

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>PENSION PLAN OF THE PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST</u></p> <p><u>BOARD OF TRUSTEES</u> <u>2501 BELL AVENUE</u> <u>DES MOINES, IA 50321-1118</u></p>	<p>1c Effective date of plan <u>12/29/1953</u></p> <p>2b Employer Identification Number (EIN) <u>42-6086687</u></p> <p>2c Plan Sponsor's telephone number <u>515-243-3246</u></p> <p>2d Business code (see instructions) <u>238220</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/10/2025	ANDY ROBERTS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/10/2025	CURT BAKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST BOARD OF TRUSTEES 2501 BELL AVENUE DES MOINES, IA 50321-1118	3b Administrator's EIN 42-6086687																				
	3c Administrator's telephone number 515-243-3246																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN																				
	4d PN																				
5 Total number of participants at the beginning of the plan year	5 2107																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr><td>6a(1)</td><td>1233</td></tr> <tr><td>6a(2)</td><td>1304</td></tr> <tr><td>6b</td><td>482</td></tr> <tr><td>6c</td><td>299</td></tr> <tr><td>6d</td><td>2085</td></tr> <tr><td>6e</td><td>113</td></tr> <tr><td>6f</td><td>2198</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	1233	6a(2)	1304	6b	482	6c	299	6d	2085	6e	113	6f	2198	6g(1)		6g(2)		6h	
6a(1)	1233																				
6a(2)	1304																				
6b	482																				
6c	299																				
6d	2085																				
6e	113																				
6f	2198																				
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 76																				

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:

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>PENSION PLAN OF THE PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST</u>	D Employer Identification Number (EIN) <u>42-6086687</u>	

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

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

b Assets		
(1) Current value of assets	1b(1)	<u>293227970</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>309981571</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>283580764</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>283580764</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>502412606</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>15323295</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>15803602</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>16603602</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>GEOFF BRIDGES, FSA, MAAA</u> Type or print name of actuary <u>SEGal</u> Firm name <u>101 N WACKER DRIVE SUITE 1800</u> <u>CHICAGO, IL 60606-1722</u> Address of the firm	<u>09/08/2025</u> Date <u>23-06597</u> Most recent enrollment number <u>312-984-8500</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	293227970
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	586	202503166
(2) For terminated vested participants	288	58245328
(3) For active participants:		
(a) Non-vested benefits		29747832
(b) Vested benefits		211916280
(c) Total active	1233	241664112
(4) Total	2107	502412606
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	58.36 %

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	
07/01/2024	23666221					
			Totals ▶	3(b)	23666221	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					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	109.3 %
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	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9 9
(2) Females	6c(2)	9F 9F
d Valuation liability interest rate	6d	7.00 % 7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.8 %
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)	771358
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2367177	242900
3	581000	581000

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input 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 the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	6772571

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)	60884527	8428644
(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		1064085
e Total charges. Add lines 9a through 9d.....	9e		16265300
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		76530682
g Employer contributions. Total from column (b) of line 3.....	9g		23666221
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	10754652	1622023
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		6299007
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	78811970	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	152337057	
(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		108117933
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		91852633
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE 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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PENSION PLAN OF THE PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST	D Employer Identification Number (EIN) 42-6086687	

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

ABS ALPHA GLOBAL EQUITY

98-0544028

(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)

IOWA STATE BANK

42-0335294

(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		43700	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)

JAMA BARBOUR

42-6086687

(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?
14		115294	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)

ASSET CONSULTING GROUP

43-1512694

(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		96000	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)

THE SEGAL COMPANY

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		89261	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8677	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DEBOER & ASSOCIATES, PC

47-0836395

(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		37138	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)

PIONEER MULTI SECTOR FIXED INCOME

38-4065337

(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		54259	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)

EMERGING MARKETS EQUITY FUND

45-2081287

(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		120647	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 checked="" type="checkbox"/>

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(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?
15		85061	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)

JP MORGAN CHASE BANK

13-4994650

(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		293709	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)

GLOBAL TRUST COMPANY

30-6537520

(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		62066	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)

BARINGS INTERNATIONAL INV LTD

51-0504477

(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		127495	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)

INCOME RESEARCH & MANAGEMENT

04-2955404

(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		58841	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)

JAMIE KOOYMAN

42-6086687

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30		31980	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)

FOX ROTHSCHILD

23-1404723

(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		242951	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)

JORDYN COX

42-6086687

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30		62072	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)

NORTHERN TRUST INVESTMENTS

45-6138589

(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		5162	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>PENSION PLAN OF THE PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST</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>PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST</u>	D Employer Identification Number (EIN) <u>42-6086687</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIONEER MULTI SECTOR FIXED INCOME</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY LLC</u>		
c EIN-PN <u>38-4065337-435</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>23086756</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BARING FOCUSED EAFE PLUS EQUITY FD</u>		
b Name of sponsor of entity listed in (a): <u>BARINGS LLC</u>		
c EIN-PN <u>51-0504477-009</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>25471092</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JP MORGAN STRATEGIC PROPERTY FUND</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK</u>		
c EIN-PN <u>13-6038770-001</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>21469858</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IR&M CORE BOND FUND II LLC</u>		
b Name of sponsor of entity listed in (a): <u>IR&M CORE BOND FUND II LLC</u>		
c EIN-PN <u>27-1803513-001</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>28545712</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST COLLECTIVE S&P 500 I</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
c EIN-PN <u>45-6138589-001</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>83916747</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTECH US LARGE CAP CORE FUND LLC</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>30-6537520-006</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>0</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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PENSION PLAN OF THE PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST	D Employer Identification Number (EIN) 42-6086687

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1391387	1577454
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2006785	2041911
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	203344	463094
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5274833	28991455
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	27006452	14275366
(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)	114311030	128473361
(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)	51974840	54016804
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	91270849	101110880
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	48694	36214
f Total assets (add all amounts in lines 1a through 1e).....	1f	293488214	330986539
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	260244	602557
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	260244	602557
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	293227970	330383982

