

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 <h1 style="text-align: center;">2023</h1> 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 10/01/2023 and ending 09/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN</u> <u>8 PREMIER DRIVE</u> <u>BELLEVILLE, IL 62220-3421</u>	1c Effective date of plan <u>10/01/1960</u> 2b Employer Identification Number (EIN) <u>37-6025801</u> 2c Plan Sponsor's telephone number <u>618-234-5504</u> 2d Business code (see instructions) <u>238220</u>

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.	06/27/2025	DAN MCKENNA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/01/2025	JAMES LUGGE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN</p> <p>8 PREMIER DRIVE BELLEVILLE, IL 62220-3421</p>	<p>3b Administrator's EIN 37-6025801</p>
	<p>3c Administrator's telephone number 618-234-5504</p>
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name c Plan Name</p>	<p>4b EIN</p>
	<p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 399</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year 6a(1) 202</p> <p>a(2) Total number of active participants at the end of the plan year 6a(2) 196</p> <p>b Retired or separated participants receiving benefits 6b 94</p> <p>c Other retired or separated participants entitled to future benefits 6c 88</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c. 6d 378</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits 6e 26</p> <p>f Total. Add lines 6d and 6e. 6f 404</p> <p>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)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 6g(2)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 6h</p>	
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....</p>	<p>7 41</p>

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

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

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

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

A Name of plan <u>PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>37-6025801</u>

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

1a Enter the valuation date: Month 10 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	<u>66722748</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>66722748</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	
(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)	<u>70773500</u>
(c) Normal cost under entry age normal method	1c(2)(c)	<u>967052</u>
(3) Accrued liability under unit credit cost method.....	1c(3)	<u>62189621</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>110545829</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>3704212</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>2625444</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>2625444</u>

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

SIGN HERE	<u>06/27/2025</u>
Signature of actuary	Date
<u>KEITH KOWALCZYK</u>	<u>23-02812</u>
Type or print name of actuary	Most recent enrollment number
<u>EKON BENEFITS</u>	<u>314-367-6555</u>
Firm name	Telephone number (including area code)
<u>4940 WASHINGTON BLVD. ST. LOUIS, MO 63108</u>	
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	66722748
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	112	36574473
(2) For terminated vested participants	85	11999624
(3) For active participants:		
(a) Non-vested benefits		295060
(b) Vested benefits		61676672
(c) Total active	202	61971732
(4) Total	399	110545829
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	60.35 %

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
05/15/2024	2688529	0			
			Totals ▶	3(b)	3(c)
				2688529	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	107.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	3.07 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:				
(1) Males.....	6c(1)	9P21	9P21	
(2) Females	6c(2)	9FP21	9FP21	
d Valuation liability interest rate	6d	7.00 %	7.00 %	
e Salary scale	6e	0.00 %	<input type="checkbox"/> N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.17 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	9.6 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.6 %		
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	135000		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>		

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2487945

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)		
(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		174156
e Total charges. Add lines 9a through 9d.....	9e		2662101
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		9387754
g Employer contributions. Total from column (b) of line 3.....	9g		2688529
		Outstanding balance	
h Amortization credits as of valuation date.....	9h		
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i		728617
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)		0
(2) "RPA '94" override (90% current liability FFL).....	9j(2)		55264933
(3) FFL credit.....	9j(3)		
k (1) Waived funding deficiency.....	9k(1)		
(2) Other credits.....	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l		12804900
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m		10142799
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		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN	D Employer Identification Number (EIN) 37-6025801	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NEWTOWER TRUST COMPANY 30-0872552	7315 WISCONSIN AVENUE SUITE 350W BETHESDA, MD 20814
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

RBC GLOBAL ASSET MANAGEMENT (US) 41-1460668	100 SOUTH FIFTH STREET SUITE 2350 MINNEAPOLIS, MN 55402
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

THE COMMERCE TRUST COMPANY

922 WALNUT STREET
KANSAS CITY, MO 64106

48-0962626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	57143	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PLUMBERS LOCAL 25 BENEFIT FUND LLC

4600 46TH AVENUE
ROCK ISLAND, IL 61201

47-1064332

(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?
38 50 15 16 13	UNION LOCAL	31500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASB CAPITAL MANAGEMENT

7501 WISCONSIN AVENUE
14TH FLOOR
BETHESDA, MD 20814

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	29808	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARINTER INSTITUTIONAL LLC

531 W MORSE BLVD
SUITE 200
WINTER PARK, FL 32789

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?
27 50 70	NONE	29000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EKON BENEFITS

4940 WASHINGTON BLVD
ST. LOUIS, MO 63108

43-1317863

(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 17 50	NONE	27190	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RBC GLOBAL ASSET MANAGEMENT (US)INC

100 SOUTH FIFTH STREET
SUITE 2350
MINNEAPOLIS, MN 55402

41-1460668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	22647	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SCHEFFEL BOYLE

222 EAST MAIN STREET
BELLEVILLE, IL 62220

37-1206530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	16800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES L. CRANE AGENCY COMPANY

400 CHESTERFIELD CENTER
SUITE 100
CHESTERFIELD, MO 63017

43-1394059

(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?
23	NONE	15589	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HAMMOND AND SHINNERS PC

7730 CARONDELET
SUITE 200
ST LOUIS, MO 63105

43-1429257

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	10861	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BMO HARRIS BANK N.A.

