

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- 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 166 AFL-CIO PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 06/01/1961
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 AND STEAMFITTERS LOCAL 166 2930 WEST LUDWIG ROAD FORT WAYNE, IN 46818-1328
2b Employer Identification Number (EIN) 51-6132690
2c Plan Sponsor's telephone number 260-490-5696
2d Business code (see instructions) 238220

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1251
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	641
	<b>6a(2)</b>	710
	<b>6b</b>	335
	<b>6c</b>	182
	<b>6d</b>	1227
	<b>6e</b>	97
	<b>6f</b>	1324
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	48

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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**

- (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)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  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).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

► **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.

<b>A</b> Name of plan <u>PLUMBERS &amp; STEAMFITTERS LOCAL 166 AFL-CIO PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ► <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PLUMBERS AND STEAMFITTERS LOCAL 166</u>	<b>D</b> Employer Identification Number (EIN) <u>51-6132690</u>

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

**1a** Enter the valuation date: Month 06 Day 01 Year 2024

<b>b</b> Assets	
(1) Current value of assets .....	<b>1b(1)</b> <u>86232515</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b> <u>86172335</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b> <u>75919408</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b> <u>75919408</u>
<b>d</b> Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>
(2) "RPA '94" information:	
(a) Current liability .....	<b>1d(2)(a)</b> <u>108603752</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b> <u>4854794</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b> <u>4227900</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b> <u>4492900</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.

<b>SIGN HERE</b>  <u>KEVIN A. COLE</u> Type or print name of actuary  <u>CUNI, RUST &amp; STRENK</u> Firm name  <u>4555 LAKE FOREST DRIVE, SUITE 620</u> <u>CINCINNATI, OH 45242-3760</u> Address of the firm	<u>01/26/2026</u> Date  <u>23-09098</u> Most recent enrollment number  <u>513-891-0270</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	86232515
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	428	48507118
<b>(2)</b> For terminated vested participants .....	182	13656474
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		2103433
<b>(b)</b> Vested benefits .....		44336727
<b>(c)</b> Total active .....	641	46440160
<b>(4)</b> Total .....	1251	108603752
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
05/31/2025	6332702					
			<b>Totals ▶</b>	<b>3(b)</b>	6332702	
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(c)</b>	
					<b>3(d)</b>	0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	113.5 %
<b>b</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 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> 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
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> 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."	<b>4f</b>	

**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):

<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>	
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>l</b> 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
<b>m</b> 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 .....	<b>5m</b>	

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.63 %
<b>b</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
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A A
<b>(2)</b> Females .....	<b>6c(2)</b>	AF AF
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.00 % 6.00 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	6.9 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	11.8 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	265000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-897708	-87199
4	268227	26054

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b> 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	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> 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	
<b>(4)</b> 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)) .....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> 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	
<b>e</b> 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). ....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	2909294

**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	
<b>9c(1)</b>	21861959	3107948
<b>9c(2)</b>		
<b>9c(3)</b>		

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

<b>9d</b>	361035
<b>9e</b>	6378277

**e** Total charges. Add lines 9a through 9d.....  
**Credits to funding standard account:**

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

<b>9f</b>	20756206
<b>9g</b>	6332702

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

	Outstanding balance	
<b>9h</b>	11358680	1941542

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

<b>9i</b>	1549079
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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 .....

<b>9j(1)</b>	14217327	
<b>9j(2)</b>	15203197	
<b>9j(3)</b>		

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

<b>9k(1)</b>	
<b>9k(2)</b>	

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

<b>9l</b>	30579529
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**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....

<b>9m</b>	24201252
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**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....