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)	23666221	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		23666221
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	695145	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		695145
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4174002	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4174002
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	96107386	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	56533423	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		39573963
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-2833509	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-14877094
(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)		-71700
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4517844
c Other income	2c		163911
d Total income. Add all income amounts in column (b) and enter total	2d		55008783

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16035082	
(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)		16035082
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	259108	
(3) Recordkeeping fees	2i(3)	13825	
(4) IQPA audit fees	2i(4)	23313	
(5) Investment advisory and investment management fees	2i(5)	818180	
(6) Bank or trust company trustee/custodial fees	2i(6)	43700	
(7) Actuarial fees	2i(7)	89261	
(8) Legal fees	2i(8)	245629	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	305	
(11) Other expenses	2i(11)	324368	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1817689
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17852771

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		37156012
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: **DEBOER & ASSOCIATES, PC**

(2) EIN: **47-0836395**

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		750000
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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 560925.

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PENSION PLAN OF THE PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST</u>	D Employer Identification Number (EIN) <u>42-6086687</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 42-6086687

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	4
---	---

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 **WALDINGER CORPORATION**

b EIN **42-1009520**

c Dollar amount contributed by employer

3922283

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **10.05**

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

a Name of contributing employer **BAKER MECHANICAL INC**

b EIN **42-0890441**

c Dollar amount contributed by employer

3302125

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **10.05**

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

a Name of contributing employer **CORVAL GROUP**

b EIN **41-0441473**

c Dollar amount contributed by employer

2241336

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **10.05**

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

a Name of contributing employer **WINGER CONTRACTING COMPANY**

b EIN **42-0893429**

c Dollar amount contributed by employer

1944747

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **10.05**

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

a Name of contributing employer **EXCEL MECHANICAL CO. INC**

b EIN **42-1397516**

c Dollar amount contributed by employer

1241554

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **10.05**

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

a Name of contributing employer **AJ ALLEN MECHANICAL**

b EIN **42-1214154**

c Dollar amount contributed by employer

967896

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

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

(1) Contribution rate (in dollars and cents) **10.05**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer MODERN PIPING INC

b EIN 42-0799994 **c** Dollar amount contributed by employer 808618

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 10.05

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

a Name of contributing employer CENTRAL IOWA MECHANICAL

b EIN 42-0934569 **c** Dollar amount contributed by employer 681054

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 10.05

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

a Name of contributing employer MARICK, INC

b EIN 42-1027765 **c** Dollar amount contributed by employer 654344

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 10.05

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

a Name of contributing employer INDUSTRIAL PIPING SERVICE INC

b EIN 26-0421267 **c** Dollar amount contributed by employer 596503

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 10.05

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	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	1.02
b The corresponding number for the second preceding plan year.....	15b	1.06

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: 61.7 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 8.7 %
 High-Yield Debt: _____% Real Assets: 6.6 % Cash or Cash Equivalents: 9.1 % Other: 13.9 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Plumbers & Steamfitters Local Union No. 33 Retirement Trust

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

YEARS ENDED
December 31, 2024 and 2023

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Chris Wassenaar, CPA Brad Yoder, CPA
Eryn Stevens, CPA Chery DeBoer, CPA

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Plumbers & Steamfitters Local Union No. 33 Retirement Trust
Des Moines, IA

Opinion

We have audited the accompanying financial statements of Plumbers & Steamfitters Local Union No. 33 Retirement Trust, 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 December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Plumbers & Steamfitters Local Union No. 33 Retirement Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 & Steamfitters Local Union No. 33 Retirement Trust 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 & Steamfitters Local Union No. 33 Retirement Trust'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 & Steamfitters Local Union No. 33 Retirement Trust'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 & Steamfitters Local Union No. 33 Retirement Trust'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 of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

De Boer & Associates, PC

September 9, 2025

PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at fair value (Notes 2 and 6)		
Money market funds	\$ 28,991,455	\$ 5,274,833
Mutual funds	101,110,880	91,270,849
Common and collective trusts	128,473,361	114,311,030
Investment partnerships	<u>68,292,170</u>	<u>78,981,292</u>
Total investments	326,867,866	289,838,004
Cash and cash equivalents	1,577,454	1,391,387
Receivables		
Employer contributions (Note 2)	1,767,957	1,893,980
Reciprocity contributions	273,954	112,805
Accrued interest and dividends	200,694	95,628
Due from Health Fund (Note 3)	50,594	-
Other receivables (Note 7)	<u>162,500</u>	<u>68,326</u>
Total receivables	2,455,699	2,170,739
Prepaid expenses	49,306	39,390
Fixed assets (Note 2)		
Equipment and furniture	302,497	301,000
Less: accumulated depreciation	<u>(266,283)</u>	<u>(252,306)</u>
Total fixed assets	<u>36,214</u>	<u>48,694</u>
Total assets	<u>330,986,539</u>	<u>293,488,214</u>
LIABILITIES		
Accounts payable	87,458	112,077
Reciprocal contributions payable	<u>515,099</u>	<u>148,167</u>
Total liabilities	<u>602,557</u>	<u>260,244</u>
Net assets available for benefits	<u>\$ 330,383,982</u>	<u>\$ 293,227,970</u>

The accompanying notes are an integral part of these financial statements.

**PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
Additions to plan assets attributed to		
Investment income		
Net appreciation in fair value of investments	\$ 26,309,504	\$ 25,774,954
Interest	695,145	330,847
Dividends	4,174,002	3,062,882
Total investment income	31,178,651	29,168,683
Less: investment expenses	(861,880)	(833,045)
Net investment income	30,316,771	28,335,638
Employer contributions	23,666,221	21,959,472
Other income	163,911	-
Total additions	54,146,903	50,295,110
Deductions from plan assets attributed to		
Pension benefits paid	16,035,082	15,756,637
Administrative expenses:		
Actuarial fees	89,261	79,081
Accounting fees	23,313	22,850
Administrative expenses (Note 3)	259,108	263,908
Depreciation expense	13,977	14,039
Information technology expense	99,498	111,610
Insurance expense	47,997	42,438
Legal fees	245,629	63,337
Office expense	59,062	57,144
Office rental (Note 3)	26,180	26,180
Other expense	-	17,625
Payroll audit fees	13,825	14,821
PBGC insurance	77,959	70,315
Total administrative expenses	955,809	783,348
Total deductions	16,990,891	16,539,985
Net increase during year	37,156,012	33,755,125
Net assets available for benefits		
Beginning of year	293,227,970	259,472,845
End of year	\$ 330,383,982	\$ 293,227,970

The accompanying notes are an integral part of these financial statements.

PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Plumbers & Steamfitters Local Union No. 33 Retirement Trust (“the Plan”) provides only general information. Participants should refer to the Plan Agreement for a complete description of the Plan’s provisions.

General

The Plumbers & Steamfitters Local Union No. 33 Retirement Trust is a multiemployer defined benefit pension plan. The Plan was established to provide retirement benefits for employees covered by collective bargaining agreements between employers and the Plumbers and Steamfitters Local Union No. 33. The Plan was revised to conform to the requirements of the Employee Retirement Income Security Act of 1974.

Plan Benefits

The Plan provides four types of pension benefits: 1) Regular, 2) Early Retirement, 3) Disability, and 4) Deferred. The employee’s age and the number of pension credits earned during an employee’s periods of accrual determine the amount of pension benefit. A better description of these benefits, together with eligibility and vesting requirements, is contained in the summary plan description booklet. Participants should refer to the Plan Agreement for a complete description of the Plan’s provisions.

Funding Policy

The funding policy is based on the sum of two cost elements: (1) the normal cost, and (2) amortization of changes in the unfunded actuarial accrued liability measured as of each valuation date. The minimum funding requirements as required by ERISA have been met.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with generally accepted accounting principles.

Use of Estimates

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

Receivables

Participating employers’ contributions receivable represents accrued contributions from employers for the current year that were received after the end of the year. Delinquent employer contributions are not recorded as revenue until the amounts are known and are considered collectible, or they are actually received.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Office Equipment and Furniture

Office equipment and furniture are recorded at cost, less accumulated depreciation. Major additions are capitalized, whereas replacements, maintenance, and repairs, which do not improve or extend the useful lives of the respective assets, are currently expensed. Depreciation is computed on the straight-line method over the estimated useful lives of the assets.

Risks and Uncertainties

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

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

Subsequent Events

Subsequent events were evaluated through September 9, 2025, which is the date the financial statements were available to be issued.

NOTE 3 – RELATED PARTY TRANSACTIONS

The Plan reimburses the Plumbers & Steamfitters Local Union No. 33 Health & Welfare Plan for applicable salaries and benefits of the Health & Welfare Plan personnel. Reimbursements under this arrangement for the years ended December 31, 2024 and 2023 totaled \$259,108 and \$263,908, respectively, and are included in administrative expenses. As of December 31, 2024, there was \$57,509 due to the Plan from the Health & Welfare Plan for an overpayment of applicable salaries and benefits of Plan personnel. As of December 31, 2023, there were no amounts due between funds for salaries and benefits of plan personnel.

The Plan also reimbursed the Plumbers & Steamfitters Local Union No. 33 Health & Welfare Plan \$26,180 in 2024 and \$26,180 in 2023 for office rental.

As of December 31, 2024, the Plan owed the Health & Welfare Plan \$6,915 for various office expenses paid for by the Health & Welfare Plan throughout the year.

PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST NOTES TO FINANCIAL STATEMENTS

NOTE 4 – TAX STATUS

The Plan has obtained a determination letter in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). The Plan’s management believes that the Plan is currently designed and operated in compliance with applicable requirements of the Internal Revenue Code and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

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

NOTE 5 – PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan’s net assets at that time and the priority of those benefits.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the plan and the amount of benefit protection is subject to certain limitations. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 6 – FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money Market Funds: Valued at cost, which is equal to the net asset value of shares held at year-end.

Mutual Funds: Valued at the net asset value of shares held by the Plan at year-end.

Common and Collective Trusts and Investment Partnerships: Valued at the net asset value (NAV) of units of the fund held by the Plan based on the fair market value of the underlying investments of the fund. The funds do not have a finite life. Unfunded commitments relating to these types of investments and significant restrictions on redemptions can be found on the table under the heading "Fair Value of Investments that Calculate Net Asset Value."

PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 6 – FAIR VALUE MEASUREMENTS, Continued

The following table sets forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2
Money Market Funds	\$ 28,991,455	\$ 28,991,455	\$ -
Mutual Funds	101,110,880	101,110,880	-
Total assets in the fair value hierarchy	130,102,335	\$ 130,102,335	\$ -
Investments measured at NAV	196,765,531		
Total Investments at fair value	\$ 326,867,866		

Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2
Money Market Funds	\$ 5,274,833	\$ 5,274,833	\$ -
Mutual Funds	91,270,849	91,270,849	-
Total assets in the fair value hierarchy	96,545,682	\$ 96,545,682	\$ -
Investments measured at NAV	193,292,322		
Total Investments at fair value	\$ 289,838,004		

PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST NOTES TO FINANCIAL STATEMENTS

NOTE 6 – FAIR VALUE MEASUREMENTS, Continued

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per shares as of December 31, 2024 and 2023:

