2.84
Plumber Serviceman Year 3	\$2.89
plumber Serviceman Year 4	\$4.77
Plumber Serviceman Year 5	\$5.77
Plumber Serviceman Tech. Year 1	\$0.00
Plumber Serviceman Tech. Year 2	\$0.69
Plumber Serviceman Tech Year 3	\$0.72
Plumber Serviceman Tech Year 4	\$0.78
Plumber Serviceman Tech Year 5	\$0.78
Light Commercial Residential	\$1.68
Residential Journeyman Plumber	\$1.68
Plumber Shopman after 5/1991	\$0.00
Plumber Shopman before 5/1991	\$3.71
Residential Trainee 0-3 Months	\$0.00
Residential Trainee 4-6 Months	\$0.00
Residential Trainee 7-12 Months	\$0.17
Residential Trainee Year 2	\$0.19
Residential Trainee Year 3	\$0.20
Office Staff	\$0.00

Schedule R, Line 13e – Information on Contribution Rates and Base Units
Plumbers Local No. 55 Pension Plan
EIN 34-6514703/PN 001

All rates are per hour.

Name of Contributing Employer:	The John F Gallagher Co. Inc
Journeyman (Commercial)	\$8.73
Journeyman (Light Commercial)	\$1.68
1st Year Apprentice 1-6 Months	\$0.24
1st Year Apprentice 7-12 Months	\$0.28
2nd Apprentice 1-6 Months	\$0.69
2nd Apprentice 7-12 Months	\$2.69
3rd Apprentice 1-6 Months	\$2.64
3rd Apprentice 7-12 Months	\$3.04
Fourth Year Apprentice before May 2010	\$3.44
Fifth Year Apprentice before May 2010	\$3.83
Yard Piping	\$1.68
Plumber Serviceman Year 1	\$2.80
Plumber Serviceman Year 2	\$2.84
Plumber Serviceman Year 3	\$2.89
plumber Serviceman Year 4	\$4.77
Plumber Serviceman Year 5	\$5.77
Plumber Serviceman Tech. Year 1	\$0.00
Plumber Serviceman Tech. Year 2	\$0.69
Plumber Serviceman Tech Year 3	\$0.72
Plumber Serviceman Tech Year 4	\$0.78
Plumber Serviceman Tech Year 5	\$0.78
Light Commercial Residential	\$1.68
Residential Journeyman Plumber	\$1.68
Plumber Shopman after 5/1991	\$0.00
Plumber Shopman before 5/1991	\$3.71
Residential Trainee 0-3 Months	\$0.00
Residential Trainee 4-6 Months	\$0.00
Residential Trainee 7-12 Months	\$0.17
Residential Trainee Year 2	\$0.19
Residential Trainee Year 3	\$0.20
Office Staff	\$0.00

Schedule R, Line 13e – Information on Contribution Rates and Base Units
Plumbers Local No. 55 Pension Plan
EIN 34-6514703/PN 001

All rates are per hour.

Name of Contributing Employer:	Summit Plumbing Contractors
Journeyman (Commercial)	\$8.73
Journeyman (Light Commercial)	\$1.68
1st Year Apprentice 1-6 Months	\$0.24
1st Year Apprentice 7-12 Months	\$0.28
2nd Apprentice 1-6 Months	\$0.69
2nd Apprentice 7-12 Months	\$2.69
3rd Apprentice 1-6 Months	\$2.64
3rd Apprentice 7-12 Months	\$3.04
Fourth Year Apprentice before May 2010	\$3.44
Fifth Year Apprentice before May 2010	\$3.83
Yard Piping	\$1.68
Plumber Serviceman Year 1	\$2.80
Plumber Serviceman Year 2	\$2.84
Plumber Serviceman Year 3	\$2.89
plumber Serviceman Year 4	\$4.77
Plumber Serviceman Year 5	\$5.77
Plumber Serviceman Tech. Year 1	\$0.00
Plumber Serviceman Tech. Year 2	\$0.69
Plumber Serviceman Tech Year 3	\$0.72
Plumber Serviceman Tech Year 4	\$0.78
Plumber Serviceman Tech Year 5	\$0.78
Light Commercial Residential	\$1.68
Residential Journeyman Plumber	\$1.68
Plumber Shopman after 5/1991	\$0.00
Plumber Shopman before 5/1991	\$3.71
Residential Trainee 0-3 Months	\$0.00
Residential Trainee 4-6 Months	\$0.00
Residential Trainee 7-12 Months	\$0.17
Residential Trainee Year 2	\$0.19
Residential Trainee Year 3	\$0.20
Office Staff	\$0.00

