

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan): PLUMBERS & STEAMFITTER LOCAL 83
2b Employer Identification Number (EIN): 55-0463652
2c Plan Sponsor's telephone number: 833-258-4606
2d Business code (see instructions): 525100

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include James Cochran (plan administrator) and John Wilson (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	526
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	252
	6a(2)	275
	6b	152
	6c	56
	6d	483
	6e	49
	6f	532
	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	42

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <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>PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND</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 & STEAMFITTER LOCAL 83</u>	D Employer Identification Number (EIN) <u>55-0463652</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>49484127</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>53074188</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>57363170</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>55084368</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>94767265</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>2310278</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>3663050</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>3663050</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	
Signature of actuary	Date
<u>AMY M. CROUSE</u>	<u>10/02/2025</u>
Type or print name of actuary	Most recent enrollment number
<u>ACRISURE</u>	<u>23-08695</u>
Firm name	Telephone number (including area code)
<u>FOUR GATEWAY CENTER, SUITE 605 PITTSBURGH, PA 15222-1222</u>	<u>412-394-9330</u>
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	49484127
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	207	45563070
(2) For terminated vested participants	72	10368458
(3) For active participants:		
(a) Non-vested benefits		2479180
(b) Vested benefits		36356557
(c) Total active	252	38835737
(4) Total	531	94767265
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	52.21 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
06/30/2024	2975428	0				
			Totals ▶	3(b)	2975428	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	0
					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	96.3 %
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.....	<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	7.0 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.0 %		
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)	202000		
(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
3	3058727	313861
1	-799803	-82069

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or 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	1012513

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	20861182	3310165
9c(2)	0	0
9c(3)	0	0

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

9d	302587
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e Total charges. Add lines 9a through 9d.....

9e	4625265
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Credits to funding standard account:

f Prior year credit balance, if any.....

9f	10083294
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g Employer contributions. Total from column (b) of line 3.....

9g	2975428
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	6488906	862135

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

9i	853419
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j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	20296020	
9j(2)	37951754	
9j(3)		0

k (1) Waived funding deficiency

9k(1)	0
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(2) Other credits

9k(2)	0
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l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	14774276
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	10149011
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1)	0
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(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)	0
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

9o(2)(b)	0
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(3) Total as of valuation date.....

9o(3)	0
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10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

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 PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTER LOCAL 83	D Employer Identification Number (EIN) 55-0463652	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

BAIRD ADVISORS

39-6037917

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

SEGAL SELECT INSURANCE SERVICES,INC

46-0619194

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

PNC REALTY INVESTORS, INC.

22-1146430

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

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

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

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

CENTRAL DATA SERVICES INC

25-1352803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	58333	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)

ACRISURE LLC

92-3652116

(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 70	NONE	39690	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)

STANDARD VALUATION

41-1327339

(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?
17	NONE	35275	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)

MAIRS AND POWER

41-0844499

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	34217	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)

MANNING & NAPIER ADVISORS INC

45-3240790

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NONE	34096	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)

BOYD WATTERSON ASSET MANAGEMENT

45-2061717

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	33283	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)

BEACON ADMINISTRATORS AND CONSULTAN

83-1544721

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	31633	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)

MCELHANEY & ASSOCIATES, LLC

38-3806684

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	27500	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)

WESBANCO TRUST AND INVESTMENT SERVI

55-0143590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	26305	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)

ASB CAPITAL MANAGEMENT

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	21715	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)

NEWTOWER TRUST COMPANY

30-0872552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	18819	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)

CHARTWELL INVESTMENT PARTNERS

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	17087	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)

JOHN DASCOLI, PLLC

20-5780253

(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	NONE	10722	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)

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	NONE	6750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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 01/01/2024 and ending 12/31/2024

A Name of plan <u>PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND</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 & STEAMFITTER LOCAL 83</u>	D Employer Identification Number (EIN) <u>55-0463652</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: ASB ALLEGIANCE REAL ESTATE

b Name of sponsor of entity listed in (a): CHEVY CHASE BANK

c EIN-PN <u>52-6257033-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2087536</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-COI BIT

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

c EIN-PN <u>52-6328901-001</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>1699096</u>
---------------------------------------	-------------------------------	--------------------------------------------------------------------------------------------------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: BGO DIVERSIFIED U.S. PREF FUND

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

c EIN-PN <u>30-0872552-001</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>1890107</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTER LOCAL 83	D Employer Identification Number (EIN) 55-0463652

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	459640	344652
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	243652	224634
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	153671	542405
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	491821	309922
(2) U.S. Government securities	1c(2)	449676	405606
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3644058	3863952
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	37300	37230
(B) Common	1c(4)(B)	9128461	11183811
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	6215357	5676739
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	28530922	32155776
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	283572	310070

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	49638130	55054797
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	154003	63915
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	154003	63915
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	49484127	54990882

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)	2360430	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	614998	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		2975428
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	24388	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	161699	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	174277	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		360364
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	102572	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	384584	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		487156
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	9468189	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	9230517	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	-569868	
(B) Other.....	2b(5)(B)	1808607	
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4160939
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9460298

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3514897	
(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)		3514897
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)	89966	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	27500	
(5) Investment advisory and investment management fees	2i(5)	221265	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	39690	
(8) Legal fees	2i(8)	10722	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	49503	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		438646
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3953543

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		5506755
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: **MCELHANEY & ASSOCIATES, LLC**

(2) EIN: **38-3806684**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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 562852.

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 PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTER LOCAL 83	D Employer Identification Number (EIN) 55-0463652	

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	0
---------------------------------------------------------------------------------------------------------------------------------------	----------	----------

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

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0
----------------------------------------------------------------------------------------------------------------------------------	----------	----------

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 **CHAPMAN CORPORATION**

b EIN **25-1116939**

c Dollar amount contributed by employer

858458

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **8.90**

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

a Name of contributing employer **KUCERA PLUMBING**

b EIN **30-0401948**

c Dollar amount contributed by employer

237324

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **8.90**

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

a Name of contributing employer **ENERFAB POWER & INDUSTRIAL**

b EIN **31-0217488**

c Dollar amount contributed by employer

192136

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **8.90**

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

a Name of contributing employer **H.E. NEUMAN**

b EIN **55-0243140**

c Dollar amount contributed by employer

322464

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **8.90**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

PLUMBERS AND STEAMFITTERS
LOCAL NO. 83
PENSION PLAN
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023

August 29, 2025

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN

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McELHANEY & ASSOCIATES, LLC

Certified Public Accountants

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F.E. (BUD) MCELHANEY, JR., CPA

MATTHEW E. DAVIN, JR., CPA

INDEPENDENT AUDITOR'S REPORT

**Board of Trustees
Plumbers and Steamfitters Local No. 83 Pension Plan
Pittsburgh, PA.**

Opinion

We have audited the accompanying financial statements of Plumbers and Steamfitters Local No. 83 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of 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 and Steamfitters Local No. 83 Pension Plan 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers and Steamfitters Local No. 83 Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local No. 83 Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material

misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers and Steamfitters Local No. 83 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local No. 83 Pension Plan's ability to continue as a going concern for a reasonable period of time.

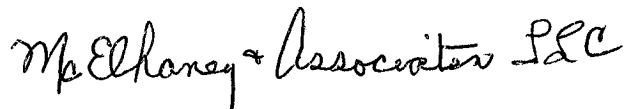
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes as of December 31, 2024 and reported transactions for the year then ended 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.