111 W. MONROE STREET
CHICAGO, IL 60603

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	3895	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>37-6025801</u>	

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: <u>RBC GAM INTERNATIONAL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>04-3405915-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2580650</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB ALLEGIANCE REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>52-6257033-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2752936</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-EMPLOYER PROPERTY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>NEWTOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3032641</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN	D Employer Identification Number (EIN) 37-6025801

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	513197	306701
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	115313	139224
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	587656	1415711
(2) U.S. Government securities	1c(2)	3724795	4507813
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	7089451	8283557
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(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)	6938795	5785577
(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)	2125889	2580650
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	42978478	52618853
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2802169	4897374

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	66875743	80535460
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	58141	56265
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	58141	56265
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	66817602	80479195

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)	2728455	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2728455
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	45756	
(B) U.S. Government securities	2b(1)(B)	234627	
(C) Corporate debt instruments	2b(1)(C)	324267	
(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)		604650
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	793672	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		793672
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	-1042543	
(B) Other	2b(5)(B)	13084519	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		12041976

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1502648
c Other income	2c		-57259
d Total income. Add all income amounts in column (b) and enter total	2d		17614142

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3655279	
(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)		3655279
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)	2139	
(2) Contract administrator fees.....	2i(2)	31500	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	16800	
(5) Investment advisory and investment management fees	2i(5)	169827	
(6) Bank or trust company trustee/custodial fees	2i(6)	2138	
(7) Actuarial fees	2i(7)	27190	
(8) Legal fees	2i(8)	10861	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	21226	
(11) Other expenses	2i(11)	15589	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		297270
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3952549

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13661593
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SCHEFFEL BOYLE

(2) EIN: 37-1206530

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 541171.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>37-6025801</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>39-6436442</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **HAYES PMC**

b EIN **37-1346786**

c Dollar amount contributed by employer **377645**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2029

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) 7.25

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

a Name of contributing employer **HAIER PLUMBING**

b EIN **37-1032594**

c Dollar amount contributed by employer **241423**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2029

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) 7.25

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

a Name of contributing employer **BEL-O-SALES & SERVICE**

b EIN **37-0841756**

c Dollar amount contributed by employer **368157**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2029

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) 7.25

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

a Name of contributing employer **EHRET, INC.**

b EIN **37-0711195**

c Dollar amount contributed by employer **466232**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2029

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) 7.25

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

a Name of contributing employer **LITTEKEN PLUMBING**

b EIN **46-4966277**

c Dollar amount contributed by employer **187745**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2029

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) 7.25

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

a Name of contributing employer **LOCAL UNION 553**

b EIN **37-1413229**

c Dollar amount contributed by employer **194844**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2029

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) 7.25

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	0

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	1.06
b The corresponding number for the second preceding plan year	15b	1.07

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 _____.



EIN: 37-6025801
Plan #001

ALTON EDWARDSVILLE BELLEVILLE HIGHLAND
JERSEYVILLE COLUMBIA CARROLLTON

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Plumbers & Pipefitters Local 101
Pension Plan

Opinion

We have audited the accompanying financial statements of Plumbers & Pipefitters Local 101 Pension 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 September 30, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Plumbers & Pipefitters Local 101 Pension Plan as of September 30, 2024 and 2023, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers & Pipefitters Local 101 Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers & Pipefitters Local 101 Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures 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 Plumbers & Pipefitters Local 101 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers & Pipefitters Local 101 Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules 1 through 11, together referred to as "supplemental information", are presented for the purpose of additional analysis and are not a required part of the basic financial statements. The Schedules of Investments Held in Schedules 2 through 9 and Schedule of Reportable Transactions in Schedule 10 are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Such information is the responsibility of the Plan's management and was derived from and relates to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in cursive script that reads "Scheffel Boyle".

SCHEFFEL BOYLE
Edwardsville, Illinois

July 7, 2025

**PLUMBERS & FITTERS LOCAL 101
PENSION PLAN
EIN: 37-6025801 PN: 001**

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

Attained Age	Years of Credited Service										Total	
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +		
Under 25	3	13	-	-	-	-	-	-	-	-	-	16
25 - 29	1	9	9	-	-	-	-	-	-	-	-	19
30 - 34	2	2	6	7	-	-	-	-	-	-	-	17
35 - 39	-	2	3	4	13	-	-	-	-	-	-	22
40 - 44	1	4	4	2	13	9	-	-	-	-	-	33
45 - 49	-	1	-	2	9	10	5	-	-	-	-	27
50 - 54	-	-	2	3	4	7	1	1	-	-	-	18
55 - 59	-	-	1	1	6	8	3	3	5	-	-	27
60 - 64	-	-	-	-	4	4	3	-	5	3	-	19
65 - 69	-	-	-	-	1	2	-	-	1	-	-	4
70 +	-	-	-	-	-	-	-	-	-	-	-	0
	7	31	25	19	50	40	12	4	11	3		202

**PLUMBERS & FITTERS LOCAL 101
PENSION PLAN**

EIN: 37 – 6025801 PN: 001

**Schedule MB, Line 6 - Statement of Actuarial
Assumptions/Methods**

Funding Method:

Aggregate Funding Method - Under this method, the Present Value of Future Normal Costs equals the Present Value of Benefits reduced by Plan Assets. These future costs are spread as a level percentage over current and future expected years of service. The portion attributable to expected years of service is the current year Normal Cost.