<b>9n</b>	
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**o** Current year's accumulated reconciliation account:

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

<b>9o(1)</b>	
<b>9o(2)(a)</b>	
<b>9o(2)(b)</b>	
<b>9o(3)</b>	

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

<b>10</b>	
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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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>PLUMBERS &amp; STEAMFITTERS LOCAL 166 AFL-CIO PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS AND STEAMFITTERS LOCAL 166</b>	<b>D</b> Employer Identification Number (EIN) <b>51-6132690</b>	

**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

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**HUDSON EDGE**

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**52-1296988**

**(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

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

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

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

BENESYS, INC

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	72627	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)

ASHERKELLY

84-3379113

(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	42803	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)

CUNI RUST & STRENK

31-1227755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	40050	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)

MARINER

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	40000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	37214	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)

FIFTH THIRD BANK

38 FOUNTAIN SQUARE PLAZA  
CINCINNATI, OH 45263

(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	35486	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)

WHITINGER & COMPANY LLC

35-0905017

(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	23500	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)

CHEVY CHASE TRUST COMPANY

52-6257033

(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	22554	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)

STEFANSKY, HOLLOWAY & NICHOLS, INC.

22260 HAGGERTY ROAD, STE 350  
NORTHVILLE, MI 48167

(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	20703	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)

MCQUEEN INSURANCE GROUP

20-1495393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	16640	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PLUMBERS & STEAMFITTERS LOCAL 166

35-1776725

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38	SPONSOR	12049	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN GRAPHICS

38-2090931

(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?
36	NONE	6944	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"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

<b>A</b> Name of plan <u>PLUMBERS &amp; STEAMFITTERS LOCAL 166 AFL-CIO PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PLUMBERS AND STEAMFITTERS LOCAL 166</u>	<b>D</b> Employer Identification Number (EIN) <u>51-6132690</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ASB ALLEGIANCE REAL ESTATE FUND</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>CHEVY CHASE TRUST COMPANY</u>	
<b>c</b> EIN-PN <u>52-6257033-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2152291</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>PLUMBERS &amp; STEAMFITTERS LOCAL 166 AFL-CIO PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS AND STEAMFITTERS LOCAL 166</b>	<b>D</b> Employer Identification Number (EIN) <b>51-6132690</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	3173433	5083374
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	599459	758076
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	7662	8273
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	113444	271251
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	12146590	15997836
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	5550124	2152291
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	64728545	70807890
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	86319257	95078991
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	86742	95051
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	86742	95051
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	86232515	94983940

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	6332702	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		6332702
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	79202	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		79202
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1730202	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1730202
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		-212228
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		4334262
<b>c</b> Other income .....	<b>2c</b>		935737
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		13199877

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	3991643	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3991643
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	67530	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	23500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	131437	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	40050	
(8) Legal fees .....	<b>2i(8)</b>	42803	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	151489	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		456809
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4448452

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		8751425
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **WHITINGER & COMPANY LLC**

(2) EIN: **35-0905017**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 568485.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>PLUMBERS &amp; STEAMFITTERS LOCAL 166 AFL-CIO PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS AND STEAMFITTERS LOCAL 166</b>	<b>D</b> Employer Identification Number (EIN) <b>51-6132690</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 38-2383171

**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

<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>6 b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>6 c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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 **SHAMBAUGH & SONS, INC**