McElhaney & Associates, LLC

**Pittsburgh, Pennsylvania
August 29, 2025**

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

ASSETS

	<u>2024</u>	<u>2023</u>
Investments		
Interest Bearing Cash	\$ 309,922	\$ 491,821
Corporate Obligations	3,863,952	3,644,058
Common Stocks	10,527,783	8,600,905
Foreign Stocks	656,028	527,556
Mutual Funds	32,155,776	28,530,922
Real Estate Funds	3,977,643	4,522,704
Building Investment Trust	1,699,096	1,692,653
U.S. Gov't Obligations	405,606	449,676
Mortgage Backed Securities	310,070	283,572
Preferred Stocks	<u>37,230</u>	<u>37,300</u>
	53,943,106	48,781,167
Accrued Interest	<u>56,283</u>	<u>59,794</u>
Total Investments	53,999,389	48,840,961
Cash (non interest-bearing)	344,652	459,640
Cash (broker)	2,649	19,055
Receivables		
Employers' Contribution	168,528	215,192
Reciprocity Contribution	56,106	28,460
Due From Broker	-	67,905
Due From Investments	221,456	-
Miscellaneous	<u>1,018</u>	<u>1,413</u>
Total Receivables	447,108	312,970
Pension Checks Cashied Early	238,457	-
Health/Welfare Withheld Paid Early	13,471	-
Prepaid Expenses	<u>9,071</u>	<u>5,504</u>
TOTAL ASSETS	55,054,797	49,638,130
LIABILITIES		
Accounts Payable	59,303	40,978
Reciprocity Payable	4,130	22,704
Due To Broker	<u>482</u>	<u>90,321</u>
TOTAL LIABILITIES	<u>63,915</u>	<u>154,003</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 54,990,882</u>	<u>\$ 49,484,127</u>

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

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investments		
Investment Income	\$ 847,520	\$ 561,955
Appreciation (Depreciation) in Investments	5,637,350	4,163,490
Less Investment Expense	<u>(221,265)</u>	<u>(203,870)</u>
Net Investment Income	6,263,605	4,521,575
Contributions		
Employer	2,434,619	2,983,985
Reciprocity Received	614,998	294,844
Reciprocity Paid	<u>(74,189)</u>	<u>(136,025)</u>
Net Contributions	<u>2,975,428</u>	<u>3,142,804</u>
TOTAL ADDITIONS	9,239,033	7,664,379
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits		
Normal And Early Retirement	2,753,728	2,765,960
Disability	333,245	382,815
Survivor Benefits	<u>427,924</u>	<u>406,806</u>
Total Benefits	3,514,897	3,555,581
Administrative Expenses		
Former Third Party Administration	31,633	91,249
Current Third Party Administration	58,333	-
Transition Expense	7,028	-
Actuarial Fees	39,690	43,703
Audit Fees	27,500	25,000
Legal Fees	10,722	9,663
Employer Payroll Audits	-	-
Pension Benefit Guaranteed Corp	19,462	18,270
Fiduciary Insurance	12,090	12,176
Cyber Insurance	5,823	7,276
Fidelity Bond	606	584
Meetings/Conferences	500	412
Other Administrative Expenses	<u>3,994</u>	<u>4,011</u>
Total Administrative Expenses	<u>217,381</u>	<u>212,344</u>
TOTAL DEDUCTIONS	<u>3,732,278</u>	<u>3,767,925</u>
NET INCREASE (DECREASE)	5,506,755	3,896,454
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning Of Year	<u>49,484,127</u>	<u>45,587,673</u>
End Of Year	<u>\$ 54,990,882</u>	<u>\$ 49,484,127</u>

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

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Plumbers and Steamfitters Local No. 83 Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General - The Plan is a defined benefit pension plan pursuant to the collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The administration of the Plan is the responsibility of a Board of Trustees comprised of Union and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights.

Pension Benefits - The Plan provides retirement, disability and death benefits to eligible members of the Plumbers and Steamfitters Local No. 83 Pension Fund. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Participants become vested upon five years of service. Ten years of vested service is required to obtain disability or early retirement benefits. A participant must work 400 hours in a year in order to earn one year of vested service. A participant also becomes vested immediately upon reaching the normal retirement age of 65. Each participant may be eligible for Normal, Early, or Disability Benefits and can generally choose to have benefits provided with or without joint and 60% survivorship benefits. If the participant elects not to receive the joint and 60% survivorship benefit, the spouse is eligible to receive a lump sum death benefit upon the death of the participant. The Plan also permits the participant to elect to receive a 75% or 100% Joint and Survivor annuity option instead of the 60% option.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared using the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America. Significant accounting policies are summarized below:

Date of Management's Review of Subsequent Events - Subsequent events were evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued, and it was determined that there were no subsequent events that require disclosure.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the appropriateness of the Plan's investment offerings and monitors investment performance. The trustees also determine the Plan's valuation policies. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded 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.

Income Tax Status - The trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code and, accordingly, the Trust's net investment income is exempt from income taxes. The trust has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan's board of trustees believes

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

that the trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

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

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

The trustees elected to present the actuarial present value of accumulated plan benefits as of the first day of the Plan year (January 1st).

The following brief description of the actuarial date is for general information purposes. Participants should refer to the actuarial report date of January 1, 2024 for more complete information.

The actuarial present value of accumulated plan benefits is determined by the actuarial firm of Acrisure 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 (a) life expectancy of participants (the PRI-2012 headcount, weighted and blue collar adjusted mortality table for January 1, 2024; and for January 1, 2023 and (b) the funding interest rate and the present value of accrual benefits interest rate of 7.00% for January 1, 2024 and 7.00% for January 1, 2023. 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.

Payments of Benefits – Benefit payments to participants are recorded upon distributions.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan’s investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used only when Level 1 inputs were not available. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Level 1 Fair Value Measurements - The fair value of mutual funds is based on quoted net asset values of the shares held by the Fund at year-end. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements - The fair values of certain corporate bonds and U.S. government securities for which quoted market prices are not available are based on yields currently available on comparable securities of issuers with similar credit ratings.

Level 3 Fair Value Measurements - For those assets with fair value measured using Level 3 inputs, the Fund determines the fair value measurement using available current market conditions and other applicable third party information.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023.

Assets at Fair Value as of December 31, 2024

		<u>Fair Value Measurements at</u> <u>The End of the Reporting Period Using:</u>			
		<u>Quoted Prices</u>			
		<u>In Active</u>	<u>Significant</u>		
		<u>Markets for</u>	<u>Other</u>	<u>Significant</u>	
		<u>Identical</u>	<u>Observable</u>	<u>Unobservable</u>	
		<u>Assets</u>	<u>Inputs</u>	<u>Inputs</u>	
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
	<u>Total</u>				
Cash Equivalents	\$ 309,922	\$ 309,922	\$ -	\$ -	
Corporate Obligations	3,863,952	-	3,863,952	-	
Common Stocks	10,527,783	10,527,783	-	-	
Foreign Stocks	656,028	-	656,028	-	
Mutual Funds	32,155,776	32,155,776	-	-	
Real Estate Funds	3,977,643	-	-	3,977,643	
Building Investment Trust	1,699,096	-	-	1,699,096	
U.S. Gov't Obligations	405,606	-	405,606	-	
Mortgage Backed Securities	310,070	-	310,070	-	
Preferred Stocks	37,230	37,230	-	-	
	<u>\$ 53,943,106</u>	<u>\$ 43,030,711</u>	<u>\$ 5,235,656</u>	<u>\$ 5,676,739</u>	

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

<u>Level 3 As of December 31, 2024</u>	<u>Real Estate Fund</u>	<u>Building Investment Trust</u>
Beginning Balance	\$ 4,522,704	\$ 1,692,653
Transfers In(Out)	(94,799)	-
Total Realized And Unrealized Gains And Losses	(569,868)	6,443
Earnings (plus decrease in cash)	138,425	-
Management Fees	(18,819)	-
Ending Balance	<u>\$ 3,977,643</u>	<u>\$ 1,699,096</u>

Assets at Fair Value as of December 31, 2023

		<u>Fair Value Measurements at The End of the Reporting Period Using:</u>			
		<u>Quoted Prices</u>			
		<u>In Active Markets for Identical Assets</u>	<u>Significant Other Observable Inputs</u>	<u>Significant Unobservable Inputs</u>	
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Level 3</u>
Cash Equivalents	\$ 491,821	\$ 491,821	\$ -	\$ -	\$ -
Corporate Obligations	3,644,058	-	3,644,058	-	-
Common Stocks	8,600,905	8,600,905	-	-	-
Foreign Stocks	527,556	-	527,556	-	-
Mutual Funds	28,530,922	28,530,922	-	-	-
Real Estate Funds	4,522,704	-	-	4,522,704	-
Building Investment Trust	1,692,653	-	-	1,692,653	-
U.S. Gov't Obligations	449,676	-	449,676	-	-
Mortgage Backed Securities	283,572	-	283,572	-	-
Preferred Stocks	37,300	37,300	-	-	-
	<u>\$ 48,781,167</u>	<u>\$ 37,660,948</u>	<u>\$ 4,904,862</u>	<u>\$ 6,215,357</u>	<u>\$ 6,215,357</u>

<u>Level 3 As of December 31, 2023</u>	<u>Real Estate Fund</u>	<u>Building Investment Trust</u>
Beginning Balance	\$ 5,623,241	\$ 2,564,934
Transfers In(Out)	(37,990)	-
Total Realized And Unrealized Gains And Losses	(1,108,353)	(872,281)
Earnings (+- changes in cash)	66,999	-
Management Fees	(21,193)	-
Ending Balance	<u>\$ 4,522,704</u>	<u>\$ 1,692,653</u>

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Investments that represent 5% or more of the Plan assets are as follows:

	<u>December 31, 2024</u>		<u>December 31, 2023</u>	
	<u>Cost</u>	<u>Market</u>	<u>Cost</u>	<u>Market</u>
Hamilton Lane	\$ 5,000,000	\$ 4,931,333	\$ -	\$ -
AFL-CIO Stock Index Fund	\$ 5,964,647	\$ 16,909,477	\$ 11,164,647	\$ 17,928,012
ASB Allegiance Trust	\$ 1,479,695	\$ 2,087,536	\$ 1,479,695	\$ 2,533,826
Neuberger Strategic	\$ 3,000,000	\$ 3,162,651	\$ 3,000,000	\$ 2,974,182

NOTE 4 - CONCENTRATION OF CREDIT RISK

The Plan maintains its cash account at a financial institution in which balances may, at times, exceed federally insured limits.