Experience gains and losses are included in the Present Value of Future Normal Costs, and therefore are spread over future expected years of service.

Valuation of Assets

All Assets are valued at Market Value

Mortality Rates

Pre-Retirement: Males: PRI-12 Employee Blue Collar Table for males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Females: PRI-12 Employee Blue Collar Table for females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Post-Retirement: Males: PRI-12 Annuitant Blue Collar Table for males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Females: PRI-12 Annuitant Blue Collar Table for females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Investment Earnings

7.00% per annum: compounded annually

Current Liability

Interest Rate: 3.07% per annum: compounded annually

**PLUMBERS & FITTERS LOCAL 101
PENSION PLAN**

EIN: 37 – 6025801 PN: 001

**Schedule MB, Line 6 - Statement of Actuarial
Assumptions/Methods
(continued)**

Assumed Retirement Age

<u>Age</u>	<u>Probability</u>
60	0.30
61	0.15
62	0.50
63	0.35
64	0.20
65	0.40
66	1.00

Termination prior to Retirement other than Death

T-1 Actuaries Table

<u>Age</u>	<u>Probability of Termination</u>
20	0.05441
30	0.03705
40	0.01130
50 & over	0.00000

Expense

\$135,000 added to Normal Cost

1/3 Lump Sum Optional Payment Form Load

3% liability load based on

- 45% assumed optional form take rate
- Lump sum interest rates as of October 2023 (5.77% / 6.14% / 6.19%)

Amortization Methods for Contribution Alternatives

The Minimum Required Contribution and the Maximum Deductible Contribution are based on IRS regulations and the Frozen Initial Liability Cost Method. The Recommended Contribution is based on the Aggregate Cost Method. Any other contribution alternatives are based on an open amortization period which is reset each year under the Frozen Initial Liability Cost Method.

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN 8 PREMIER DRIVE BELLEVILLE IL 62220-3421</p>	<p>1c Effective date of plan 10/01/1960</p> <p>2b Employer Identification Number (EIN) 37-6025801</p> <p>2c Plan Sponsor's telephone number 618-234-5504</p> <p>2d Business code (see instructions) 238220</p>

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

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

SIGN HERE		6/27/25	DAN MCKENNA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/1/25	JAMES LUGGE
	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.

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, PAGE 4 LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
SEPTEMBER 30, 2024

IDENTITY OF PARTY INVOLVED (a)	DESCRIPTION OF ASSET (INCLUDE INTEREST RATE AND MATURITY IN CASE OF A LOAN) (b)	PURCHASE PRICE (c)	SELLING PRICE (d)	LEASE RENTAL (e)	EXPENSE INCURRED WITH TRANSACTION (f)	COST OF ASSET (g)	CURRENT VALUE OF ASSET ON TRANSACTION DATE (h)	NET GAIN OR (LOSS) (i)
Category 1 - Single Transaction Exceeds 5% of Value:								
No Transactions	N/A	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Category 2 - Series of Transactions with Same Person, Involving Property Other Than Securities Exceeds 5% of Value:								
No Transactions	N/A	-	-	-	-	-	-	-
Category 3 - Series of Transactions with Same Security Exceeds 5% of Value:								
Commerce Bank	Financial Square Tr Government	8,420,217	-	-	-	8,420,217	8,420,217	-
Commerce Bank	Financial Square Tr Government	-	7,381,196	-	-	7,381,196	7,381,196	-
Category 4 - Single Transaction with One Broker Exceeds 5% of Value:								
No Transactions	N/A	-	-	-	-	-	-	-

The above transactions or series of transactions represent more than 5% of plan assets.

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

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

A Name of plan PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN		D Employer Identification Number (EIN) 37-6025801	

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

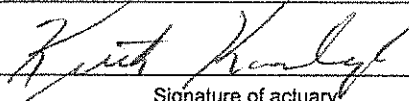
1a Enter the valuation date: Month 10 Day 01 Year 2023

b Assets

(1) Current value of assets	1b(1)	66,722,748
(2) Actuarial value of assets for funding standard account.....	1b(2)	66,722,748
c (1) Accrued liability for plan using immediate gain methods	1c(1)	
(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)	70,773,500
(c) Normal cost under entry age normal method	1c(2)(c)	967,052
(3) Accrued liability under unit credit cost method.....	1c(3)	62,189,621
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)	110,545,829
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	3,704,212
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	2,625,444
(3) Expected plan disbursements for the plan year	1d(3)	2,625,444