**b** EIN **35-0965412**

**c** Dollar amount contributed by employer **2311972**

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

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

(1) Contribution rate (in dollars and cents) **4.25**

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

**a** Name of contributing employer **WAGNER-MEINERT, INC**

**b** EIN **35-1831650**

**c** Dollar amount contributed by employer **678583**

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

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

(1) Contribution rate (in dollars and cents) **4.25**

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

**a** Name of contributing employer **HATTERSLEY & SONS**

**b** EIN **35-0971206**

**c** Dollar amount contributed by employer **378813**

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

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

(1) Contribution rate (in dollars and cents) **4.25**

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

**a** Name of contributing employer **CURRENT, INC**

**b** EIN **35-1438872**

**c** Dollar amount contributed by employer **456533**

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

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

(1) Contribution rate (in dollars and cents) **4.25**

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

**a** Name of contributing employer **PROJECT DESIGN & PIPING**

**b** EIN **35-1670171**

**c** Dollar amount contributed by employer **258350**

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

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

(1) Contribution rate (in dollars and cents) **4.25**

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

**a** Name of contributing employer **UNIVERSAL PIPING INDUSTRIES LLC**

**b** EIN **27-2451663**

**c** Dollar amount contributed by employer **138600**

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

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

(1) Contribution rate (in dollars and cents) **4.25**

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer GRIFFEN P & H INC

**b** EIN 35-1854874 **c** Dollar amount contributed by employer 132773

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

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

(1) Contribution rate (in dollars and cents) 4.25

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

**a** Name of contributing employer TJW INDUSTRIAL INC

**b** EIN 83-3098035 **c** Dollar amount contributed by employer 422213

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

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

(1) Contribution rate (in dollars and cents) 4.25

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

**a** Name of contributing employer CONTI ELECTRIC

**b** EIN 38-1884765 **c** Dollar amount contributed by employer 259693

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

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

(1) Contribution rate (in dollars and cents) 4.25

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

**a** Name of contributing employer G&L CORPORATION

**b** EIN 35-1076375 **c** Dollar amount contributed by employer 281265

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

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

(1) Contribution rate (in dollars and cents) 4.25

(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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 50.0 % Private Equity: 10.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 26.0 %  
 High-Yield Debt: 3.0 % Real Assets: 10.0 % Cash or Cash Equivalents: 1.0 % 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. 166  
AFL-CIO PENSION PLAN**

FINANCIAL STATEMENTS  
AND SUPPLEMENTAL INFORMATION  
MAY 31, 2025 AND 2024

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**WHITINGER & COMPANY** LLC  
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

**INDEPENDENT AUDITOR'S REPORT**

Board of Trustees  
Plumbers and Steamfitters Local 166  
AFL-CIO Pension Plan

**Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the accompanying financial statements of Plumbers and Steamfitters Local No. 166 AFL-CIO Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of May 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Plumbers and Steamfitters Local No. 166 AFL-CIO Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of May 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

**Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section —

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers and Steamfitters Local No. 166 AFL-CIO 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 ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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. 166 AFL-CIO 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**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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. 166 AFL-CIO 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. 166 AFL-CIO Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules of assets held at end of year as of May 31, 2025, and reportable transactions for the year ended May 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion —

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Certified Public Accountants  
Muncie, Indiana

March 6, 2026

## **FINANCIAL STATEMENTS**

**PLUMBERS AND STEAMFITTERS LOCAL NO. 166  
AFL-CIO PENSION PLAN**

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS  
MAY 31, 2025 AND 2024

	2025	2024
<b>ASSETS</b>		
Investments, at fair value, by custodian		
Fifth Third Bank	\$ 83,857,238	\$ 80,042,872
Chevy Chase Trust Funds	2,152,790	2,495,831
Citco	3,219,240	
	\$ 89,229,268	\$ 82,538,703
Employer contributions receivable	758,076	599,459
Other receivable	760	760
Accrued income receivable	959	497
Prepaid expense	6,554	6,405
Cash	5,083,374	3,173,433
Total Assets	\$ 95,078,991	\$ 86,319,257
<b>LIABILITIES</b>		
Accounts payable	\$ 95,051	\$ 86,742
Total Liabilities	\$ 95,051	\$ 86,742
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 94,983,940</b>	<b>\$ 86,232,515</b>

See accompanying Notes to Financial Statements.

**PLUMBERS AND STEAMFITTERS LOCAL NO. 166  
AFL-CIO PENSION PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED MAY 31, 2025 AND 2024

	2025	2024
<b>ADDITIONS</b>		
Investment Income		
Net appreciation in fair value of investments	\$ 5,057,685	\$ 7,754,573
Interest and dividends	1,809,404	1,492,385
	\$ 6,867,089	\$ 9,246,958
Investment expenses	(131,437)	(160,293)
Net investment gain	\$ 6,735,652	\$ 9,086,665
Employer contributions	\$ 5,864,731	\$ 5,056,301
Reciprocity contributions	467,971	395,940
Total contributions	\$ 6,332,702	\$ 5,452,241
Other income	\$ 86	
Total Additions	\$ 13,068,440	\$ 14,538,906
<b>DEDUCTIONS</b>		
Benefits paid to participants	\$ 3,991,643	\$ 3,945,264
Administrative expenses		
Salaries and allowances	530	296
Insurance	62,927	57,824
Accounting fees	44,203	36,254
Actuarial services	40,050	45,492
Consulting fees	40,000	40,000
Legal fees	42,803	25,583
Printing	11,660	13,858
Administrator	67,530	64,820
Benefit liaison	12,049	16,304
Miscellaneous	3,620	3,153
Total Deductions	\$ 4,317,015	\$ 4,248,848
<b>NET INCREASE</b>	\$ 8,751,425	\$ 10,290,058
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	86,232,515	75,942,457
End of year	\$ 94,983,940	\$ 86,232,515