Schedule R, Line 13e – Information on Contribution Rates and Base Units
Plumbers Local No. 55 Pension Plan
EIN 34-6514703/PN 001

All rates are per hour.

Name of Contributing Employer:	Relmec Mechanical
Journeyman (Commercial)	\$8.73
Journeyman (Light Commercial)	\$1.68
1st Year Apprentice 1-6 Months	\$0.24
1st Year Apprentice 7-12 Months	\$0.28
2nd Apprentice 1-6 Months	\$0.69
2nd Apprentice 7-12 Months	\$2.69
3rd Apprentice 1-6 Months	\$2.64
3rd Apprentice 7-12 Months	\$3.04
Fourth Year Apprentice before May 2010	\$3.44
Fifth Year Apprentice before May 2010	\$3.83
Yard Piping	\$1.68
Plumber Serviceman Year 1	\$2.80
Plumber Serviceman Year 2	\$2.84
Plumber Serviceman Year 3	\$2.89
plumber Serviceman Year 4	\$4.77
Plumber Serviceman Year 5	\$5.77
Plumber Serviceman Tech. Year 1	\$0.00
Plumber Serviceman Tech. Year 2	\$0.69
Plumber Serviceman Tech Year 3	\$0.72
Plumber Serviceman Tech Year 4	\$0.78
Plumber Serviceman Tech Year 5	\$0.78
Light Commercial Residential	\$1.68
Residential Journeyman Plumber	\$1.68
Plumber Shopman after 5/1991	\$0.00
Plumber Shopman before 5/1991	\$3.71
Residential Trainee 0-3 Months	\$0.00
Residential Trainee 4-6 Months	\$0.00
Residential Trainee 7-12 Months	\$0.17
Residential Trainee Year 2	\$0.19
Residential Trainee Year 3	\$0.20
Office Staff	\$0.00

Schedule R, Line 13e – Information on Contribution Rates and Base Units
Plumbers Local No. 55 Pension Plan
EIN 34-6514703/PN 001

All rates are per hour.

Name of Contributing Employer:	S A Comunale Co
Journeyman (Commercial)	\$8.73
Journeyman (Light Commercial)	\$1.68
1st Year Apprentice 1-6 Months	\$0.24
1st Year Apprentice 7-12 Months	\$0.28
2nd Apprentice 1-6 Months	\$0.69
2nd Apprentice 7-12 Months	\$2.69
3rd Apprentice 1-6 Months	\$2.64
3rd Apprentice 7-12 Months	\$3.04
Fourth Year Apprentice before May 2010	\$3.44
Fifth Year Apprentice before May 2010	\$3.83
Yard Piping	\$1.68
Plumber Serviceman Year 1	\$2.80
Plumber Serviceman Year 2	\$2.84
Plumber Serviceman Year 3	\$2.89
plumber Serviceman Year 4	\$4.77
Plumber Serviceman Year 5	\$5.77
Plumber Serviceman Tech. Year 1	\$0.00
Plumber Serviceman Tech. Year 2	\$0.69
Plumber Serviceman Tech Year 3	\$0.72
Plumber Serviceman Tech Year 4	\$0.78
Plumber Serviceman Tech Year 5	\$0.78
Light Commercial Residential	\$1.68
Residential Journeyman Plumber	\$1.68
Plumber Shopman after 5/1991	\$0.00
Plumber Shopman before 5/1991	\$3.71
Residential Trainee 0-3 Months	\$0.00
Residential Trainee 4-6 Months	\$0.00
Residential Trainee 7-12 Months	\$0.17
Residential Trainee Year 2	\$0.19
Residential Trainee Year 3	\$0.20
Office Staff	\$0.00

Schedule R, Line 13e – Information on Contribution Rates and Base Units
Plumbers Local No. 55 Pension Plan
EIN 34-6514703/PN 001

All rates are per hour.