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		06/27/2025
KEITH KOWALCZYK	Signature of actuary	Date
EKON BENEFITS	Type or print name of actuary	2302812
4940 WASHINGTON BLVD. ST. LOUIS MO 63108	Firm name	Most recent enrollment number 314-367-6555
Address of the firm		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) 2023
v. 230728

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.07 %
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P21
(2) Females.....	6c(2)	9FP21
d Valuation liability interest rate.....	6d	7.00 %
e Salary scale.....	6e	0.00 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate.....	6f(2)	6.17 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	9.6 %
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	9.6 %
i Expense load included in normal cost reported in line 9b.....	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	135,000
(3) If neither (1) nor (2) describes the expense load, check the box.....	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). Yes No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? Yes No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... Yes No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?..... Yes No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension..... **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?..... Yes No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	2,487,945
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	Outstanding balance
(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	174,156
e Total charges. Add lines 9a through 9d.....	9e	2,662,101
Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	9,387,754
g Employer contributions. Total from column (b) of line 3	9g	2,688,529
h Amortization credits as of valuation date.....		
	9h	Outstanding balance
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	728,617
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	0
(2) "RPA '94" override (90% current liability FFL)	9j(2)	55,264,933
(3) FFL credit	9j(3)	
k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	12,804,900
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	10,142,799
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	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**PLUMBERS FITTERS LOCAL 101
PENSION FUND**

EIN: 37 - 6025801 PN: 001

Schedule MB, Line 6 – Summary of Plan Provisions

Year of Service	One Year of Service is credited if Employee works more than 870 Hours of Service
Normal Pension	a) Eligibility requirements: Age 62 b) Benefit: \$0.08 multiplied by total hours worked from October 1, 1960
Early Pension	a) Eligibility requirements: Age 60 b) Benefit: <ul style="list-style-type: none">• Active participants after October 1, 2021 – Accrued Benefit reduced by 4% per year until age 60• Active participants between January 1, 1998 and September 30, 2021 - Accrued Benefit reduced by 2.0% per year until age 63 and then 1/180th for the next 36 months• For all other participants - Accrued Benefit reduced by 1/180th for each month early
Disability Pension	a) Eligibility requirements: Total and permanent disability b) Benefit: Accrued Benefit reduced by 1/600 th per month for first 24 months, 1/180 th per month for next 36 months, and 1/450 th for each of the next 120 months prior to age 65 payable at Disability Retirement Date
Normal Form of Benefit	The Normal Form of payment of the Normal and Early Pension Benefit is a Life Only Annuity
Termination Pension	a) Eligibility requirements: 5,000 hours worked within 5 consecutive Years of Service or 10 Years of Service b) Benefit: 100% of Accrued Benefit due and payable commencing at Normal Retirement Date
Death Benefit	Present Value of Accrued Benefit payable to his spouse or designated beneficiary

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MUTUAL FUNDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)
Vanguard Small Cap Index Shares 36,598.304	Mutual Fund	\$ 1,598,668	\$ 4,161,227
Vanguard Mid Cap Index Shares 16,758.878	Mutual Fund	2,592,539	5,475,963
Vanguard Value Index Shares 278,243.02	Mutual Fund	11,659,905	18,956,697
Vanguard Growth Index Shares 96,404.176	Mutual Fund	5,413,667	19,061,034
American Europacific Growth Shares 40,137.169	Mutual Fund	2,265,498	2,422,680
Transamerica International Shares 112,694.102	Mutual Fund	<u>1,972,833</u>	<u>2,541,252</u>
TOTAL		<u>\$ 25,503,110</u>	<u>\$ 52,618,853</u>

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF 103-12 INVESTMENT ENTITY
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2024

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE	
RBC International Equity Fund	Mutual Fund	<u>\$ 1,453,615</u>	<u>\$ 2,580,650</u>	

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2024

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE	
ASB Allegiance Real Estate Fund	Commingled Trust Fund	\$ 1,672,499	\$ 2,752,936	
Multi-Employer Property Trust	Commingled Trust Fund	<u>2,901,711</u>	<u>3,032,641</u>	
TOTAL		<u>\$ 4,574,210</u>	<u>\$ 5,785,577</u>	