See accompanying Notes to Financial Statements.

**PLUMBERS AND STEAMFITTERS LOCAL NO. 166  
AFL-CIO PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

**1. DESCRIPTION OF PLAN**

The following description of Plumbers and Steamfitters Local No. 166 AFL-CIO Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Document or Summary Plan Description for a more complete description of the Plan's provisions.

*General* – The Plan is a multi-employer, defined-benefit pension plan sponsored by the Board of Trustees of the Plumbers and Steamfitters Local No. 166 AFL-CIO Pension Plan for the benefit of bargaining unit employees covered by a collective bargaining agreement with Local 166 and participating contractors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective May 21, 2021, the Plan was restated.

*Pension Benefits* – Participants are entitled to monthly pension benefits beginning at the normal retirement age of 62, provided they have 5 years of vesting service or 10 pension credits. The Plan permits early retirement at age 55. Early retirement also requires 5 years of vesting service or 10 pension credits.

The normal retirement benefit is calculated as follows:

Service Date	Benefit*
Before 6/01/1995	\$34
6/01/1995 - 5/31/2006	2.40%
6/01/2006 - 5/31/2014	\$45
6/01/2014 - 5/31/2015	\$51
6/01/2015 - 5/31/2016	\$57
6/01/2016 - 5/31/2017	\$60
6/01/2017 - 5/31/2018	\$63
6/01/2018 - 5/31/2019	\$66
6/01/2019 - 5/31/2020	\$69
6/01/2020 - 5/31/2021	\$72
6/01/2021 - 5/31/2022	\$75
6/01/2022 - 5/31/2023	\$78
6/01/2023 - 5/31/2024	\$84
6/01/2024 - 5/31/2025	\$88
6/01/2025 and later	1.28%

\* Benefits per pension credit or % of contributions

An early retirement benefit is the amount of the regular pension accrued reduced by an early retirement reduction factor based on age. A deferred pension is also available to participants who leave covered employment before meeting age requirements. Certain vesting requirements must be met, and the monthly benefit amounts are determined in the same way that early retirement benefits are determined. A participant who has not met the service requirements for any pension under the Plan, who has not incurred a permanent break in service, and who has earned a minimum number of pension credits may be entitled to a lump-sum distribution limited to \$2,500.

**PLUMBERS AND STEAMFITTERS LOCAL NO. 166  
AFL-CIO PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

**1. DESCRIPTION OF PLAN (continued)**

*Disability Benefits* – Active participants (with a minimum number of pension credits) who become totally disabled may retire and receive regular monthly pension benefits. The monthly benefit continues during total disability for life. A participant who ceases to be totally disabled may apply for the other pension benefits available if the applicable requirements have been met. The standard early retirement reduction age factors will apply to disability retirees, with a maximum reduction of 14% for retirement at age 55 or earlier.

*Death Benefits* – If a participant is married and age 55 or older upon retirement, the pension benefit is automatically payable in the form of a joint pension unless that is rejected by the participant and agreed to by the spouse. The joint pension provides that, upon the death of a participant, 50% of the monthly benefit amount will be paid to the surviving spouse for life. As a result, the monthly benefit payable before death is less than that which would otherwise be payable if the joint pension were not in force.