	Fair Value December 31, 2024	Fair Value December 31, 2023	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Barings Focused EAFE Plus Equity Fund	\$ 25,471,092	\$ 26,120,973	N/A	Daily	5 Business Days
IR&M Core Bond Fund II LLC	\$ 28,545,712	\$ 25,853,867	N/A	Daily	2 Business Days
Pioneer Multi-Sector Fixed Income Portfolio	\$ 23,086,756	\$ 20,554,554	N/A	Daily	5 Business Days
Allspring Emerging Markets Equity Fund ¹	\$ 13,495,638	\$ 12,889,718	N/A	Weekly on Wednesdays and last day of month	10 Business Days
JP Morgan Strategic Property Fund	\$ 21,469,858	\$ 25,183,610	N/A	Quarterly	45 Calendar Days
ABS Alpha Global Equity ²	\$ 779,728	\$ 14,116,734	N/A	Quarterly	45 Calendar Days
Intech U.S. Large Cap Core Fund Class O	\$ -	\$ 68,572,866	N/A	Daily but reserves right to delay any redemption for 30 calendar days	10 Business Days
Northern Trust Collective S&P Index Fund ³	\$ 83,916,747	\$ -	N/A	Daily	None

¹ The Emerging Markets Equity Fund's objective is to seek long-term capital appreciation by investing at least 80% of its net assets in emerging market equity securities.

² ABS Alpha Ltd's objective is to generate global equity market returns while maintaining a moderate level of risk, as measured by the standard deviation of monthly returns.

NOTE 7 – SETTLEMENT INCOME

In February 2025, the Plan received funds totaling \$162,500 from a contractor relating to a settlement agreement. The funds received were related to hours worked prior to 2024 and were recorded with other receivables on the Statements of Net Assets Available for Benefits and with other income on the Statements of Changes in Net Assets Available for Benefits. No other funds are expected to be received in relation to this settlement.

**PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST
NOTES TO FINANCIAL STATEMENTS**

NOTE 8 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The last actuarial valuations were prepared by a firm of consulting actuaries as of January 1, 2024 and January 1, 2023 and are summarized in the following tables.

Statements of Accumulated Plan Benefits

	January 1, 2024	January 1, 2023
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving benefits	\$ 141,484,391	\$ 136,218,451
Other vested benefits	129,018,408	123,445,910
	270,502,799	259,664,361
Non vested benefits	13,077,965	13,152,279
Total actuarial present value of accumulated plan benefits	\$ 283,580,764	\$ 272,816,640

Statements of Changes in Accumulated Plan Benefits

	Period Ended:	
	January 1, 2024	January 1, 2023
Actuarial present value of accumulated plan benefits at beginning of year	\$ 272,816,640	\$ 259,691,377
Increase (decrease) during the period attributable to:		
Benefits accumulated, net experience gain or loss	7,394,078	9,639,117
Plan amendments	581,000	-
Changes in actuarial assumptions	-	-
Interest and other factors	18,545,683	17,681,557
Benefits paid	(15,756,637)	(14,195,411)
Net increase	10,764,124	13,125,263
Actuarial present value of accumulated plan benefits at end of year	\$ 283,580,764	\$ 272,816,640

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST NOTES TO FINANCIAL STATEMENTS

NOTE 8 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, Continued

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 were:

- 1) Life expectancy of participants: Pri-2012 Blue Collar Employee Amount-weighted mortality tables (sex distinct) projected generationally from 2012 with the MP-2020 scale.
- 2) Retirement age assumptions: the assumed average retirement age is 60, if eligible for early retirement, age 62 otherwise
- 3) Investment return: the assumed average rate of return is 7.00% for 2024 and 2023
- 4) Average future hourly contribution rates: the rates used ranged from \$5.72 per hour to \$10.05 per hour, depending on locality. The average contribution rate was \$9.84 per hour.
- 5) Average future annual hours worked: estimated 1.4 million total contribution hours

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1 each year. Had the valuations been performed as of December 31, there would be no material differences.

Other changes in actuarial assumptions and methods from the prior valuation include the following:

- 1) The administrative expense assumption changed from \$675,000 per year to \$800,000 per year.

The last actuarial reports as of January 1, 2024 and January 1, 2023 indicated the following unfunded accrued liability for the plan:

	January 1, 2024	January 1, 2023
Accrued liability	\$ 312,933,705	\$ 301,368,649
Fund balance - actuarial current value	309,981,571	285,482,930
Unfunded accrued liability	\$ 2,952,134	\$ 15,885,719

NOTE 9 – CONCENTRATION OF CREDIT RISK

At December 31, 2024, the book balance of deposits in local banks was \$1,577,454, while the bank balance was \$1,577,454, of which \$1,327,454 was not insured by the Federal Depository Insurance Company (F.D.I.C.). There is no collateral on these deposits.

PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST
EIN 42-6086687 PLAN 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value			Cost	Current Value
		Interest	Par Value /			
		Rate	Maturity	Shares		
	Money Market Funds:					
	Northern Trust Govt Select			12,204,763	\$ 12,204,763	\$ 12,204,763
	Northern Trust Govt Select			16,786,690	16,786,690	16,786,690
	JP Morgan Strategic Property Fund Cash			2	2	2
	Total Money Market Funds				28,991,455	28,991,455
	Mutual Funds:					
	BlackRock Strategic Income Opportunities K			2,338,600	22,696,491	22,169,925
	Eaton Vance Atlanta Capital SMID Cap Fund			1,211,447	41,316,132	50,941,355
	Harbor International Fund Institutional Class			632,616	28,858,256	27,999,600
	Total Mutual Funds				92,870,879	101,110,880
	Common and Collective Trusts:					
	JP Morgan Strategic Property Fund			1,941,919	18,511,006	21,469,858
	Northern Trust Collective S&P Index Fund			3,702	73,494,838	83,916,747
	Pioneer Multi-Sector Fixed Income Portfolio			1,344,301	18,837,420	23,086,756
	Total Common and Collective Trusts				110,843,264	128,473,361
	Investment Partnerships:					
	ABS Hold Back on Redemption			779,728	779,728	779,728
	Barings Focused EAFE Plus Equity Fund			104,269	18,334,434	25,471,092
	IR&M Core Bond Fund II LLC			1,840,325	25,973,236	28,545,712
	Allspring Emerging Markets Equity Fund			809,675	9,700,000	13,495,638
	Total Investment Partnerships				54,787,398	68,292,170
	Total Investments				\$ 287,492,996	\$ 326,867,866

* Indicates a party-in-interest to the Plan.

PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST
EIN 42-6086687 PLAN 001
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Northern Trust Govt Select	\$ 46,214,155	N/A	\$ 46,214,155	\$ 46,214,155	N/A
	Northern Trust Govt Select	N/A	\$ 22,497,532	\$ 22,497,532	\$ 22,497,532	\$ -
	Northern Trust Collective S&P Index Fund	\$ 73,500,000	N/A	\$ 73,500,000	\$ 73,500,000	N/A
	INTECH U.S. Large Cap Core Fund Class O	N/A	\$ 80,512,817	\$ 45,599,639	\$ 80,512,817	\$ 34,913,178

PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST
EIN 42-6086687 PLAN 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value			Cost	Current Value
		Interest	Par Value /			
		Rate	Maturity	Shares		
	Money Market Funds:					
	Northern Trust Govt Select			12,204,763	\$ 12,204,763	\$ 12,204,763
	Northern Trust Govt Select			16,786,690	16,786,690	16,786,690
	JP Morgan Strategic Property Fund Cash			2	2	2
	Total Money Market Funds				28,991,455	28,991,455
	Mutual Funds:					
	BlackRock Strategic Income Opportunities K			2,338,600	22,696,491	22,169,925
	Eaton Vance Atlanta Capital SMID Cap Fund			1,211,447	41,316,132	50,941,355
	Harbor International Fund Institutional Class			632,616	28,858,256	27,999,600
	Total Mutual Funds				92,870,879	101,110,880
	Common and Collective Trusts:					
	JP Morgan Strategic Property Fund			1,941,919	18,511,006	21,469,858
	Northern Trust Collective S&P Index Fund			3,702	73,494,838	83,916,747
	Pioneer Multi-Sector Fixed Income Portfolio			1,344,301	18,837,420	23,086,756
	Total Common and Collective Trusts				110,843,264	128,473,361
	Investment Partnerships:					
	ABS Hold Back on Redemption			779,728	779,728	779,728
	Barings Focused EAFE Plus Equity Fund			104,269	18,334,434	25,471,092
	IR&M Core Bond Fund II LLC			1,840,325	25,973,236	28,545,712
	Allspring Emerging Markets Equity Fund			809,675	9,700,000	13,495,638
	Total Investment Partnerships				54,787,398	68,292,170
	Total Investments				\$ 287,492,996	\$ 326,867,866

* Indicates a party-in-interest to the Plan.

PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST
EIN 42-6086687 PLAN 001
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Northern Trust Govt Select	\$ 46,214,155	N/A	\$ 46,214,155	\$ 46,214,155	N/A
	Northern Trust Govt Select	N/A	\$ 22,497,532	\$ 22,497,532	\$ 22,497,532	\$ -
	Northern Trust Collective S&P Index Fund	\$ 73,500,000	N/A	\$ 73,500,000	\$ 73,500,000	N/A
	INTECH U.S. Large Cap Core Fund Class O	N/A	\$ 80,512,817	\$ 45,599,639	\$ 80,512,817	\$ 34,913,178

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan Pension Plan of the Plumbers and Steamfitters Local Union No. 33 Retirement Trust	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Plumbers and Steamfitters Local Union No. 33 Retirement Trust	D Employer Identification Number (EIN) 42-6086687	

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

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

b Assets

(1) Current value of assets	1b(1)	293,227,970
(2) Actuarial value of assets for funding standard account.....	1b(2)	309,981,571
c (1) Accrued liability for plan using immediate gain methods	1c(1)	283,580,764
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	283,580,764
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)	502,412,606
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	15,323,295
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	15,803,602
(3) Expected plan disbursements for the plan year	1d(3)	16,603,602

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	Geoff Bridges <i>GWB</i> <small>Signature of actuary</small> Geoff Bridges, FSA, MAAA <small>Type or print name of actuary</small> Segal <small>Firm name</small> 101 N Wacker Drive Suite 1800 Chicago IL 60606-1722 <small>Address of the firm</small>	<u>9/8/2025</u> <small>Date</small> 2306597 <small>Most recent enrollment number</small> 312-984-8500 <small>Telephone number (including area code)</small>
------------------	--	--

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	293,227,970
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	586	202,503,166
(2) For terminated vested participants	288	58,245,328
(3) For active participants:		
(a) Non-vested benefits		29,747,832
(b) Vested benefits		211,916,280
(c) Total active	1,233	241,664,112
(4) Total	2,107	502,412,606
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	58.36 %

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
07/01/2024	23,666,221				
Totals ▶			3(b)	23,666,221	3(c)
					0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	109.3 %
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 <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input checked="" type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Other (specify): | | | |
| j If box h is checked, enter period of use of shortfall method | | | 5j |

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability 3.29%

	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)	9P		9P		
(2) Females	6c(2)	9FP		9FP		
d Valuation liability interest rate	6d	7.00%		7.00%		
e Salary scale	6e	%	<input checked="" type="checkbox"/> N/A			
f Withdrawal liability interest rate:						
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other	<input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)					7.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g					6.6%
h Estimated investment return on current value of assets for year ending on the valuation date	6h					10.8%
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)					771,358
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)				<input type="checkbox"/>	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2,367,177	242,900
3	581,000	581,000

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

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.

(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)).