Name of Contributing Employer:	Next Generation Service, LLC
Journeyman (Commercial)	\$8.73
Journeyman (Light Commercial)	\$1.68
1st Year Apprentice 1-6 Months	\$0.24
1st Year Apprentice 7-12 Months	\$0.28
2nd Apprentice 1-6 Months	\$0.69
2nd Apprentice 7-12 Months	\$2.69
3rd Apprentice 1-6 Months	\$2.64
3rd Apprentice 7-12 Months	\$3.04
Fourth Year Apprentice before May 2010	\$3.44
Fifth Year Apprentice before May 2010	\$3.83
Yard Piping	\$1.68
Plumber Serviceman Year 1	\$2.80
Plumber Serviceman Year 2	\$2.84
Plumber Serviceman Year 3	\$2.89
plumber Serviceman Year 4	\$4.77
Plumber Serviceman Year 5	\$5.77
Plumber Serviceman Tech. Year 1	\$0.00
Plumber Serviceman Tech. Year 2	\$0.69
Plumber Serviceman Tech Year 3	\$0.72
Plumber Serviceman Tech Year 4	\$0.78
Plumber Serviceman Tech Year 5	\$0.78
Light Commercial Residential	\$1.68
Residential Journeyman Plumber	\$1.68
Plumber Shopman after 5/1991	\$0.00
Plumber Shopman before 5/1991	\$3.71
Residential Trainee 0-3 Months	\$0.00
Residential Trainee 4-6 Months	\$0.00
Residential Trainee 7-12 Months	\$0.17
Residential Trainee Year 2	\$0.19
Residential Trainee Year 3	\$0.20
Office Staff	\$0.00

Schedule R, Line 13e – Information on Contribution Rates and Base Units
Plumbers Local No. 55 Pension Plan
EIN 34-6514703/PN 001

All rates are per hour.

Name of Contributing Employer:	QMCI Corp. Fka Qwest
Journeyman (Commercial)	\$8.73
Journeyman (Light Commercial)	\$1.68
1st Year Apprentice 1-6 Months	\$0.24
1st Year Apprentice 7-12 Months	\$0.28
2nd Apprentice 1-6 Months	\$0.69
2nd Apprentice 7-12 Months	\$2.69
3rd Apprentice 1-6 Months	\$2.64
3rd Apprentice 7-12 Months	\$3.04
Fourth Year Apprentice before May 2010	\$3.44
Fifth Year Apprentice before May 2010	\$3.83
Yard Piping	\$1.68
Plumber Serviceman Year 1	\$2.80
Plumber Serviceman Year 2	\$2.84
Plumber Serviceman Year 3	\$2.89
plumber Serviceman Year 4	\$4.77
Plumber Serviceman Year 5	\$5.77
Plumber Serviceman Tech. Year 1	\$0.00
Plumber Serviceman Tech. Year 2	\$0.69
Plumber Serviceman Tech Year 3	\$0.72
Plumber Serviceman Tech Year 4	\$0.78
Plumber Serviceman Tech Year 5	\$0.78
Light Commercial Residential	\$1.68
Residential Journeyman Plumber	\$1.68
Plumber Shopman after 5/1991	\$0.00
Plumber Shopman before 5/1991	\$3.71
Residential Trainee 0-3 Months	\$0.00
Residential Trainee 4-6 Months	\$0.00
Residential Trainee 7-12 Months	\$0.17
Residential Trainee Year 2	\$0.19
Residential Trainee Year 3	\$0.20
Office Staff	\$0.00

Schedule R, Line 13e – Information on Contribution Rates and Base Units
Plumbers Local No. 55 Pension Plan
EIN 34-6514703/PN 001

All rates are per hour.