If a married participant age 55 or older with a minimum number of pension credits dies before retirement, the spouse will receive a monthly survivor's benefit equal to 50% of the husband and wife pension benefit which would have been paid upon retirement. If the participant did not have the minimum number of pension credits but had a minimum number of vesting years, then a death benefit is payable if the participant dies on or after age 62. Husband and wife survivor benefits are payable for the life of the surviving spouse. A lump-sum death benefit is payable to a designated beneficiary if the participant was not eligible for husband and wife's survivor benefits.

If a participant retires after age 55 and dies before receiving 120 monthly pension payments, the designated beneficiary will continue to receive the payment until a combined total of 120 have been paid. This 120-month guarantee shall not apply to the designated beneficiary of a joint and survivor pension if both spouses die.

*Pension Credits and Years of Vesting Service* – Pension credits are based on the number of hours worked under covered employment and are used to determine a participant's eligibility for pension and death benefits. Pension credits are also used to calculate the amount of the participant's benefit. Vesting service is measured in full years and is used to determine eligibility for deferred pensions. In addition, breaks in service are determined by years of vesting service. The Plan provides pension credit, contribution credit, and years of vesting service for time spent in qualified military service.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

*Method of Accounting* – The accompanying financial statements are prepared on the accrual method of accounting.

*Estimates* – The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets available for benefits. Actual results could 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. 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.

*Payment of Benefits* – Benefit payments to participants are recorded upon distribution.

**PLUMBERS AND STEAMFITTERS LOCAL NO. 166  
AFL-CIO PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

*Administrative Expenses* – Administrative expenses are paid by the Plan.

*Employer Contributions Receivable* – The employer contributions receivable represents the amounts due under collective bargaining agreements with employers working in the geographic area of Local 166, principally northeastern Indiana. Management believes employer contributions receivable are fully collectible and no allowance for credit losses has been recorded.

*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. Benefits under the Plan are based on hours worked. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to participant service rendered to the valuation date. The Plan allows for partial pension credit for less than 1,500 hours of work in a plan year.

The actuarial present value of accumulated Plan benefits is determined by the Plan’s actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. It is at least reasonably possible that the actuarial assumptions used to calculate accumulated Plan benefits will change in the near-term, and that the effect of such change could be significant. The significant actuarial assumptions used in the valuation dated June 1, 2025, were:

Interest rates	6.00% funding, 4.27% current liability
Mortality basis	Pri-2012 Mortality Table with Blue Collar adjustment with generational projection using Scale MP-2021
Retirement age	62
Asset valuation	Market

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.

**3. FUNDING POLICY**

The Plan is funded in accordance with a trust agreement between Plumbers and Steamfitters Local No. 166, AFL-CIO of Fort Wayne, Indiana, and the Mechanical Contracting Association of Indiana, Inc., Fort Wayne area, pursuant to the collective bargaining agreement. Contributions for the years ended May 31, 2025 and 2024, exceeded the minimum funding requirements of ERISA. Under the agreement, contributions are required to be made monthly by the employers at the following rates:

<u>Effective Date</u>	<u>Rate</u>
06/01/2023	\$4.15
06/01/2024	\$4.25

**PLUMBERS AND STEAMFITTERS LOCAL NO. 166  
AFL-CIO PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

**4. ACCUMULATED PLAN BENEFITS**

	May 31	
	<u>2025</u>	<u>2024</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits		
Participants currently receiving payments	\$ 40,489,994	\$ 39,534,055
Other participants	38,940,255	36,619,587
	<u>\$ 79,430,249</u>	<u>\$ 76,153,642</u>
Non-vested benefit	2,621,219	2,221,272
	<u>2,621,219</u>	<u>2,221,272</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 82,051,468</u>	<u>\$ 78,374,914</u>

The change in the actuarial present value of accumulated Plan benefits is summarized as follows:

	Year Ended May 31	
	<u>2025</u>	<u>2024</u>
Actuarial Present Value of Accumulated Plan Benefits,		
Beginning of Year	<u>\$ 78,374,914</u>	<u>\$ 75,314,945</u>
Changes during the year attributable to:		
Plan amendment	\$ 337,524	
Assumption change		\$ 257,762
Benefits accruing	2,937,271	2,528,703
Interest	4,393,402	4,218,768
Benefits paid	<u>(3,991,643)</u>	<u>(3,945,264)</u>
Net increase	<u>\$ 3,676,554</u>	<u>\$ 3,059,969</u>
Actuarial Present Value of Accumulated Plan Benefits,		
End of Year	<u>\$ 82,051,468</u>	<u>\$ 78,374,914</u>

**5. FAIR VALUE MEASUREMENT**

The fair value measurement 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 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 when no Level 1 inputs were available. Level 3 inputs are only used when Level 1 or Level 2 inputs were not available. The Plan recognizes transfers between levels at the end of the reporting period.