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN

EIN 37-6025801, PLAN NUMBER 001

SCHEDULE OF MORTGAGES HELD

SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)
Commerce Core:			
Bear Stearns	Variable Interest, Due 10/25/33	\$ 1,684	\$ 1,969
Fed Home Loan Mortgage	4.500%, Due 2/1/26	805	757
Fed Home Loan Mortgage	3.500%, Due 8/1/52	80,163	82,586
Fed Home Loan Mortgage	3.000%, Due 6/1/45	4,242	3,741
Fed Home Loan Mortgage	3.000%, Due 10/25/51	146,821	153,193
Fed Home Loan Mortgage	3.000%, Due 3/1/40	35,596	32,406
Fed Home Loan Mortgage	5.000%, Due 3/1/54	164,401	168,618
Fed Home Loan Mortgage	4.000%, Due 4/1/47	2,627	2,426
Fed Home Loan Mortgage	Variable Interest, Due 11/1/46	11,675	10,906
Fed Home Loan Mortgage	5.000%, Due 2/1/54	159,655	166,601
Fed Home Loan Mortgage	3.000%, Due 10/15/41	3,517	3,366
Fed Home Loan Mortgage	3.000%, Due 6/15/27	38,927	36,672
Fed Home Loan Mortgage	3.000%, Due 12/15/43	531	512
Fed Home Loan Mortgage	2.250%, Due 6/15/44	3,206	2,967
Fed Home Loan Mortgage	3.000%, Due 8/15/45	7,305	7,018
Fed Home Loan Mortgage	2.500%, Due 10/15/42	8,954	8,552
Fed Home Loan Mortgage	2.500%, Due 9/25/49	152,947	154,458
Fed Home Loan Mortgage	2.000%, Due 9/25/45	150,245	124,427
Fed Home Loan Mortgage	2.000%, Due 12/25/50	101,883	80,549
Fed Home Loan Mortgage	3.000%, Due 7/15/47	4,815	4,349
Fed Home Loan Mortgage	2.000%, Due 3/25/50	158,850	122,014
Fed Home Loan Mortgage	1.500%, Due 3/25/51	119,402	101,545
Fed Home Loan Mortgage	3.000%, Due 6/25/48	114,273	103,794
FNMA	1.750%, Due 12/25/46	12,598	11,987
FNMA	3.000%, Due 3/1/50	31,167	27,742
FNMA	6.000%, Due 4/25/53	85,949	87,168
FNMA	4.500%, Due 5/25/53	125,331	130,195
FNMA	2.000%, Due 8/1/51	126,257	103,651
FNMA	2.000%, Due 6/1/36	110,021	97,169
FNMA	3.000%, Due 5/25/52	75,615	78,708
FNMA	5.000%, Due 12/1/52	163,881	167,935
FNMA	5.500%, Due 8/1/53	131,506	133,845

PLUMBERS & PIPEFITTERS LOCAL 101

PENSION PLAN

EIN 37-6025801, PLAN NUMBER 001

SCHEDULE OF MORTGAGES HELD

SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)
(a)	(b)	(c)	(e)
Commerce Core (cont'd):			
FNMA	3.000%, Due 10/1/26	1,960	1,871
FNMA	4.000%, Due 8/1/32	2,165	2,003
FNMA	2.500%, Due 8/1/28	4,472	4,285
FNMA	2.500%, Due 5/1/28	2,813	2,656
FNMA	3.500%, Due 3/1/47	6,182	5,689
FNMA	5.000%, Due 8/1/48	2,243	2,190
FNMA	4.000%, Due 12/1/47	5,252	4,941
FNMA	Variable Interest, Due 11/1/48	5,195	4,982
FNMA	4.500%, Due 7/25/52	157,111	162,190
FNMA	4.500%, Due 3/1/38	5,960	5,834
FNMA	4.000%, Due 7/25/53	148,110	153,889
FNMA	3.000%, Due 6/1/52	144,293	150,762
FNMA	5.500%, Due 2/25/54	163,124	167,207
FNMA	3.000%, Due 4/1/28	4,005	3,839
FNMA	3.500%, Due 12/1/44	8,530	7,832
FNMA	2.500%, Due 2/1/32	5,716	5,469
FNMA	2.000%, Due 2/25/43	30,795	26,823
FNMA	2.250%, Due 3/25/44	7,729	7,295
FNMA	1.750%, Due 11/25/45	8,741	8,243
FNMA	2.500%, Due 12/25/41	67,852	55,380
FNMA	3.000%, Due 6/25/48	119,993	109,927
FNMA	3.000%, Due 12/25/48	159,278	162,985
Freddie Mac	3.500%, Due 11/25/28	24,424	24,147
GNMA	2.500%, Due 6/20/31	2,284	2,158
GNMA	4.000%, Due 5/16/26	930	862
GNMA	2.250%, Due 5/20/45	18,135	16,745
GNMA	2.500%, Due 7/20/46	9,083	8,104
GNMA	2.400%, Due 7/16/53	121,438	100,365
GNMA	2.350%, Due 9/16/61	133,558	109,217
GNMA	Variable Interest, Due 8/20/74	181,038	181,097
Gsr Mortgage	Variable Interest, Due 3/25/33	5,003	5,494

PLUMBERS & PIPEFITTERS LOCAL 101

PENSION PLAN

EIN 37-6025801, PLAN NUMBER 001

SCHEDULE OF MORTGAGES HELD

SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE	
Commerce Core (cont'd):				
	Impac Secured Assets Corp	Variable Interest, Due 5/25/36	1,546	1,575
	Master Alternative	5.500%, Due 5/25/34	2,280	2,161
	Residential Asset Sec	Variable Interest, Due 12/25/34	5,635	5,522
TOTAL			<u>\$ 3,901,722</u>	<u>\$ 3,725,565</u>