Name of Contributing Employer:	The Smith & Oby Company
Journeyman (Commercial)	\$8.73
Journeyman (Light Commercial)	\$1.68
1st Year Apprentice 1-6 Months	\$0.24
1st Year Apprentice 7-12 Months	\$0.28
2nd Apprentice 1-6 Months	\$0.69
2nd Apprentice 7-12 Months	\$2.69
3rd Apprentice 1-6 Months	\$2.64
3rd Apprentice 7-12 Months	\$3.04
Fourth Year Apprentice before May 2010	\$3.44
Fifth Year Apprentice before May 2010	\$3.83
Yard Piping	\$1.68
Plumber Serviceman Year 1	\$2.80
Plumber Serviceman Year 2	\$2.84
Plumber Serviceman Year 3	\$2.89
plumber Serviceman Year 4	\$4.77
Plumber Serviceman Year 5	\$5.77
Plumber Serviceman Tech. Year 1	\$0.00
Plumber Serviceman Tech. Year 2	\$0.69
Plumber Serviceman Tech Year 3	\$0.72
Plumber Serviceman Tech Year 4	\$0.78
Plumber Serviceman Tech Year 5	\$0.78
Light Commercial Residential	\$1.68
Residential Journeyman Plumber	\$1.68
Plumber Shopman after 5/1991	\$0.00
Plumber Shopman before 5/1991	\$3.71
Residential Trainee 0-3 Months	\$0.00
Residential Trainee 4-6 Months	\$0.00
Residential Trainee 7-12 Months	\$0.17
Residential Trainee Year 2	\$0.19
Residential Trainee Year 3	\$0.20
Office Staff	\$0.00

Schedule R, Line 13e – Information on Contribution Rates and Base Units
Plumbers Local No. 55 Pension Plan
EIN 34-6514703/PN 001

All rates are per hour.

Name of Contributing Employer:	Synergy LLC Contractors
Journeyman (Commercial)	\$8.73
Journeyman (Light Commercial)	\$1.68
1st Year Apprentice 1-6 Months	\$0.24
1st Year Apprentice 7-12 Months	\$0.28
2nd Apprentice 1-6 Months	\$0.69
2nd Apprentice 7-12 Months	\$2.69
3rd Apprentice 1-6 Months	\$2.64
3rd Apprentice 7-12 Months	\$3.04
Fourth Year Apprentice before May 2010	\$3.44
Fifth Year Apprentice before May 2010	\$3.83
Yard Piping	\$1.68
Plumber Serviceman Year 1	\$2.80
Plumber Serviceman Year 2	\$2.84
Plumber Serviceman Year 3	\$2.89
plumber Serviceman Year 4	\$4.77
Plumber Serviceman Year 5	\$5.77
Plumber Serviceman Tech. Year 1	\$0.00
Plumber Serviceman Tech. Year 2	\$0.69
Plumber Serviceman Tech Year 3	\$0.72
Plumber Serviceman Tech Year 4	\$0.78
Plumber Serviceman Tech Year 5	\$0.78
Light Commercial Residential	\$1.68
Residential Journeyman Plumber	\$1.68
Plumber Shopman after 5/1991	\$0.00
Plumber Shopman before 5/1991	\$3.71
Residential Trainee 0-3 Months	\$0.00
Residential Trainee 4-6 Months	\$0.00
Residential Trainee 7-12 Months	\$0.17
Residential Trainee Year 2	\$0.19
Residential Trainee Year 3	\$0.20
Office Staff	\$0.00

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$5,165,586	-	\$5,165,586
2025	\$5,165,586	-	\$5,165,586
2026	\$5,165,586	-	\$5,165,586
2027	\$5,165,586	-	\$5,165,586
2028	\$5,165,586	-	\$5,165,586
2029	\$5,165,586	-	\$5,165,586
2030	\$5,165,586	-	\$5,165,586
2031	\$5,165,586	-	\$5,165,586
2032	\$5,165,586	-	\$5,165,586
2033	\$5,165,586	-	\$5,165,586