**PLUMBERS AND STEAMFITTERS LOCAL NO. 166  
AFL-CIO PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

5. **FAIR VALUE MEASUREMENT** (continued)

*Level 1 Fair Value Measurements* – The fair value of mutual funds and money market funds are based on quoted net asset values of the shares held by the Plan at year-end.

The following tables present the fair value hierarchy for the financial assets measured at fair value on a recurring basis:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
<b>May 31, 2025</b>				
Mutual funds, equity	\$ 44,094,811	\$ 44,094,811		
Mutual funds, bonds and notes	26,713,079	26,713,079		
Money market funds	<u>271,251</u>	<u>271,251</u>		
 Total assets in the fair value hierarchy	 \$ 71,079,141	 <u>\$ 71,079,141</u>	 <u>\$ -0-</u>	 <u>\$ -0-</u>
Investments measured at net asset value:				
Collective trusts	2,152,291			
Alternative investments	<u>15,997,836</u>			
 Investments at fair value	 <u>\$ 89,229,268</u>			
 <b>May 31, 2024</b>				
Mutual funds, equity	\$ 43,368,039	\$ 43,368,039		
Mutual funds, bonds and notes	21,360,506	21,360,506		
Money market funds	<u>113,444</u>	<u>113,444</u>		
 Total assets in the fair value hierarchy	 \$ 64,841,989	 <u>\$ 64,841,989</u>	 <u>\$ -0-</u>	 <u>\$ -0-</u>
Investments measured at net asset value:				
Collective trusts	5,550,124			
Alternative investments	<u>12,146,590</u>			
 Investments at fair value	 <u>\$ 82,538,703</u>			

**PLUMBERS AND STEAMFITTERS LOCAL NO. 166  
AFL-CIO PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

5. **FAIR VALUE MEASUREMENT** (continued)

Fair value measurements of investments in certain entities that calculate net asset value per share, or its equivalent, at May 31, 2025 and 2024, were as follows:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
<b>May 31, 2025</b>				
ARA Core Property Fund (a) American Strategic Value Realty Fund LP (b)	\$ 3,406,332	None	Quarterly	10 Days
Hudson Edge Trinity Street International Equity Fund LP (c)	3,385,585	None	Quarterly	30 Days
ABS Emerging Markets Strategic Portfolio LP (d)	5,986,679	None	Monthly	30 Days
ASB Allegiance Real Estate Fund	3,219,240	None	Quarterly	None
	<u>2,152,291</u>	None	Quarterly	None
	<u><u>\$ 18,150,127</u></u>			
<b>May 31, 2024</b>				
ARA Core Property Fund (a) American Strategic Value Realty Fund LP (b)	\$ 3,371,055	None	Quarterly	10 Days
Hudson Edge Trinity Street International Equity Fund LP (c)	3,400,928	None	Quarterly	30 Days
ASB Allegiance Real Estate Fund	5,374,607	None	Monthly	5 Days
Invesco Emerging Markets Fund	2,494,851	None	Quarterly	None
	<u>3,055,273</u>	None	Daily	None
	<u><u>\$ 17,696,714</u></u>			

- a. This fund is an open-end diversified core real estate commingled fund whose primary objective is to provide returns that are attractive relative to other asset classes with stable income and the potential for market appreciation. The fund invests primarily in core institutional quality industrial, multi-family, office, and retail properties located throughout the United States, and is diversified by product type, geographic region, and economic exposure in order to mitigate investment risk. Redemption of this investment is restricted only by available cash flow to the fund. The fund manager is not required to liquidate assets to satisfy redemption requests. The value of real estate held by the fund is based upon independent appraisals performed on a quarterly basis. The fair value of this investment has been estimated using the net asset value per share of the investment.