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		8e	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		9a	0
b Employer's normal cost for plan year as of valuation date		9b	6,772,571
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)	60,884,527	8,428,644
(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	1,064,085
e Total charges. Add lines 9a through 9d		9e	16,265,300
Credits to funding standard account:			
f Prior year credit balance, if any		9f	76,530,682
g Employer contributions. Total from column (b) of line 3		9g	23,666,221
h Amortization credits as of valuation date		Outstanding balance	
	9h	10,754,652	1,622,023
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	6,299,007
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	78,811,970	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	152,337,057	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency		9k(1)	
(2) Other credits		9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l	108,117,933
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	91,852,633
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Active Participant Counts and Average Accrued Benefit

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	83	75	8	—	—	—	—	—	—	—
	\$345	\$312	—	—	—	—	—	—	—	—
25 - 29	182	84	91	7	—	—	—	—	—	—
	\$600	\$321	\$808	—	—	—	—	—	—	—
30 - 34	207	49	92	56	10	—	—	—	—	—
	\$956	\$326	\$915	\$1,418	—	—	—	—	—	—
35 - 39	169	26	63	39	35	6	—	—	—	—
	\$1,250	\$311	\$912	\$1,431	\$2,128	—	—	—	—	—
40 - 44	183	23	44	39	34	30	11	2	—	—
	\$1,633	\$341	\$913	\$1,391	\$2,146	\$2,779	—	—	—	—
45 - 49	155	17	37	12	22	19	34	12	2	—
	\$2,112	—	\$915	—	\$2,219	—	\$3,493	—	—	—
50 - 54	155	8	16	12	20	27	37	19	14	2
	\$2,668	—	—	—	\$2,049	\$2,687	\$3,232	—	—	—
55 - 59	69	3	5	7	5	12	19	7	9	2
	\$2,946	—	—	—	—	—	—	—	—	—
60 - 64	25	1	3	1	2	4	7	5	2	—
	\$2,408	—	—	—	—	—	—	—	—	—
65 - 69	5	1	—	—	—	1	1	1	—	1
	—	—	—	—	—	—	—	—	—	—
70 & over	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—
Totals	1,233	287	359	173	128	99	109	46	27	5
	\$1,513	\$318	\$882	\$1,404	\$2,102	\$2,712	\$3,313	\$3,650	\$4,423	—

Dollar values shown above are average accrued benefits. Those values are not shown for cells with fewer than 20 participants.

Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

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

Non-disabled Pensioners and Beneficiaries: Pri-2012 Blue Collar Healthy Annuitants Amount-weighted Mortality Tables, projected generationally from 2012 with the MP-2020 scale.

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

The underlying tables with projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. The mortality tables were then adjusted to future years using generational projection under Scale MP-2020 to reflect future mortality improvement.

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

Annuitant mortality rates¹

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

¹ Mortality rates shown for base table.

Termination rates

Age	Mortality Male ¹	Mortality Female ¹	Disability	Withdrawal
20	0.07	0.02	0.05	5.44
25	0.07	0.03	0.05	5.29
30	0.07	0.03	0.05	5.07
35	0.07	0.04	0.06	4.70
40	0.09	0.06	0.09	3.50
45	0.12	0.09	0.18	1.77
50	0.18	0.13	0.40	0.40
55	0.28	0.20	0.85	0.00
60	0.44	0.30	1.74	0.00

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

¹ Mortality rates shown for base table.

Section 3: Certificate of Actuarial Valuation

Retirement rates for active participants

Age	Annual Retirement Rates ¹
55	20%
56	10%
57 – 58	5%
59 – 61	10%
62	70%
63 – 64	35%
65	100%

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

Description of weighted average retirement age

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

Retirement age for inactive vested participants

Age 60, if eligible for early retirement, age 62 otherwise.

The retirement age for inactive vested participants is based on historical and current demographic data, adjusted to reflect economic conditions of the area and industry and estimated future experience and professional judgment.

¹ Only applicable to those eligible for early or normal retirement

Future benefit accruals

One pension credit per year.

The assumed future benefit accruals are based on historical and current demographic data and estimated future experience and professional judgement.

Unknown data for participants

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

Definition of active participants

Active participants are defined as those with at least 333 hours in the most recent pension credit year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

Percent married

85%

Age of spouse

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

Benefit election

Married participants are assumed to elect the more valuable of the 50% joint and survivor form of payments and the life annuity. Non-married participants are assumed to elect life annuity.

The assumed benefit elections are based on historical and current demographic data and estimated future experience and professional judgment.

Section 3: Certificate of Actuarial Valuation

Delayed retirement factors

Both active and inactive vested participants who commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.

Net investment return

7.00%

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

Annual administrative expenses

\$800,000 for the year beginning January 1, 2024 (equivalent to \$771,358 payable at the beginning of the year) or 12.9% of Normal Cost.

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

Actuarial value of assets

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

Actuarial cost method

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

Section 3: Certificate of Actuarial Valuation

Benefits valued

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

Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using scale MP-2021.

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 6.6%, for the Plan Year ending December 31, 2023
- **On current (market) value of assets (Schedule MB, line 6h):** 10.8%, for the Plan Year ending December 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a June 30 contribution date.