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN

EIN 37-6025801, PLAN NUMBER 001

SCHEDULE OF CORPORATE BONDS HELD

SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2024

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE	
Commerce Core:				
	Air Lease Corp	3.625%, Due 4/1/27	\$ 14,214	\$ 14,699
	Air Lease Corp	3.250%, Due 10/1/29	34,609	32,902
	Alexandria Real Estate	2.950%, Due 3/15/34	79,757	69,163
	Alleghany Corp	4.900%, Due 9/15/44	14,897	14,673
	American Financial Group	4.500%, Due 6/15/47	91,665	97,867
	American Water Capital	3.000%, Due 12/1/26	28,062	29,246
	Amgen Inc	5.650%, Due 3/2/53	69,899	73,635
	Aon North America Inc	5.450%, Due 3/1/34	84,871	89,243
	Applied Materials Inc	3.300%, Due 4/1/27	49,823	49,235
	Avalonbay Communities Inc	5.300%, Due 12/7/33	126,105	130,385
	Baltimore Gas & Electric	2.400%, Due 8/15/26	69,790	68,073
	Banco Santander	6.607%, Due 11/7/28	63,078	65,101
	Bank of America Corp	Variable Rate, Due 4/23/27	65,000	64,190
	Bank of America Corp	Variable Rate, Due 2/13/26	75,000	74,148
	Bank of New York Mellon	Variable Rate, Due 10/25/34	150,000	169,531
	Bank of Nova Scotia	2.951%, Due 3/11/27	30,000	29,178
	Baptist Health South Florida	4.342%, Due 11/15/41	20,160	18,256
	Bell Canada	4.464%, Due 4/1/48	15,000	13,303
	BHP Billiton Finance	6.420%, Due 3/1/26	17,504	15,437
	Black Hills Corp	4.350%, Due 5/1/33	14,931	14,385
	Blackrock Funding, Inc	5.000%, Due 3/14/34	169,735	177,193
	Boardwalk Pipelines LP	3.600%, Due 9/1/32	79,922	72,342
	Boeing Co	2.500%, Due 3/1/25	60,602	63,996
	Boeing Company	6.875%, Due 3/15/39	25,997	21,635
	Borgwarner Inc	4.375%, Due 3/15/45	67,401	59,268
	Boston University	5.200%, Due 10/1/45	14,930	15,967
	BP Capital Markets America	4.234%, Due 11/6/28	48,009	45,162
	Brookfield Finance Inc	4.250%, Due 6/2/26	55,164	54,955
	Burlington North Sante Fe	5.400%, Due 6/1/41	134,630	152,093
	Canadian Nat'l Railway	6.250%, Due 8/1/34	154,761	125,455
	Canadian Pacific Railway	3.125%, Due 6/1/26	33,593	34,228
	Centerpoint Energy Resources	4.400%, Due 7/1/32	69,936	68,922
	Ch Robinson Worldwide	4.200%, Due 4/15/28	61,274	59,642

PLUMBERS & PIPEFITTERS LOCAL 101

PENSION PLAN

EIN 37-6025801, PLAN NUMBER 001

SCHEDULE OF CORPORATE BONDS HELD

SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)
Commerce Core (cont'd):			
Citigroup Inc	Variable Rate, Due 6/9/27	80,000	76,218
Comcast Corp	3.450%, Due 2/1/50	44,892	34,048
Comerica Inc	3.800%, Due 7/22/26	26,518	24,570
Comerica Inc	4.000%, Due 2/1/29	37,580	33,884
Commonwealth Edison Co	3.000%, Due 3/1/50	129,821	90,834
Conocophillips Canada Note	5.950%, Due 10/13/36	25,952	21,917
Conocophillips Company	5.050%, Due 9/15/33	99,807	103,498
Cons Edison Co of NY	5.850%, Due 3/15/36	24,111	21,717
Constellation Brands Inc	3.500%, Due 5/9/27	34,918	34,385
Consumers Energy Co	3.800%, Due 11/15/28	133,631	138,188
Cummins Inc	7.125%, Due 3/1/28	149,893	125,824
Danaher Corp	3.350%, Due 9/15/25	45,922	44,618
Duke Energy Ohio Inc	5.550%, Due 3/15/54	149,609	156,833
Eaton Vance Corp	3.500%, Due 4/6/27	59,779	59,061
Emerson Electric Co	2.750%, Due 10/15/50	144,823	99,615
Enbridge Inc	2.500%, Due 2/14/25	79,947	79,258
Energy Transfer LP	5.550%, Due 2/15/28	69,982	72,351
Entergy Arkansas Inc	3.500%, Due 4/1/26	24,918	24,760
Essential Utilities Inc.	5.375%, Due 1/15/34	79,002	82,746
Fedex Corp	4.900%, Due 1/15/34	9,986	10,204
Fidelity Natl Info Serv	4.700%, Due 7/15/27	74,881	75,792
Florida Power Co	5.650%, Due 4/1/40	21,598	21,310
Fortive Corporation	4.300%, Due 6/15/46	83,343	61,641
Gatx Corp	4.700%, Due 4/1/29	34,943	35,317
General Motors Financial	5.800%, Due 6/23/28	29,994	31,125
Goldman Sachs Group Inc	Variable Rate, Due 6/5/28	15,000	14,763
Goldman Sachs Group Inc	Variable Rate, Due 3/9/27	29,964	28,696
Gonzaga University	4.158%, Due 4/1/46	15,000	12,480
Henry J Kaiser Family	3.356%, Due 12/1/25	85,037	84,025
Hollyfrontier Corp	5.875%, Due 4/1/26	86,161	75,451
Honeywell International Inc	5.000%, Due 3/1/35	174,342	182,159
Idaho Power Co	4.200%, Due 3/1/48	130,183	84,624