NOTE 5 - 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 statement of net assets available for benefits.

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

NOTE 6 - PRIORITIES UPON TERMINATION

It is the intention of the Trustees to continue the Plan indefinitely. If the Plan were to be terminated by the Trustees, the assets of the Trust Fund would be used for the exclusive benefit of eligible employees to provide benefits and pay fund expenses as prescribed by ERISA and its related regulations.

PLUMBERS AND STEAMFITTERS LOCAL NO. 83
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 - ACCUMULATED PLAN BENEFITS

Actuarial valuations of the Plan were made by Acrisure. The actuarial present value of accumulated plan benefits are as follows:

	<u>Benefit Information Date</u>	
	<u>January 1,</u>	
	<u>2024</u>	<u>2023</u>
1. Actuarial present value of accrued vested benefits:		
a) Participants currently receiving benefits	\$ 32,338,781	\$ 32,486,936
b) Terminated Vested	4,858,499	4,460,139
c) Active Participants Vested	<u>16,731,497</u>	<u>14,740,101</u>
d) Total vested benefits	53,928,777	51,687,176
2. Actuarial present value of non-vested accumulated plan benefits	<u>1,155,591</u>	<u>1,315,714</u>
3. Total actuarial present value of accumulated plan benefits	<u>\$ 55,084,368</u>	<u>\$ 53,002,890</u>

The changes in accumulated plan benefits for the years above were as follows:

1. Actuarial present values of accumulated plan benefits - beginning of year	\$ 53,002,890	\$ 53,437,038
2. Increase (decrease) during the year attributable to:		
a) Benefits paid	(3,555,581)	(3,501,908)
b) Decrease in Discount Period	3,587,862	3,620,099
c) Plan Amendments	1,579,215	-
d) Changes in actuarial assumptions	-	-
e) Accrual of benefits and plan experience	<u>469,982</u>	<u>(552,339)</u>
3. Actuarial present values of accumulated plan benefits - end of year.	<u>\$ 55,084,368</u>	<u>\$ 53,002,890</u>

2024 Form 5500 for Plumbers and Steamfitters Local No. 83 Pension Fund

EIN/PN: 55-0463652/001

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Attained Age	Years of Service (elapsed time service from hire)										Total
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
< 25	9	30	6	0	0	0	0	0	0	0	45
25-30	0	12	14	0	0	0	0	0	0	0	26
30-35	6	7	11	13	0	0	0	0	0	0	37
35-40	0	8	9	14	3	0	0	0	0	0	34
40-45	0	3	6	8	14	4	0	0	0	0	35
45-50	0	0	7	4	9	4	3	0	0	0	27
50-55	0	0	1	6	4	5	6	2	0	0	24
55-60	0	0	3	2	1	3	2	4	2	0	17
60-65	0	0	1	0	1	0	0	0	2	2	6
65-70	0	0	0	0	0	0	1	0	0	0	1
70+	0	0	0	0	0	0	0	0	0	0	0
unknown	0	0	0	0	0	0	0	0	0	0	0
Total	15	60	58	47	32	16	12	6	4	2	252

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

As of January 1, 2024

Mortality

Healthy: Society of Actuaries (SOA) headcount weighted Pri-2012 healthy lives mortality with blue-collar adjustment, gender distinct, with separate rates for pre-commencement and post-commencement and separate rates for Contingent Survivors with a 2012 base year.

Disabled: SOA headcount weighted Pri-2012 Total Dataset disabled mortality, gender distinct.

Improvement Scale: Based on the most recently available mortality experience study from the Society of Actuaries.

For the current valuation, projected on a fully generational basis using SOA MP-2021 for years 2012 and later.

Interest Rate 7.00%

Turnover Based on age as follows:

Age	Rate
20	5.00%
25	3.40
30	2.40
35	2.00
40+	2.00

Retirement Based on age as follows:

Age	Current Year Rate
59-61	5%
62-63	100
64+	100

Terminated vested participants are assumed to retire at age 63 if they have at least 10 years of vesting service (eligible for early retirement). Otherwise, they are assumed to retire at age 65 (Normal Retirement Date).

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

Disability 50% of the 1975 Social Security Disability Table. Sample rates are as follows:

Age	Rate	
	Male	Female
25	0.0008	0.0004
35	0.0015	0.0013
45	0.0032	0.0028
55	0.0094	0.0077

Expenses The normal cost is increased by the prior year's non-investment related expenses, rounded to the nearest \$1,000. For projections, this amount has been increased by 2.50% annually.

Percent Married 85% of the participants are assumed to be married with the female spouse four years younger than the male spouse.

Asset Valuation Plan assets are carried at market value with a 5-year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.

Funding Method Entry Age Normal. Under this method the Actuarial Present Value of the Projected Benefit is allocated on a level basis over the service of the individual between entry age and assumed retirement age. The portion of the Actuarial Present Value not provided for at a Valuation date by the Actuarial Present Value of Future Normal Costs is called the Actuarial Accrued Liability. Under this method the Actuarial Gains/(Losses), as they occur, reduce/(increase) the Unfunded Accrued Liability.

Incomplete Data The date of birth of one participant was assumed to be 27 years before date of hire, based on average hire age of actives as of the valuation date.

Benefit Accrual Rate Pension credits and expected contributions were projected on the assumption that all active participants would work annual hours equal to the average of the prior three years with further adjustment so the total hours for the active population equals the Board's projected industry activity as detailed below, with contribution rates set forth in the current collective bargaining agreement(s).

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

Contributions An average hourly rate of \$8.80 is assumed for all future years.

Projected Industry Activity Total hours for the 2024 – 2027 plan years are assumed to equal 375,000, then steadily decrease to a long-term assumption for future work equal to 291,000 total annual hours. This assumption was set with input from the Board of Trustees.

Models Used in Preparing Results Acrisure uses valuation and projection software to model benefit cash flows, present values, and attribution to various periods based on deterministic or stochastic assumption sets and benefit parameters provided by the user. The software model also supports comparisons between periods to measure gains and losses and compile plan experience data to support or modify demographic and certain economic assumptions.

In the absence of adequate review, the model’s complexity and flexibility could lead to unintentional results. However, the model contains robust tools to test and verify the reasonableness of results. Our internal technical review utilizes these tools.

We have reviewed the model’s documentation and have relied on the expertise of the software vendor for underlying structure, methodology, and extensive supporting calculations. We have not performed a substantial audit of the model or its structure beyond typical use in preparing results as this is typically not done by plan actuaries. However, we expect that the very deep market of qualified users for this same model ensures that no materially significant issues can or will persist.

Additionally, projections reflect models developed and maintained by Acrisure. These models generally follow accepted actuarial principles and reflect required Internal Revenue Code and Regulations requirements in determining estimated future funded status and potential outcomes for the Funds being modeled. Outcomes from the modeling process are generally determined by the current Fund position and inputs regarding future economic assumptions and plan participant behavior and demographics.