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$384,182	\$487,792	\$8,520,487	\$9,392,460
2025	\$591,598	\$293,007	\$8,362,174	\$9,246,779
2026	\$914,090	\$437,990	\$8,184,902	\$9,536,982
2027	\$1,208,145	\$530,277	\$7,989,470	\$9,727,892
2028	\$1,534,300	\$708,038	\$7,776,554	\$10,018,892
2029	\$1,857,143	\$791,279	\$7,546,816	\$10,195,238
2030	\$2,095,920	\$950,231	\$7,301,026	\$10,347,176
2031	\$2,316,868	\$1,058,114	\$7,040,146	\$10,415,128
2032	\$2,523,424	\$1,177,375	\$6,765,368	\$10,466,167
2033	\$2,682,905	\$1,333,076	\$6,478,111	\$10,494,092
2034	\$2,820,715	\$1,461,161	\$6,179,988	\$10,461,864
2035	\$2,902,204	\$1,591,743	\$5,872,789	\$10,366,736
2036	\$2,971,142	\$1,717,852	\$5,558,489	\$10,247,483
2037	\$3,020,795	\$1,830,566	\$5,239,261	\$10,090,622
2038	\$3,061,801	\$1,920,244	\$4,917,483	\$9,899,528
2039	\$3,079,393	\$2,013,062	\$4,595,704	\$9,688,159
2040	\$3,101,203	\$2,081,473	\$4,276,527	\$9,459,202
2041	\$3,108,583	\$2,138,062	\$3,962,487	\$9,209,132
2042	\$3,099,709	\$2,193,239	\$3,655,890	\$8,948,838
2043	\$3,078,502	\$2,218,960	\$3,358,686	\$8,656,148
2044	\$3,053,572	\$2,245,121	\$3,072,439	\$8,371,132
2045	\$3,019,973	\$2,264,599	\$2,798,318	\$8,082,890
2046	\$2,977,077	\$2,261,911	\$2,537,172	\$7,776,160
2047	\$2,927,655	\$2,257,865	\$2,289,612	\$7,475,132
2048	\$2,869,020	\$2,230,810	\$2,056,073	\$7,155,903
2049	\$2,804,974	\$2,197,549	\$1,836,873	\$6,839,396
2050	\$2,733,709	\$2,155,073	\$1,632,189	\$6,520,972
2051	\$2,652,782	\$2,104,296	\$1,442,113	\$6,199,191
2052	\$2,568,004	\$2,053,435	\$1,266,611	\$5,888,050
2053	\$2,473,546	\$1,986,501	\$1,105,518	\$5,565,565
2054	\$2,374,041	\$1,918,001	\$958,539	\$5,250,581
2055	\$2,270,374	\$1,843,138	\$825,237	\$4,938,750
2056	\$2,163,325	\$1,761,461	\$705,106	\$4,629,892
2057	\$2,052,653	\$1,676,837	\$597,611	\$4,327,102
2058	\$1,938,902	\$1,588,882	\$502,185	\$4,029,969
2059	\$1,824,462	\$1,499,210	\$418,211	\$3,741,883
2060	\$1,708,461	\$1,408,217	\$345,025	\$3,461,703
2061	\$1,592,850	\$1,315,447	\$281,882	\$3,190,179

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

2062	\$1,478,368	\$1,223,190	\$227,989	\$2,929,547
2063	\$1,365,374	\$1,131,302	\$182,505	\$2,679,182
2064	\$1,255,170	\$1,040,734	\$144,545	\$2,440,449
2065	\$1,148,295	\$951,943	\$113,231	\$2,213,469
2066	\$1,045,230	\$865,817	\$87,701	\$1,998,748
2067	\$946,607	\$782,941	\$67,133	\$1,796,681
2068	\$852,866	\$703,709	\$50,769	\$1,607,344
2069	\$764,355	\$628,644	\$37,922	\$1,430,921
2070	\$681,285	\$558,041	\$27,973	\$1,267,300
2071	\$603,932	\$492,117	\$20,379	\$1,116,427
2072	\$532,419	\$431,181	\$14,663	\$978,262
2073	\$466,727	\$375,237	\$10,417	\$852,381

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are converted by the Plan.
- Benefits are paid in the form assumed with valuation.