PLUMBERS & PIPEFITTERS LOCAL 101PENSION PLANEIN 37-6025801, PLAN NUMBER 001SCHEDULE OF CORPORATE BONDS HELDSCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)SEPTEMBER 30, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)
Commerce Core (cont'd):			
Illinois Tool Works Inc	4.875%, Due 9/15/41	19,708	20,040
Ingersoll-Rand Lux Finance	3.500%, Due 3/21/26	24,974	24,713
John Deere Capital Corp	3.450%, Due 3/7/29	59,814	58,648
JpMorgan Chase & Co	Variable Rate, Due 4/26/33	100,000	100,021
Laclede Group Inc	4.700%, Due 8/15/44	94,784	75,278
Lockheed Martin Corp	4.750%, Due 2/15/34	139,544	143,597
Loews Corp	4.125%, Due 5/15/43	131,239	97,414
Louisville Gas & Electric	4.650%, Due 11/15/43	43,804	36,472
Marathon Petroleum Corp	6.500%, Due 3/1/41	10,739	10,890
Mid-America Apartments	2.750%, Due 3/15/30	24,941	23,110
Midamerican Energy	3.650%, Due 4/15/29	175,434	167,008
Morgan Stanley	Variable Rate, Due 4/20/28	65,000	64,868
National Rural Utility Coop	4.150%, Due 12/15/32	139,495	137,288
Nike Inc	2.375%, Due 11/1/26	59,915	58,207
Northern Trust Corp	3.150%, Due 5/3/29	64,939	62,695
Northwestern University	4.643%, Due 12/1/44	25,000	24,776
Nutrien LTD	5.875%, Due 12/1/36	68,402	58,917
Paccar Financial Corp	2.850%, Due 4/7/25	74,980	74,335
Pacificorp	3.500%, Due 6/15/29	29,944	29,005
Paypal Holdings Inc	5.150%, Due 6/1/34	148,621	151,251
Pepsico Inc	4.650%, Due 2/15/53	139,910	135,460
Phillips 66 Company	4.680%, Due 2/15/45	89,362	90,220
PNC Financial Service	3.150%, Due 5/19/27	24,949	24,376
PNC Financial Service	1.150%, Due 8/13/26	59,887	56,794
Praxair Inc	3.200%, Due 1/30/26	61,276	59,324
Precision Castparts Corp	4.200%, Due 6/15/35	149,292	127,128
Procter & Gamble Co	1.900%, Due 2/1/27	159,773	153,456
Prologis LP	2.250%, Due 1/15/32	80,000	68,789
Public Service Electric & Gas	3.950%, Due 5/1/42	24,839	21,847
Public Storage	3.094%, Due 9/15/27	90,924	92,612
Puget Sound Energy Inc	5.483%, Due 6/1/35	28,834	25,772
Reinsurance Group of America	3.900%, Due 5/15/29	39,902	39,042

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF CORPORATE BONDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(b)	(c)	(d)
Commerce Core (cont'd):			
Rio Tinto Financing USA	7.125%, Due 7/15/28	27,138	22,033
Rockwell Automation	2.875%, Due 3/1/25	44,913	44,639
Roper Technologies Inc	1.000%, Due 9/15/25	74,901	72,608
RTX Corporation	5.150%, Due 2/27/33	69,794	72,773
Santander Holdings USA	3.244%, Due 10/5/26	84,585	77,833
Shell International Finance	2.875%, Due 5/10/26	59,803	58,845
State Street Corp	Variable Rate, Due 8/4/33	150,000	145,929
Sunco Logistics Partner	4.000%, Due 10/1/27	29,765	29,699
Tennessee Gas Pipeline	8.375%, Due 6/15/32	12,715	11,882
Texas Instruments Inc	2.250%, Due 9/4/29	49,844	46,122
Torchmark Corp	4.550%, Due 9/15/28	81,003	69,931
Toronto-Dominion Bank	.750%, Due 1/6/26	157,371	153,296
Toyota Motor Credit Corp	4.550%, Due 9/20/27	139,864	142,253
Transcanada Pipelines	2.500%, Due 10/12/31	74,507	66,477
Transcont Gas Pipeline	7.850%, Due 2/1/26	32,324	25,857
Truist Financial Corp	Variable Rate, Due 3/2/27	155,000	147,803
Truist Financial Corp	Variable Rate, Due 8/5/32	140,000	143,389
Trustees of Union College	4.877%, Due 7/1/35	25,000	24,661
Udr Inc	3.200%, Due 1/15/30	34,881	32,890
Unilever Capital Corp	1.750%, Due 8/12/31	148,521	128,863
Verizon Communications	2.355%, Due 3/15/32	76,372	86,154
Wells Fargo & Company	Variable Rate, Due 6/17/27	80,000	78,461
Wisconsin Electric Power	4.750%, Due 9/30/32	79,835	82,325
Ww Grainger Inc	4.200%, Due 5/15/47	105,873	80,061
TOTAL		\$ 8,706,090	\$ 8,283,557