Actuarial models

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

Justification for change in actuarial assumptions (Schedule MB, line 11)

- Based on plan experience and future expectations, the following actuarial assumption was changed as of January 1, 2024:
- Administrative expenses, previously \$675,000

Funding Standard Account

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/1995	\$242,290	1	\$242,290
Plan Amendment	01/01/1996	128,942	2	66,651
Plan Amendment	01/01/1997	445,620	3	158,696
Plan Amendment	01/01/1998	247,368	4	68,252
Plan Amendment	01/01/1999	809,816	5	184,586
Plan Amendment	01/01/2000	827,031	6	162,157
Plan Amendment	01/01/2001	617,407	7	107,067
Change in Assumptions	01/01/2001	954,101	7	165,455
Plan Amendment	01/01/2006	47,297	12	5,565
Change in Assumptions	01/01/2006	1,026,511	12	120,785
Change in Assumptions	01/01/2007	2,159,051	13	241,432
Extended Recognition of December 31, 2008 Investment Loss	01/01/2009	12,965,834	14	1,385,586
Experience Loss	01/01/2010	71,109	1	71,109
Extended Recognition of December 31, 2008 Investment Loss	01/01/2010	740,148	14	79,095
Extended Recognition of December 31, 2008 Investment Loss	01/01/2011	4,216,673	14	450,612
Extended Recognition of December 31, 2008 Investment Loss	01/01/2012	5,966,461	14	637,602
Experience Loss	01/01/2013	1,876,009	4	517,617
Change in Assumptions	01/01/2015	464,417	6	91,059
Experience Loss	01/01/2016	246,004	7	42,661
Experience Loss	01/01/2017	469,149	8	73,427
Experience Loss	01/01/2018	756,772	9	108,555
Experience Loss	01/01/2019	1,975,249	10	262,833

Funding Standard Account

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Loss	01/01/2020	2,869,010	11	357,572
Change in Assumptions	01/01/2021	9,294,375	12	1,093,626
Experience Loss	01/01/2023	8,519,706	14	910,454
Plan Amendment	01/01/2024	581,000	1	581,000
Experience Loss	01/01/2024	2,367,177	15	242,900
Total		\$60,884,527		\$8,428,644

Funding Standard Account

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Gain	01/01/2011	\$475,948	2	\$246,021
Experience Gain	01/01/2012	43,023	3	15,321
Experience Gain	01/01/2014	1,539,197	5	350,837
Experience Gain	01/01/2015	167,861	6	32,913
Experience Gain	01/01/2021	3,976,778	12	467,929
Experience Gain	01/01/2022	4,551,845	13	509,002
Total		\$10,754,652		\$1,622,023

Summary of plan provisions

(Schedule MB, Line 6)

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

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Normal pension

- **Age Requirement:** 62
- **Service Requirement:** Five years of Vesting Service including one earned during the contribution period
- **Amount:** Dollar amount per pension credit according to the following:

	Monthly Accrual per Credit		
	Des Moines	Sioux City	Mason City
Before 1/1/1971	\$4.25	\$14.00	\$9.00
1/1/1971 through 12/31/1983	50.00	14.00	9.00
1/1/1984 through 12/31/1987	70.00	14.00	9.00
1/1/1988 through 12/31/1994	114.00	14.00	9.00
1/1/1995 through 12/31/2001	150.00	14.00	9.00
1/1/2002 through 12/31/2003	150.00	20.00	20.00
1/1/2004 through 12/31/2004	150.00	20.00	23.00
1/1/2005 through 12/31/2005	150.00	21.00	33.00
1/1/2006 through 12/31/2006	150.00	24.00	36.00
1/1/2007 through 12/31/2007	150.00	24.00	44.00
1/1/2008 through 12/31/2009	150.00	26.00	44.00
1/1/2010 through 12/31/2010	75.00	13.00	22.00
1/1/2011 through 12/31/2013	120.00	21.00	35.00
1/1/2014 through 12/31/2014	120.00	24.00	35.00
1/1/2015 through 12/31/2015	120.00	34.00	35.00
1/1/2016 through 12/31/2016	120.00	41.00	51.00
1/1/2017 through 12/31/2017	120.00	66.00	63.00
1/1/2018 through 12/31/2018	120.00	77.00	63.00
1/1/2019 through 12/31/2019	120.00	89.00	63.00
1/1/2020 through 12/31/2020	120.00	100.00	63.00
1/1/2021 through 12/31/2023	125.00	125.00	67.00
On and after 1/1/2024	125.00	125.00	125.00

- **Delayed Retirement Amount:** Normal pension accrued at Normal Retirement Age, increased by 1.0% per month for the first 60 months, and 1.5% per month thereafter. Delayed Retirement increases use compound interest (rather than simple).

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 10 pension credits including one earned during the contribution period
- **Amount:**
 - For benefits accrued prior to January 1, 2021: Normal pension accrued, reduced by 1.5% for each year of age less than 62
 - For benefits after December 31, 2020: Normal pension accrued, reduced by 1.5% for each year of age less than 62 for participants with at least 25 Pension Credits, and the actuarial equivalent of the age 62 benefit for participants with less than 25 Pension Credits.

Disability

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service and at least 200 hours of work in covered employment during the 24 months preceding disability
- **Amount:** Normal pension accrued

Non-vested Disability

- **Age Requirement:** None
- **Service Requirement:** Less than five years of vesting service and at least 200 hours of work in covered employment during the 24 months preceding disability
- **Amount:** \$1,000 per pension credit, payable as a lump sum

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service.
- **Amount:** Normal pension accrued, reduced by 1.5% for each year of age less than 62 for benefits accrued prior to January 1, 2011, and the actuarial equivalent of the age 62 benefit for benefits earned after December 31, 2010
- **Normal Retirement Age:** 65

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service.
- **Amount:** 50% of the benefit participant would have received had he or she retired the day before he or she died and elected the 50% joint and survivor option. Benefit commences immediately. Reductions are made to the accrued benefit for early commencement and form of payment. If the participant dies prior to age 55, the benefit is reduced to the amount as if the participant died at age 55.
- **Charge for Coverage:** None

Pre-retirement lump-sum death benefit

- **Age Requirement:** None
- **Service Requirement:** At least one pension credit, at least 200 hours of contributions in the 12-month period preceding death, and not eligible for spouse's pre-retirement death benefit
- **Amount:** 100% of contributions made on behalf of the participant.

Post-retirement death benefit

If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the participant, and the participant retired October 1, 2001, or later, the participant's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the participant with 36 monthly payments guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.