Based on our experience, because of the detailed structure provided by Code and Regulations, we anticipate that other practitioners using similar data and assumptions would provide results that are materially similar to the outcome from our models. We have developed the models internally and are familiar with their parameters and how they function. In addition, the results are continually reviewed across our multiemployer client base by a group of qualified actuaries and other technical staff.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

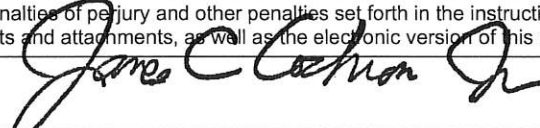

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final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

1a Name of plan PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	06/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Plumbers & Steamfitter Local 83 232 WISE ROAD SUITE 330 HARMONY PA 16037	2b Employer Identification Number (EIN)	55-0463652
	2c Plan Sponsor's telephone number	833-258-4606
	2d Business code (see instructions)	525100

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		<u>10/6/2025</u>	JAMES COCHRAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/6/2025</u>	JOHN WILSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5		526
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)		252
a(2) Total number of active participants at the end of the plan year	6a(2)		275
b Retired or separated participants receiving benefits	6b		152
c Other retired or separated participants entitled to future benefits	6c		56
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d		483
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e		49
f Total. Add lines 6d and 6e	6f		532
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		42

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

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

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

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

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

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

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83

PENSION PLAN

REPORTABLE (5%) TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Federal I.D. - 55-0463652
Plan No. - 001

FORM 5500, Schedule H, Part IV, Question J

Individual Transactions:

<u>(a) Identity Party Involved</u>	<u>(b) Description of asset (include interest rate and maturity in case of a loan)</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(e) Lease Rental</u>	<u>(f) Expenses incurred with transaction</u>	<u>(g) Cost of asset</u>	<u>(h) Current value of asset on transaction date</u>	<u>(i) Net gain or (loss)</u>
-None-	BNYMM (Mutual Fund)	-	5,200,000	N/A	-	2,744,604	5,200,000	2,455,396
-None-	Hamilton Lane (Mutual Fund)	5,000,000	-	N/A	-	5,000,000	5,000,000	-

II Series of Transactions:

<u>Description of Investment</u>	<u>Total number of purchases</u>	<u>Total number of sales</u>	<u>Total value of purchases</u>	<u>Total value of sales</u>	<u>Net gain or loss</u>
Federated Gov't Obligations Fund 117			\$ 3,562,563	\$ 3,737,516	\$ -

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 PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PLUMBERS & STEAMFITTER LOCAL 83	D Employer Identification Number (EIN) 55-0463652	

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)	49,484,127
(2) Actuarial value of assets for funding standard account.....	1b(2)	53,074,188
c (1) Accrued liability for plan using immediate gain methods	1c(1)	57,363,170
(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)	55,084,368
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)	94,767,265
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2,310,278
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	3,663,050
(3) Expected plan disbursements for the plan year	1d(3)	3,663,050

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	Amy M. Crouse <u>AMC</u>	10/2/2025
	Signature of actuary	Date
	Amy M. Crouse	
	Type or print name of actuary	
	Acrisure	
	Firm name	
	FOUR GATEWAY CENTER, SUITE 605 PITTSBURGH PA 15222-1222	
	Address of the firm	
		Most recent enrollment number 412-394-9330
		Telephone number (including area code)

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

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

5m	
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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)	9P
(2) Females.....	6c(2)	9FP
d Valuation liability interest rate.....	6d	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	7.0 %
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	10.0 %
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)	202,000
(3) If neither (1) nor (2) describes the expense load, check the box.....	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	3,058,727	313,861
1	-799,803	-82,069

8 Miscellaneous information:

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

e If box 5h is checked or 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	1,012,513
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)	20,861,182
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	302,587
e Total charges. Add lines 9a through 9d	9e	4,625,265
Credits to funding standard account:		
f Prior year credit balance, if any	9f	10,083,294
g Employer contributions. Total from column (b) of line 3	9g	2,975,428
	Outstanding balance	
h Amortization credits as of valuation date	9h	6,488,906
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	853,419
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	20,296,020
(2) "RPA '94" override (90% current liability FFL)	9j(2)	37,951,754
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	14,774,276
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	10,149,011
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
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 MB, Line 3 - Contributions

The Employers contribute to the plan at various times throughout the plan year. A breakdown of the actual dates and amounts of these contributions is not available. The contributions are assumed to earn interest based on equal monthly contributions reflecting a 1.5 month lag from the month the work is performed.

Schedule MB, Line 6 – Summary of Plan Provisions

Effective January 1, 1963
Last Amendment Effective January 1, 2024

The following is a summary of the major provisions of the plan as of January 1, 2024. Refer to the plan document for a more complete description of the most recent plan provisions.

Participation Upon the completion of one hour of service in Covered Employment.

Credited Employment One year of Credited Service is awarded for any Plan Year, on or after January 1, 1985, during which the participant works at least 400 hours.

Accrued Benefit A monthly benefit equal to the sum of (A) through (E) below, subject to the limitations of (F) and (G), plus (H) or (I):

(A) For Past Service Credits (generally, service before June 1, 1963), the number of such credits (up to a maximum of 15 years) multiplied by \$10.00;

(B) For Employer contributions made through December 31, 1989 for the Participant's Future Service (service in or after the year in which participation commences, but excluding any Past Service), 4% of the total of such contributions; and

(C) For Employer contributions made from December 31, 1989 to December 31, 2013 for the Participant's Future Service, (1) or (2) below, as applicable, subject to (3):

(1) For Participants retiring prior to January 1, 1997, 2% of such contributions;

(2) For Participants retiring on or after January 1, 1997, (a) or (b) below, as applicable:

(a) For a Participant who never attained non-Active status prior to January 1, 1997, 2.25% of such contributions;

(b) For a Participant with one or more periods of non-Active status prior to January 1, 1997, 2.25% of any such contributions for hours worked after the Participant's return to Active status from the latest period of non-Active status before January 1, 1997, plus 2% of any such contributions for hours worked before the beginning of the latest period of non-Active status before January 1, 1997;

(3) Beginning July 1, 2009 certain contributions solely improve funding and do not generate benefits for participants.

(D) For Employer contributions made from January 1, 2014 to December 31, 2018 for the Participant's Future Service (service in or after the year in which participation commences, but excluding any Past Service), 1.25% of the total of such contributions; and

Schedule MB, Line 6 – Summary of Plan Provisions**Accrued
Benefit
(continued)**

- (E) For Employer contributions made on or after January 1, 2019 for the Participant's Future Service (service in or after the year in which participation commences, but excluding any Past Service), 1.00% of the total of such contributions.
- (F) For Participants who participated in the Plan prior to September 1, 1997 and have not previously forfeited the accrued benefit for their participation prior to such date, in no event shall the amount of the Normal Retirement Benefit be less than \$260 per month.
- (G) In no event shall the amount of a Participant's Normal Retirement Benefit be more than \$2,300. Any Participant who has experienced one or more periods of non-Active status may be subject to a limit that is less than \$2,300.
- (H) Effective January 1, 2019, there shall be a 0.25% benefit multiplier for all contributions above the \$2,300 benefit cap for all Active Participants who work at least one hour on or after January 1, 2019. This benefit is an incentive for Active Participants. However, any Retiree receiving benefits on or before January 1, 2019, who returns to work on or after January 1, 2019, shall receive the 0.25% benefit multiplier for all contributions above the \$2,300 benefit cap made on or after January 1, 2019.
- (I) Effective January 1, 2024, there shall be a 0.50% benefit multiplier for all contributions above the \$2,300 benefit cap for all Active Participants who work at least one hour on or after January 1, 2024. This benefit is an incentive for Active Participants. However, any Retiree receiving benefits on or before January 1, 2024, who returns to work on or after January 1, 2024, shall receive the 0.50% benefit multiplier for all contributions above the \$2,300 benefit cap made on or after January 1, 2024.

**Normal
Retirement**Eligibility: Age 65.Benefit: The Accrued Benefit.**Early
Retirement**Eligibility: Age 55 with 10 years of Vesting Service.Benefit: The Accrued Benefit reduced by 1% (0% for retirements on or after January 1, 2022 if retiring from active status) for each year from age 62 to his Normal Retirement Date, 2% for each year between age 60 and 62, and 6% for each year below age 60.**Vested
Termination**Eligibility: Five Years of Vesting Service.Benefit: The Accrued Benefit payable in full at Normal Retirement Date or in a reduced amount under the Early Retirement provisions.**Disability
Retirement**Eligibility: Total and Permanent Disability at any age with at least 10 years of Credited Service with eligibility based on Social Security approval.Benefit: 66 2/3% of the Accrued Benefit at the date of disability payable immediately without actuarial reduction.

Schedule MB, Line 6 – Summary of Plan Provisions

Pre-Retirement Death

Upon the death of an active participant before retirement, the surviving spouse will receive, no earlier than the date the participant would have been eligible for early retirement, 60% of the amount the participant would have received, had the participant retired and elected this option.

Upon the death of an active participant who was ineligible for, or who waived rights to the benefit in the previous paragraph, the beneficiary shall receive the excess of 100% of contributions over the total amount of any pension payments made prior to death.

Post-Retirement Death

Upon the death of a retired participant who has been receiving the normal form of benefit payment, the beneficiary shall receive the excess of (a) over (b):

(a) Is 100% of contributions.