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF U. S. GOVERNMENT SECURITIES HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2024

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE	
Commerce Core:				
	United States Treasury Bond	5.250%, Due 2/15/29	\$ 32,927	\$ 26,795
	United States Treasury Bond	2.750%, Due 8/15/42	44,446	37,093
	United States Treasury Bond	3.625%, Due 2/15/44	177,555	184,656
	United States Treasury Bond	2.500%, Due 2/15/45	134,683	95,576
	United States Treasury Bond	2.875%, Due 8/15/45	501,682	365,891
	United States Treasury Bond	2.750%, Due 11/15/47	337,788	327,142
	United States Treasury Bond	3.125%, Due 5/15/48	140,173	137,095
	United States Treasury Bond	2.250%, Due 8/15/49	198,008	128,236
	United States Treasury Bond	2.000%, Due 2/15/50	140,052	88,009
	United States Treasury Bond	2.375%, Due 5/15/51	277,647	310,570
	United States Treasury Bond	1.750%, Due 8/15/41	227,063	212,829
	United States Treasury Note	1.500%, Due 11/30/28	220,068	230,040
	United States Treasury Note	2.875%, Due 5/15/32	282,949	283,665
	United States Treasury Note	3.375%, Due 5/15/33	321,852	340,368
	United States Treasury Note	4.500%, Due 11/15/33	173,513	179,569
	United States Treasury Note	2.000%, Due 8/15/25	61,411	58,958
	United States Treasury Note	2.250%, Due 11/15/25	62,353	58,939
	United States Treasury Note	2.250%, Due 2/15/27	142,066	130,856
	United States Treasury Note	1.750%, Due 12/31/26	404,766	384,172
	United States Treasury Note	2.625%, Due 3/31/25	152,349	148,752
	United States Treasury Note	2.875%, Due 4/30/25	112,000	99,185
	United States Treasury Note	2.375%, Due 5/15/29	341,790	313,262
	United States Treasury Note	2.125%, Due 5/31/26	53,771	48,735
	United States Treasury Inflationary	.750%, Due 2/15/42	42,238	34,844
	FNMA	.500%, Due 6/17/25	291,128	282,576
TOTAL			<u>\$ 4,874,278</u>	<u>\$ 4,507,813</u>

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MUNICIPAL BONDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2024

(a)	(b)	(c)	(d)	(e)
(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
	Commerce Core:			
	Baltimore MD Revenue	3.711%, Due 7/1/26	\$ 30,000	\$ 29,586
	Bexar County TX	2.134%, Due 8/15/31	150,000	129,550
	CA State Public Works Board	4.995%, Due 4/1/26	175,000	176,670
	Cameron County TX Taxable	2.493%, Due 2/15/27	50,000	48,377
	Cleveland OH Airport System Revenue	2.692%, Due 1/1/27	30,000	29,215
	Commonwealth Financing Authority	3.864%, Due 6/1/38	25,000	23,445
	Davidson County NC	5.500%, Due 6/1/26	20,000	20,420
	HI State Dept Business	3.242%, Due 1/1/31	46,661	45,725
	MA State Development Finance Agency	1.392%, Due 7/1/26	150,000	142,740
	MA State Educational Financing	3.272%, Due 7/1/26	50,000	49,010
	MA State Housing Finance Agency	3.100%, Due 6/1/26	110,000	108,131
	Montgomery County PA Higher	2.080%, Due 5/1/29	160,000	146,469
	NC State University	4.000%, Due 10/1/41	25,000	23,336
	Tulare County CA	3.859%, Due 6/1/26	30,000	29,822
	University of Cal CA Revenues	.985%, Due 5/15/25	160,000	156,616
	TOTAL		<u>\$ 1,211,661</u>	<u>\$ 1,159,112</u>

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MONEY MARKETS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2024

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE	
	SEI Daily Income	Money Market	\$ 585	\$ 585
	Commerce - Cash	Money Market	371,103	371,103
	Commerce - Mutual Funds	Money Market	220,111	220,111
	Commerce - Core	Money Market	493,202	493,202
TOTAL			<u>\$ 1,085,001</u>	<u>\$ 1,085,001</u>

Money market accounts are held in Commerce Trust and various real estate investments for 2024 and 2023. All values are quoted at \$1 per share and, therefore, are not subject to any market adjustments and earn interest, paid monthly, at current rates.

Note: There were no parties in interest.