Optional forms of benefits

- 50% Husband and Wife annuity with pop-up
- 75% Husband and Wife annuity with pop-up
- 100% Husband and Wife annuity with pop-up
- 120 month certain annuity
- Level income annuity
- Partial lump sum (maximum 10% of accrued benefit, for benefits accrued after December 31, 2010, lump sum amount limit to \$10,000)

Participation

Earliest January 1 or July 1 after completion of 1,000 hours in a 12-month period.

Pension credit

Credit is granted for hours worked in each pension credit year according to the following schedule:

Hours Worked	Credit	Hours Worked	Credit
2,565 or more	18/12	998	8/12
2,432	17/12	865	7/12
2,299	16/12	732	6/12
2,166	15/12	599	5/12
2,033	14/12	466	4/12
1,900	13/12	333	3/12
1,530	12/12	200	2/12
1,397	11/12	67	1/12
1,264	10/12	Less than 67	0/12
1,131	9/12		

Hours in excess of 1,530 and less than 1,900 in a pension credit year are credited to an hours bank to be used at retirement for years in which at least 1/12 pension credit was already earned. Only the number of hours necessary to receive one full credit will be used for any pension credit year. A maximum of 4,590 hours can be banked. Pension credit for bank hours is credited to each participant on an ongoing basis.

Vesting credit

One year of vesting service for each pension credit year during the contribution period in which the employee works at least 1,000 hours.

Contribution rate

	Des Moines	Sioux City	Mason City
June 1, 2023	\$9.55	\$9.55	\$5.72
June 1, 2024	10.05	10.05	10.05

The average contribution rate for this plan year beginning January 1, 2024, is \$9.84 per hour.

Changes in plan provisions

Effective January 1, 2024, the following plan provisions changed:

- A one-time bonus check of \$1,000 was issued to all participants in pay-status during the month of December 2023 (\$581,000).
- All Mason City participants are assumed to have a benefit accrual of \$125 (increased from \$67).
 - The plan change had no impact on accrued liability and a negligible impact on normal cost.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$860,927	\$703,830	\$14,271,877	\$15,836,634
2025	1,609,202	906,003	14,020,778	16,535,983
2026	2,398,130	1,049,160	13,756,487	17,203,777
2027	3,064,112	1,115,636	13,448,681	17,628,429
2028	3,701,818	1,417,723	13,148,377	18,267,918
2029	4,542,976	1,632,927	12,836,772	19,012,675
2030	5,358,037	1,764,397	12,516,817	19,639,251
2031	6,179,936	2,024,463	12,187,968	20,392,367
2032	7,027,677	2,246,311	11,842,665	21,116,653
2033	7,878,543	2,426,542	11,456,410	21,761,495
2034	8,593,936	2,545,095	11,086,702	22,225,733
2035	9,198,800	2,686,196	10,703,690	22,588,686
2036	9,907,449	2,847,974	10,307,346	23,062,769
2037	10,571,114	2,904,610	9,897,777	23,373,501
2038	11,072,688	3,117,665	9,475,273	23,665,626
2039	11,558,860	3,236,425	9,040,363	23,835,648
2040	12,074,173	3,326,783	8,593,901	23,994,857
2041	12,474,245	3,434,918	8,137,104	24,046,267

This assumes the following:

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

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$12,896,860	\$3,425,147	\$7,671,556	\$23,993,563
2043	13,244,493	3,481,323	7,199,257	23,925,073
2044	13,511,404	3,481,853	6,722,616	23,715,873
2045	13,800,453	3,493,496	6,244,450	23,538,399
2046	13,935,710	3,445,619	5,767,896	23,149,225
2047	14,076,878	3,385,410	5,296,322	22,758,610
2048	14,159,971	3,316,988	4,833,263	22,310,222
2049	14,251,043	3,257,092	4,382,318	21,890,453
2050	14,303,314	3,173,659	3,947,000	21,423,973
2051	14,330,996	3,058,519	3,530,608	20,920,123
2052	14,242,991	2,972,308	3,136,075	20,351,374
2053	14,142,553	2,881,460	2,765,827	19,789,840
2054	13,963,335	2,773,048	2,421,699	19,158,082
2055	13,734,201	2,643,292	2,104,830	18,482,323
2056	13,469,755	2,529,140	1,815,735	17,814,630
2057	13,144,600	2,401,363	1,554,430	17,100,393
2058	12,792,151	2,276,436	1,320,479	16,389,066
2059	12,360,044	2,155,489	1,113,068	15,628,601

This assumes the following:

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

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$11,930,187	\$2,017,563	\$931,032	\$14,878,782
2061	11,430,768	1,879,447	772,878	14,083,093
2062	10,917,730	1,743,075	636,873	13,297,678
2063	10,374,073	1,609,263	521,098	12,504,434
2064	9,810,208	1,478,791	423,518	11,712,517
2065	9,248,428	1,352,364	342,075	10,942,867
2066	8,687,594	1,230,631	274,770	10,192,995
2067	8,136,376	1,114,156	219,707	9,470,239
2068	7,598,821	1,003,396	175,105	8,777,322
2069	7,076,777	898,738	139,318	8,114,833
2070	6,572,025	800,516	110,848	7,483,389
2071	6,085,896	708,982	88,368	6,883,246
2072	5,619,271	624,330	70,729	6,314,330
2073	5,172,711	546,660	56,944	5,776,315

This assumes the following:

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

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$13,366,658	-	\$13,366,658
2025	\$13,366,658	-	\$13,366,658
2026	\$13,366,658	-	\$13,366,658
2027	\$13,366,658	-	\$13,366,658
2028	\$13,366,658	-	\$13,366,658
2029	\$13,366,658	-	\$13,366,658
2030	\$13,366,658	-	\$13,366,658
2031	\$13,366,658	-	\$13,366,658
2032	\$13,366,658	-	\$13,366,658
2033	\$13,366,658	-	\$13,366,658