(b) Is the sum of all retirement benefits paid prior to the date of death.

Method of Payment

The normal form of benefit is a single life annuity; a Joint & 60% Survivor benefit is provided to married participants on an actuarially reduced basis, unless rejected by the participant and spouse.

Contributions

Contribution rates vary by type of work and level of Journeyman/Apprentice.

SUPPLEMENTARY INFORMATION

McELHANEY & ASSOCIATES, LLC

PLUMBERS AND STEAMFITTERS LOCAL NO. 83

PENSION PLAN

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 55-0463652
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FORM 5500, SCHEDULE H, PART IV, QUESTION I

(c) Description of investment including maturity date,
rate of interest, collateral, par or maturity value

<u>(a) (b) Identity of issuer, borrower, lessor or similar party</u>	<u>Description</u>	<u>Collateral</u>	<u>Maturity Date</u>	<u>Rate of Interest</u>	<u>Par/Shares or Maturity Value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
<u>Interest - bearing cash:</u>							
Federated Gov't.							
Obligation Fund 117	Money Market	N/A	N/A	Variable	280,251	\$ 280,251	\$ 280,251
Obligation Fund 395	Money Market	N/A	N/A	Variable	29,671	<u>29,671</u>	<u>29,671</u>
						309,922	309,922
<u>U.S. Gov't Obligations:</u>							
(See attached page 12)						445,895	405,606
<u>Mortgage Backed Securities:</u>							
(See attached page 12)						344,533	310,070
<u>Corporate Obligations:</u>							
(See attached pages 13 - 20)						3,884,451	3,863,952
<u>Common Stocks:</u>							
(See attached pages 20 - 27)						5,858,540	10,527,783
<u>Preferred Stocks:</u>							
(See attached page 27)						43,637	37,230
<u>Foreign Stocks:</u>							
(See attached pages 27 - 29)						562,196	656,028
<u>Mutual Funds:</u>							
Baird Core Plus Institutional Class	Mutual Fund	N/A	N/A	N/A	388,674	3,960,111	3,890,633
Boyd Watterson GSA Fund	Mutual Fund	N/A	N/A	N/A	1,041,140	1,262,362	1,026,929
Boyd Watterson Limited Duration	Mutual Fund	N/A	N/A	N/A	46,958	462,544	461,601
Bnymm AFL-CIO Stock Index	Mutual Fund	N/A	N/A	N/A	851,434	8,420,043	16,909,476
Neuberger Strategic	Mutual Fund	N/A	N/A	N/A	258,176	3,000,000	3,162,651
WCM Focused Int'l Growth Fund	Mutual Fund	N/A	N/A	N/A	81,487	1,836,883	1,773,153
Hamilton Lake	Mutual Fund	N/A	N/A	N/A	48,022	<u>5,000,000</u>	<u>4,931,333</u>
						23,941,943	32,155,776
<u>Real Estate Funds:</u>							
ASB Allegiance	Trust	N/A	N/A	N/A	1,483	1,431,699	2,087,536
BGO Diversified U. S. Pref Fund	Trust	N/A	N/A	N/A	784	<u>2,473,058</u>	<u>1,890,107</u>
						3,904,757	3,977,643
<u>Building Investment Trust:</u>							
AFL-CIO Bldg Trust	UIT	N/A	N/A	N/A	311	<u>1,500,000</u>	<u>1,699,096</u>
TOTAL						<u>\$ 40,735,874</u>	<u>\$ 53,943,106</u>

McELHANEY & ASSOCIATES, LLC

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FORM 5500, Schedule H, Part IV, Question 1

(a)	(b & c) Identity & Description	(d)	(e)
US GOV'T OBLIGATIONS			
15,000	US TREASURY NOTE 1.5% 02/15/2030 912828Z94 ACCOUNT 1040005288	12,303.52	13,023.00
205,000	US TREASURY NOTE 4.375% 05/15/2034 91282CKQ3 ACCOUNT 1040005288	215,323.18	201,892.20
60,000	US TREASURY BOND 1.125% 08/15/2040 912810SQ2 ACCOUNT 1040005288	46,978.13	35,819.40
255,000	US TREASURY BOND 2.25% 02/15/2052 912810TD0 ACCOUNT 1040005288	171,290.62	154,871.70
	TOTAL U S GOVERNMENT OBLIGATIONS	445,895.45	405,606.30
MORTGAGE BACKED SECURITES			
81,513.76	FHLMC SD8201 3% 03/01/2052 3132DWDE0 ACCOUNT 1040005288	81,411.89	69,333.16
81,040.49	FNMA MA4564 3% 03/01/2052 31418ECA6 ACCOUNT 1040005288	81,521.65	68,890.90
63,311.67	FHLMC SD8214 3.5% 05/01/2052 3132DWD7 ACCOUNT 1040005288	61,249.09	56,082.11
63,243.56	FNMA MA4626 4% 06/01/2052 31418ED80 ACCOUNT 1040005288	62,215.83	57,920.35
58,578.36	FHLMC FR SD6508 5.5% 09/01/2054 3132DUGR2 ACCOUNT 1040005288	58,134.44	57,843.79
	TOTAL MORTGAGE BACKED SECURIT	344,532.90	310,070.31

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FORM 5500, Schedule H, Part IV, Question I

<u>(a)</u>	<u>(b & c)</u> <u>Identity & Description</u>	<u>(d)</u>	<u>(e)</u>
CORPORATE OBLIGATIONS			
95,000	WESTERN MIDSTREAM OPERA 02/01/2025-2025 958667AB3 ACCOUNT 1040004323	91,020.58	94,756.80
46,000	STARWOOD PROPERTY 4.75% 03/15/2025-2024 85571BAL9 ACCOUNT 1040004323	46,339.28	45,976.08
95,000	CDW LLC 4.125% 05/01/2025-202 12513GBE8 ACCOUNT 1040004323	92,873.55	94,339.75
85,000	ENLINK MIDSTREAM PARTNER 06/01/2025-2025 29336UAE7 ACCOUNT 1040004323	82,856.70	84,649.80
55,000	GLP CAPITAL LP/FIN II 5.25% 06/01/2025-2025 361841AJ8 ACCOUNT 1040004323	55,522.56	54,987.35
41,000	DCP MIDSTREAM OPERATING L 5.375% 07/15/2025-2025 23311VAG2 ACCOUNT 1040004323	42,071.45	41,050.84
90,000	CHARTER COMM OPT LLC 4.90% 07/23/2025-2025 161175AY0 ACCOUNT 1040004323	90,354.15	89,894.70
100,000	PENSKE AUTO GROUP 3.5% 09/01/2025-2022 70959WAJ2 ACCOUNT 1040004323	100,599.75	98,735.00
80,000	TRAVEL AND LEISURE CO 6.6% 10/01/2025-2025 98310WAM0 ACCOUNT 1040004323	81,376.23	80,200.00
55,000	SLM CORP 4.2% 10/29/2025-2024 78442PGD2 ACCOUNT 1040004323	55,400.19	54,508.85

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(a)	(b & c) Identity & Description	(d)	(e)
CORORATE OBLIGATIONS (Continued)			
90,000	CROWN HOLDINGS 4.75% 02/01/2026-2021 228187AB6 ACCOUNT 1040004323	90,964.82	88,904.70
90,000	WESTERN DIGITAL CORP. 4.75% 02/15/2026-2025 958102AM7 ACCOUNT 1040004323	92,264.50	89,132.40
5,000	SPRINGLEAF FINANCE CORP 7.125% 03/15/2026 85172FAN9 ACCOUNT 1040004323	5,053.14	5,089.80
35,000	GLP CAPITAL LP/FIN II 5.375% 04/15/2026-2026 361841AH2 ACCOUNT 1040004323	34,859.00	34,999.30
25,000	ICAHN ENTERPRISES 6.25% 05/15/2026-2024 451102BT3 ACCOUNT 1040004323	24,110.35	24,768.25
90,000	UNDER ARMOUR, INC. 3.25% 06/15/2026-2026 904311AA5 ACCOUNT 1040004323	91,097.21	86,877.00
90,000	SABRA HEALTH CARE 5.125% 08/15/2026-2026 14162VAB2 ACCOUNT 1040004323	85,727.55	89,923.50
90,000	HILLENBRAND INC 4.5% 09/15/2026-2026 431571AB4 ACCOUNT 1040004323	93,924.99	89,133.30
55,000	TEVA PHARMACEUTICALS 3.15% 10/01/2026-2016 88167AAE1 ACCOUNT 1040004323	49,233.00	52,849.50
40,000	SLM CORP 3.125% 11/02/2026-2026 78442PGEO ACCOUNT 1040004323	37,551.80	38,177.60