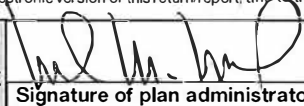
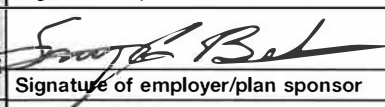
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 05/01/2024 and ending 08/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan PLUMBERS UNION LOCAL NO. 55 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 12/01/1960
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JOINT BOARD OF TRUSTEES PLUMBERS UNION LOCAL 55 PEN 980 KEYNOTE CIRCLE BROOKLYN HEIGHTS OH 44131	2b Employer Identification Number (EIN) 34-6514703 2c Plan Sponsor's telephone number 216-459-9110 2d Business code (see instructions) 813930

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 	05/18/2025	MARK MCMANUS
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	05/18/2025	SMITTY G. BELCHER
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

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

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

5 Total number of participants at the beginning of the plan year	5	1,315
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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)	472
a (2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	0
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	0

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

1A 1 I

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

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

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

a Pension Schedules

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

b General Schedules

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

PLUMBERS LOCAL UNION NO. 55 PENSION PLAN AND TRUST

SCHEDULE OF REPORTABLE TRANSACTIONS

FOUR MONTH PERIOD ENDED AUGUST 31, 2024

Form 5500, Schedule H, Line 4j

EIN: 34-6514703
Plan No. 001

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	Ullico Infrastructure Tax-Exempt Fund LP	\$ 5,251,664	\$ -	\$ 5,000,000	\$ 5,251,664	\$ 251,664

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

2024

This Form is Open to Public
Inspection

For calendar plan year 2024 or fiscal plan year beginning05/01/2024and ending08/31/2024

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 UNION LOCAL NO. 55 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
JOINT BOARD OF TRUSTEES PLUMBERS UNION LOCAL NO. 55 PENSION PLAN

D

Employer Identification Number (EIN)
34-6514703

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

1a Enter the valuation date: Month 05 Day 01 Year 2024

b	Assets		
(1)	Current value of assets	1b(1)	102,272,791
(2)	Actuarial value of assets for funding standard account	1b(2)	109,045,953
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	126,942,724
	(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)	126,942,724
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)	191,384,330
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	0
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	9,437,853
(3)	Expected plan disbursements for the plan year	1d(3)	9,937,853

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

James A. Nolan

Signature of actuary

JAMES A. NOLAN, FSA, FCA, MAAA

Type or print name of actuary

SEGAL

Firm name

101 NORTH WACKER DRIVE, SUITE 1800
CHICAGO IL 60606-1722

Address of the firm

06/12/2025

Date

2307228

Most recent enrollment number

312-984-8500

Telephone number (including area code)

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) 2024
v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	102,272,791
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	510	106,145,826
(2) For terminated vested participants	333	33,583,052
(3) For active participants:		
(a) Non-vested benefits		7,237,539
(b) Vested benefits		44,417,913
(c) Total active	472	51,655,452
(4) Total	1,315	191,384,330
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.43 %

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
06/15/2024	1,899,896	0			
Totals ▶			3(b)	1,899,896	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	85.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

j If box h is checked, enter period of use of shortfall method **5j**

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

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

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.56 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☐ Other ☒ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	4.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	6.7 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	160,700
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,321,293	45,193

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 the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	160,700

c Amortization charges as of valuation date:		Outstanding balance
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	59,617,987
(2) Funding waivers.....	9c(2)	
(3) Certain bases for which the amortization period has been extended.....	9c(3)	

d Interest as applicable on lines 9a, 9b, and 9c	9d	213,179
e Total charges. Add lines 9a through 9d.....	9e	3,258,596

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	32,304,656
g Employer contributions. Total from column (b) of line 3.....	9g	1,899,896

		Outstanding balance
h Amortization credits as of valuation date.....	9h	9,416,560
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	2,322,731

j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	61,478,656
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	63,352,370
(3) FFL credit.....	9j(3)	0

k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits.....	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	37,087,861
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	33,829,265
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

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

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