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(a)	(b & c) Identity & Description	(d)	(e)
CORPORATE OBLIGATIONS (Continued)			
25,000	OAKTREE SPECIALTY LEND 2.7% 01/15/2027-2026 67401PAC2 ACCOUNT 1040005288	23,827.50	23,526.75
43,000	ONEMAIN FINANCE CORP 3.5% 01/15/2027-2024 682691AB6 ACCOUNT 1040004323	39,889.93	41,015.55
95,000	SBA COMMUNICATIONS CORP 3.875% 02/15/2027-2023 78410GAD6 ACCOUNT 1040004323	96,703.85	91,074.60
90,000	AECOM 5.125% 03/15/2027-2026 00774CAB3 ACCOUNT 1040004323	88,143.13	89,133.30
95,000	HILTON WORLDWIDE FIN 4.875% 04/01/2027-2022 432891AK5 ACCOUNT 1040004323	96,625.67	93,698.50
90,000	SUNOCO LP 6% 04/15/2027-2022 86765LAQ0 ACCOUNT 1040004323	91,514.59	89,821.80
20,000	TEVA PHARMACEUTICALS 4.75% 05/09/2027-2027 88167AAP6 ACCOUNT 1040004323	19,125.00	19,516.40
50,000	ICAHN ENTERPRISES 5.25% 05/15/2027-2026 451102BZ9 ACCOUNT 1040004323	46,362.50	47,339.00
95,000	UNITED RENTALS 5.5% 05/15/2027-2022 911365BF0 ACCOUNT 1040004323	95,985.18	94,423.35
90,000	CENTURY COMMUNITIES INC 6.75% 06/01/2027-2024 156504AL6 ACCOUNT 1040004323	90,426.85	90,052.20

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(a)	(b & c) Identity & Description	(d)	(e)
CORPORATE OBLIGATIONS (Continued)			
85,000	CLEVELAND-CLIFFS INC 5.875% 06/01/2027-2024 185899AH4 ACCOUNT 1040004323	84,725.70	84,518.05
45,000	TENET HEALTHCARE CORP 5.125% 11/01/2027-2024 88033GDB3 ACCOUNT 1040004323	44,231.25	44,068.50
95,000	TELEFLEX INC 4.625% 11/15/2027-2023 879369AF3 ACCOUNT 1040004323	90,891.36	92,060.70
90,000	BOYD GAMING 4.75% 12/01/2027-2023 103304BU4 ACCOUNT 1040004323	85,289.50	87,011.10
85,000	CENTENE CORP 4.25% 12/15/2027-2022 15135BAR2 ACCOUNT 1040004323	79,379.45	82,467.00
90,000	SERVICE CORP INTL 4.625% 12/15/2027-2022 817565CD4 ACCOUNT 1040004323	85,260.75	87,564.60
30,000	UNITED RENTALS 4.875% 01/15/2028-2023 911365BGB ACCOUNT 1040005288	30,294.13	29,196.90
20,000	CENTRAL GARDEN & PET CO 5.125% 02/01/2028-2023 153527AMB ACCOUNT 1040005288	20,289.42	19,429.40
95,000	SILGAN HOLDINGS INC. 4.125% 02/01/2028-2022 827048AW9 ACCOUNT 1040004323	86,035.64	90,668.95

McELHANEY & ASSOCIATES, LLC

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FORM 5500, Schedule H, Part IV, Question 1

(a)	(b & c) Identity & Description	(d)	(e)
CORPORATE OBLIGATIONS (Continued)			
45,000	LAMAR MEDIA CORP 3.75% 02/15/2028-2023 513075BR1 ACCOUNT 1040004323	40,739.50	42,200.55
50,000	VICI PROPERTIES LP 4.75% 02/15/2028-2028 925650AB9 ACCOUNT 1040004323	48,657.00	49,585.50
15,000	TEVA PHARMACEUTICALS 6.75% 03/01/2028-2027 88167AAK7 ACCOUNT 1040004323	15,101.46	15,314.40
90,000	TEGNA, INC. 4.625% 03/15/2028-2024 87901JAJ4 ACCOUNT 1040004323	81,268.85	85,050.00
90,000	CARPENTER TECHNOLOGY 6.375% 07/15/2028-2024 144285AL7 ACCOUNT 1040004323	89,823.52	90,000.90
45,000	ONEMAIN FINANCE CORP 3.875% 09/15/2028-2024 682691AC4 ACCOUNT 1040004323	41,681.55	41,459.30
120,000	HB FULLER CO 4.25% 10/15/2028-2023 40410KAA3 ACCOUNT 1040004323 ACCOUNT 1040005288	114,626.48	112,903.20
20,000	VERISK ANALYTICS 4.125% 03/15/2029-2028 92345YAF3 ACCOUNT 1040005288	20,819.72	19,374.80
85,000	GXO LOGISTICS INC 6.25% 05/06/2029-2029 36262GAF8 ACCOUNT 1040004323	86,482.64	87,041.70
30,000	SERVICE CORP INTL 5.125% 06/01/2029-2024 817565CE2 ACCOUNT 1040005288	30,691.03	29,025.90

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(b & c)

<u>(a)</u>	<u>Identity & Description</u>	<u>(d)</u>	<u>(e)</u>
<u>CORPORATE OBLIGATIONS (Continued)</u>			
50,000	TENET HEALTHCARE CORP 4.25% 06/01/2029-2024 88033GDM9 ACCOUNT 1040004323	46,225.00	46,940.00
20,000	MASTEC INC 5.9% 06/15/2029 576323AT6 ACCOUNT 1040005288	19,991.20	20,358.00
85,000	NMI HOLDINGS INC 6% 08/25/2029-2029 629209AC1 ACCOUNT 1040004323	84,554.55	85,362.10
30,000	MURPHY OIL USA INC 4.75% 09/15/2029-2024 626738AE8 ACCOUNT 1040005288	29,999.40	28,466.70
90,000	ATI INC 4.875% 10/01/2029-2024 01741RAL6 ACCOUNT 1040004323	87,300.00	85,741.20
30,000	CHENIERE ENERGY PARTNERS LP 4.5% 10/01/2029-2024 16411QAG6 ACCOUNT 1040005288	29,853.00	29,045.40
30,000	SABRA HEALTH CARE REIT INC 3.9% 10/15/2029-2029 78572XAG6 ACCOUNT 1040005288	29,969.40	28,032.30
90,000	ENCOMPASS HEALTH CORP 4.75% 02/01/2030-2025 29261AAB6 ACCOUNT 1040004323	87,400.60	85,321.80
10,000	ASBURY AUTOMOTIVE GROUP 4.75% 03/01/2030-2025 043436AV6 ACCOUNT 1040005288	9,175.00	9,352.10

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(b & c)		(d)	(e)
(a)	Identity & Description		
CORPORATE OBLIGATIONS (Continued)			
35,000	FREEMPORT-MCMORAN 4.25% 03/01/2030-2025 35671DCF0 ACCOUNT 1040005288	32,626.65	33,255.25
30,000	OSHKOSH CORP 3.1% 03/01/2030-2029 688225AH4 ACCOUNT 1040005288	29,036.20	27,441.00
20,000	ACUITY BRANDS LIGHTING 2.15% 12/15/2030-2030 00510RAD5 ACCOUNT 1040005288	16,554.20	17,030.60
15,000	MURPHY OIL CORP 6% 10/01/2032-2027 626717AP7 ACCOUNT 1040005288	15,018.75	14,412.15
20,000	T-MOBILE USA INC 5.2% 01/15/2033-2032 87264ACV5 ACCOUNT 1040005288	20,132.25	19,802.20
10,000	WESTERN MIDSTREAM OPERATING 6.15% 04/01/2033-2033 958667AE7 ACCOUNT 1040005288	10,027.23	10,214.80
25,000	MORGAN STANLEY 5.424% 07/21/2034-2033 61747YFG5 ACCOUNT 1040005288	25,476.04	24,831.75
10,000	MCDONALDS 4.45% 09/01/2048-2048 58013MFH2 ACCOUNT 1040005288	10,858.52	8,347.90
35,000	SYSCO CORP 3.3% 02/15/2050-2049 871829BJ5 ACCOUNT 1040005288	29,233.75	23,574.25
20,000	NVIDIA CORP 3.5% 04/01/2050-2049 67066GAH7 ACCOUNT 1040005288	20,156.32	14,884.40

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(a)	Identity & Description		
CORPORATE OBLIGATIONS (Continued)			
25,000	NEXTERA ENERGY CAPITAL 4.8% 12/01/2077-2027 65339KAV2 ACCOUNT 1040005288	25,169.34	23,962.50
20,000	BANK OF AMERICA 5.875% 03/15/2099-2028 060505FL3 ACCOUNT 1040005288	17,600.00	20,068.00
	TOTAL CORPORATE BONDS	3,884,451.35	3,863,951.82
COMMON STOCKS			
3,156	AMAZON.COM INC. 023135106 ACCOUNT 1040003832 ACCOUNT 1040004412	418,435.35	692,394.84
600	GENTHERM INC. 37253A103 ACCOUNT 1040004412	35,736.09	23,955.00
325	HOME DEPOT INC. 437076102 ACCOUNT 1040004412	26,216.43	126,421.75
17	MERCADOLIBRE INC 58733R102 ACCOUNT 1040003832	13,993.11	28,907.48
200	CASEY'S GENERAL STORE, INC. 147528103 ACCOUNT 1040004412	60,034.23	79,246.00
2,050	COCA-COLA CO 191216100 ACCOUNT 1040003832	92,978.36	127,633.00
1,000	HORMEL FOODS CORP. 440452100 ACCOUNT 1040004412	22,988.48	31,370.00
400	SYSCO CORP 871829107 ACCOUNT 1040004412	21,178.47	30,584.00
350	TARGET CORP 87612E106 ACCOUNT 1040004412	21,026.16	47,313.00

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COMMON STOCKS (Continued)			
350	AMERICAN EXPRESS CO 025816109 ACCOUNT 1040004412	26,630.91	103,876.50
113	BLACKROCK INC 09290D101 ACCOUNT 1040003832	94,569.05 1	115,837.43
1,077	FISERV INC 337738108 ACCOUNT 1040003832 ACCOUNT 1040004412	127,393.13	221,237.34
573	HDFC BANK LTD 40415F101 ACCOUNT 1040003832	35,061.32	36,591.78
213	INTERCONTINENTAL EXCHANGE 45966F104 ACCOUNT 1040003832	27,242.03	31,739.13
839	JP MORGAN CHASE 46625H100 ACCOUNT 1040003832 ACCOUNT 1040004412	58,270.86	201,116.69
403	MASTERCARD INC 57636Q104 ACCOUNT 1040003832	61,874.36	212,207.71
154	MOODY'S CORP. 615369105 ACCOUNT 1040003832	22,895.34	72,898.98
467	NASDAQ OMX GROUP 631103108 ACCOUNT 1040003832	34,348.80	36,103.77
134	S&P GLOBAL INC 78409V104 ACCOUNT 1040003832	30,833.07	66,736.02
600	CHARLES SCHWAB CORP 808513105 ACCOUNT 1040004412	47,213.19	44,406.00

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COMMON STOCKS (Continued)			
600	US BANCORP 902973304 ACCOUNT 1040004412	21,961.37	28,698.00
1,323	VISA INC CL A 92826C839 ACCOUNT 1040003832 ACCOUNT 1040004412	180,020.65	418,120.92
1,000	WELLS FARGO & CO 949746101 ACCOUNT 1040004412	30,380.67	70,240.00
1,200	ABBOTT LABORATORIES 002824100 ACCOUNT 1040004412	48,784.72	135,732.00
1,763	ASTRAZENECA PLC 046353108 ACCOUNT 1040003832	118,353.35	115,511.76
1,350	BIO-TECHNE CORP 09073M104 ACCOUNT 1040004412	30,790.36	97,240.50
209	INTUITIVE SURGICAL, INC. 46120E602 ACCOUNT 1040003832	36,804.67	109,089.64
1,081	JOHNSON & JOHNSON 478160104 ACCOUNT 1040003832 ACCOUNT 1040004412	123,212.48	156,334.22
360	ELI LILLY & CO 532457108 ACCOUNT 1040004412	26,971.27	277,920.00
230	THERMO FISHER SCIENTIFIC 883556102 ACCOUNT 1040003832	100,342.07	119,652.90
461	UNITEDHEALTH GROUP INC 91324P102 ACCOUNT 1040003832 ACCOUNT 1040004412	131,845.35	233,201.46

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COMMON STOCKS (Continued)			
118	VERTEX PHARMACEUTICALS INC 92532F100 ACCOUNT 1040003832	23,572.99	47,518.60
200	AUTOMATIC DATA PROCESSING 053015103 ACCOUNT 1040004412	43,099.26	58,546.00
3,604	CSX CORP 126408103 ACCOUNT 1040003832	120,720.13	116,301.08
2,041	COPART,INC 217204106 ACCOUNT 1040003832	86,080.37	117,132.99
400	DONALDSON 257651109 ACCOUNT 1040004412	16,272.98	26,940.00
484	EXPERIAN PLC 30215C101 ACCOUNT 1040003832	19,905.85	20,681.32
1,500	FASTENAL CO. 311900104 ACCOUNT 1040004412	33,436.95	107,865.00
600	GENERAC HOLDINGS 368736104 ACCOUNT 1040004412	25,318.64	93,030.00
1,300	GRACO INC 384109104 ACCOUNT 1040004412	33,883.59	109,577.00
179	HEICO CORP 422806208 ACCOUNT 1040003832	27,812.23	33,308.32
300	HONEYWELL INTERNATIONAL INC 438516106 ACCOUNT 1040004412	31,455.63	67,767.00
618	L3 HARRIS TECHNOLOGIES INC 502431109 ACCOUNT 1040003832	128,030.05	129,953.04

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COMMON STOCKS (Continued)			
1,072	MASCO CORP 574599106 ACCOUNT 1040003832	56,743.66	77,795.04
139	NORFOLK SOUTHERN CORP 655844108 ACCOUNT 1040003832	31,462.94	32,623.30
136	NORTHROP GRUMMAN CORP 666807102 ACCOUNT 1040003832	62,272.45	63,823.44
200	ROCKWELL AUTOMATION INC. 773903109 ACCOUNT 1040004412	54,900.44	57,158.00
708	ROLLINS INC. 775711104 ACCOUNT 1040003832	32,370.20	32,815.80
1,100	TORO COMPANY 891092108 ACCOUNT 1040004412	43,604.83	88,110.00
1,221	TRANSUNION 89400J107 ACCOUNT 1040003832	117,195.51	113,198.91
206	UNION PACIFIC CORP 907818108 ACCOUNT 1040003832	43,803.69	46,976.24
1,300	NVENT ELECTRIC PLC G6700G107 ACCOUNT 1040004412	26,536.31	88,608.00
1,000	APPLE INC 037833100 ACCOUNT 1040004412	195,787.14	250,420.00
389	APPLIED MATERIALS 038222105 ACCOUNT 1040003832	58,614.87	63,263.07
200	BADGER METER 056525108 ACCOUNT 1040004412	4,931.19	42,424.00

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COMMON STOCKS (Continued)			
369	CADENCE DESIGN SYSTEMS 127387108 ACCOUNT 1040003832	105,035.03	110,869.74
300	ENTEGRIS INC 29362U104 ACCOUNT 1040004412	33,840.64	29,718.00
518	EPAM SYSTEMS 29414B104 ACCOUNT 1040003832	97,280.37	121,118.76
374	INFINEON TECHNOLOGIES -ADR 45662N103 ACCOUNT 1040003832	15,138.33	12,128.82
450	LITTELFUSE INC. 537008104 ACCOUNT 1040004412	87,119.07	106,042.50
86	MSCI INC 55354G100 ACCOUNT 1040003832	40,770.40	51,600.86
1,309	MICROSOFT CORP 594918104 ACCOUNT 1040003832 ACCOUNT 1040004412	244,657.61	551,743.50
500	MOTOROLA SOLUTIONS 620076307 ACCOUNT 1040004412	64,701.80	231,115.00
5,200	NVIDIA CORP 67066G104 ACCOUNT 1040003832 ACCOUNT 1040004412	119,075.03	698,308.00
400	PALO ALTO NETWORKS 697435105 ACCOUNT 1040004412	52,829.44	72,784.00
700	QUALCOMM INC 747525103 ACCOUNT 1040004412	55,858.14	107,534.00

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(a)	(b & c) Identity & Description	(d)	(e)
COMMON STOCKS (Continued)			
868	SALESFORCE INC 79466L302 ACCOUNT 1040003832 ACCOUNT 1040004412	219,337.64	290,198.44
135	SERVICENOW INC 81762P102 ACCOUNT 1040003832	40,329.03	143,116.20
738	ALBEMARLE CORP. 012653101 ACCOUNT 1040003832	69,103.40	63,527.04
600	ECOLAB INC 278865100 ACCOUNT 1040004412	66,250.17	140,592.00
700	H.B FULLER COMPANY 359694106 ACCOUNT 1040004412	32,672.60	47,236.00
300	SHERWIN WILLIAMS 824348106 ACCOUNT 1040004412	39,315.36	101,979.00
1,700	ALPHABET INC CL C 02079K107 ACCOUNT 1040004412	67,542.89	323,748.00
1,269	ALPHABET INC CL A 02079K305 ACCOUNT 1040003832	140,467.94	240,221.70
300	WALT DISNEY COMPANY 254687106 ACCOUNT 1040004412	25,910.68	33,405.00
669	ELECTRONIC ARTS INC 285512109	53,457.28	97,874.70
822	META PLATFORMS INC 30303M102 ACCOUNT 1040003832 ACCOUNT 1040004412	256,663.68	481,289.22

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<u>(a)</u>	<u>(b & c)</u> <u>Identity & Description</u>	<u>(d)</u>	<u>(e)</u>
COMMON STOCKS (Continued)			
2,000	ALLIANT ENERGY CORP 018802108 ACCOUNT 1040004412	111,255.69	118,280.00
1,782	EVERGY INC 30034W106 ACCOUNT 1040003832	96,445.67	109,682.10
600	WEC ENERGY GROUP 92939U106 ACCOUNT 1040004412	60,696.33	56,424.00
836	CBRE GROUP INC 12504L109 ACCOUNT 1040003832	104,530.31	109,758.44
664	EXTRA SPACE STORAGE, INC. 30225T102 ACCOUNT 1040003832	112,057.61	99,334.40
	TOTAL COMMON STOCK	5,858,539.74	10,527,783.39
PREFERRED STOCKS			
1,000	HUNTINGTON BANCSHARES 446150823 ACCOUNT 1040005288	21,197.00	17,720.00
1,000	CHARLES SCHWAB CORP 808513865 ACCOUNT 1040005288	22,440.00	19,510.00
	TOTAL PREFERRED STOCKS	43,637.00	37,230.00
FOREIGN STOCKS			
140	HERMES INTERNATIONAL -UNSPONSORED ADR 42751Q105 ACCOUNT 1040003832	29,911.20	33,464.20
215	LVMH MOET HENNESSY LOUIS VUIT SE ADR 502441306 ACCOUNT 1040003832	29,370.22	28,098.35
2,555	SONY CORP -ADR 835699307 ACCOUNT 1040003832	51,334.13	54,063.80

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(a)	(b & c) Identity & Description	(d)	(e)
FOREIGN STOCKS (Continued)			
424	TECHTRONIC INDUSTRIES ADR 87873R101 ACCOUNT 1040003832	27,901.22	27,818.64
1,222	DEUTSCHE BOERSE AG - UNSPONS ADR 251542106 ACCOUNT 1040003832	21,242.27	28,118.22
289	LONZA GROUP AG -UNSPON ADR 54338V101 ACCOUNT 1040003832	14,676.37	16,987.42
2,403	ROCHE HOLDINGS ADR 771195104 ACCOUNT 1040003832 ACCOUNT 1040004412	77,527.98	83,816.64
400	MEDTRONIC PLC G5960L103 ACCOUNT 1040004412	29,818.66	31,952.00
650	ALCON INC H01301128 ACCOUNT 1040003832	40,919.00	55,178.50
333	BAE SYSTEMS PLC -SPONSORED AI 05523R107 ACCOUNT 1040003832	13,205.63	19,034.28
198	CANADIAN NATL RAILWAY CO 136375102 ACCOUNT 1040003832	22,316.09	20,098.98
446	SMC CORP -SPONSORED ADR 78445W306 ACCOUNT 1040003832	9,335.94	8,643.48
528	TAIWAN SEMICONDUCTOR MANUFACTURING COMPANY LTD. 874039100	52,208.51	104,274.72
84	GLOBANT SA L44385109 ACCOUNT 1040003832	14,569.97	18,011.28

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(a)	Identity & Description		
FOREIGN STOCKS (Continued)			
13	AIR LIQUIDE -UNSPONSORED ADR 009126202 ACCOUNT 1040003832	503.61	419.25
2,386	SOCIEDAD QUIMICA Y MINERA DE CHILE SA 833635105 ACCOUNT 1040003832	92,003.55	86,754.96
454	WEST FRASER TIBER CO LTD 952845105 ACCOUNT 1040003832	35,351.36	39,293.70
	TOTAL FOREIGN STOCK	562,195.71	656,028.42

2024 Form 5500 for Plumbers and Steamfitters Local No. 83 Pension Fund

EIN/PN: 55-0463652/001

Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

MINIMUM FUNDING	<u>Initial</u>	<u>Date</u>	<u>Remaining</u>	<u>Balance</u>	<u>Payment</u>
<u>Charges</u>	<u>Amount</u>	<u>Established</u>	<u>Period</u>		
95 Amendment	\$ 552,776	1/1/1995	1.0	\$ 42,578	\$ 42,578
96 Amendment	1,108,784	1/1/1996	2.0	165,111	85,346
96 Assumption Change	585,915	1/1/1996	2.0	87,247	45,098
97 Amendment	1,171,622	1/1/1997	3.0	253,068	90,124
98 Amendment	169,983	1/1/1998	4.0	471,127	129,991
99 Amendment	1,707,849	1/1/1999	5.0	575,627	131,205
00 Amendment	167,410	1/1/2000	6.0	65,561	12,854
04 Assumption Change	115,284	1/1/2004	10.0	66,360	8,830
09 Investment Loss	4,829,317	1/1/2009	14.0	3,484,367	372,355
11 Experience Loss	610,625	1/1/2011	2.0	123,168	63,667
12 Experience Loss	2,826,092	1/1/2012	3.0	825,782	294,080
Experience Loss 13	301,820	1/1/2013	4.0	113,608	31,347
Assumption Change 14	1,251,944	1/1/2014	5.0	569,381	129,782
Experience Loss 14	515,159	1/1/2014	5.0	234,290	53,404
Experience Loss 15	1,522,894	1/1/2015	6.0	803,697	157,582
Experience Loss 16	1,602,128	1/1/2016	7.0	954,288	165,488
Experience Loss 17	1,006,041	1/1/2017	8.0	662,812	103,738
Assumption Change 18	1,420,882	1/1/2018	9.0	1,019,694	146,270
Experience Loss 18	1,173,166	1/1/2018	9.0	841,919	120,770
Assumption Change 19	1,099,790	1/1/2019	10.0	849,468	113,033
Experience Loss 19	787,735	1/1/2019	10.0	608,438	80,961
Plan Change 19	2,979,994	1/1/2019	10.0	2,301,724	306,274
Experience Loss 20	523,160	1/1/2020	11.0	431,066	53,725
Assumption Change 21	1,171,475	1/1/2021	12.0	1,021,603	120,207
Assumption Change 22	34,041	1/1/2022	13.0	31,237	3,493
Experience Loss 22	627,421	1/1/2022	13.0	575,737	64,381
Plan Change 22	679,468	1/1/2022	13.0	623,498	69,721
Plan Change 24	3,058,727	1/1/2024	15.0	3,058,727	313,861
Subtotal				\$ 20,861,182	\$ 3,310,165
<u>Credits</u>					
07 Assumption Change	\$ 2,379,516	1/1/2007	13.0	\$ 1,627,147	\$ 181,953
09 Method Change	1,894,777	1/1/2009	15.0	1,408,034	144,481
10 Experience Gain	926,276	1/1/2010	1.0	96,776	96,776
11 Assumption Change	696,700	1/1/2011	2.0	140,530	72,641
Plan Change 14	112,038	1/1/2014	5.0	50,953	11,614
Assumption Change 20	479,321	1/1/2020	11.0	394,943	49,223
Experience Gain 21	1,356,659	1/1/2021	12.0	1,183,095	139,209
Experience Gain 23	820,267	1/1/2021	14.0	787,625	84,169
Experience Gain 24	799,803	1/1/2024	15.0	799,803	82,069
Subtotal				\$ 6,488,906	\$ 862,135
Net Amortization Balance and Payment				\$ 14,372,276	\$ 2,448,030

2024 Form 5500 for Plumbers and Steamfitters Local No. 83 Pension Fund

EIN/PN: 55-0463652/001

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Assumption Changes

The assumptions have been reviewed, and the following changes made:

- The interest rate used to calculate RPA '94 current liability has been changed from 2.55% to 3.29% to fall within prescribed limitations that fluctuate yearly. The mortality assumption for RPA '94 current liability has also been updated as mandated.