**PLUMBERS AND STEAMFITTERS LOCAL NO. 166  
AFL-CIO PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

**5. FAIR VALUE MEASUREMENT** (continued)

- b. This fund invests in enhanced return/value investment opportunities that may be undermanaged, capital constrained, impacted by market inefficiencies, or that require active management through entitlement, renovation, redevelopment, and/or new construction to realize their full potential. The fund makes investments through direct property ownership, joint ventures, preferred equity, senior and subordinate debt, and other debt structures. Redemption of this investment is restricted only by available cash flow to the fund. The fund manager is not required to liquidate assets to satisfy redemption requests. The value of real estate held by the fund is based upon independent appraisals performed on a quarterly basis. The fair value of this investment has been estimated using the net asset value per share of the investment.
- c. This fund's investment objective is to produce superior long-term returns over the course of both bull and bear market cycles. A core objective is to reduce downside capture and to protect capital during market downturns, although there may be periods of volatility where significant draw-downs occur. The fund plans on achieving this objective by identifying undervalued companies where there is a pricing discrepancy, with an emphasis on capital preservation. The majority of the fund's portfolio investments will consist of companies that are mid-market capitalization to large capitalization companies. However, emerging markets and small capitalization stocks will from time-to-time be represented in the portfolio, but generally will not comprise more than thirty percent of the fund's capital.
- d. This fund focuses on long-term capital growth in emerging market companies, using a blended approach that combines fundamental research from local specialists for stock selection with systematic portfolio construction for risk management, aiming for diversified, all-cap exposure. The strategy seeks durable growth companies with strong fundamentals and competitive advantages, balancing sustainable growth over cyclical trends.

**6. PLAN TERMINATION**

It is anticipated that the Plan will continue without interruption, however, in the event the Plan terminates, the net assets of the Plan will be available in accordance with statutory allocations as prescribed by ERISA and its related regulations. The statutory allocations generally provide for benefits in a descending order of priority. Further, the rights of participants to the extent funded are non-forfeitable. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

**7. RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit, and market 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 statements of net assets available for benefits.

**PLUMBERS AND STEAMFITTERS LOCAL NO. 166  
AFL-CIO PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

**8. SUMMARY OF FINANCIAL DATA CERTIFIED BY INVESTMENT CUSTODIANS**

The following is a summary of the Plan financial information certified by Fifth Third Bank and Chevy Chase Trust Company, the Plan's investment custodians, in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

	2025	2024
Investments, at fair value:		
Mutual funds, equity securities	\$ 44,094,811	\$ 43,368,039
Mutual funds, bonds and notes	26,713,079	21,360,506
Money market funds	271,251	113,444
Collective trusts	2,152,291	5,550,124
Alternative investments	12,778,596	12,146,590
Accrued income receivable	959	497
Interest and dividends	1,735,626	1,452,352
Net appreciation in fair value of investments	4,838,445	7,754,573

The difference between certain information certified by the custodians and that which is included in the accompanying financial statements is primarily attributable to adjustments made by the plan administrator to conform the certified financial statements to the accrual method of accounting, which includes the recording of accrued income, contributions receivable, and accrued expenses payable.

**9. CONCENTRATION OF CREDIT RISK**

The Plan maintains cash balances at a bank that are insured by the Federal Deposit Insurance Corporation up to \$250,000. At May 31, 2025 and 2024, the uninsured balances amounted to \$5,378,012 and \$3,461,195, respectively.

**10. PARTY-IN-INTEREST TRANSACTIONS**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Transactions between the Plan and a party-in-interest for making reasonable arrangements for office space, legal, accounting, or other services necessary for the establishment or operation of the Plan are specifically exempted from prohibited transaction rules, provided that no more than reasonable compensation is paid for such services. Additionally, transactions with certain banks, trust companies, and insurance companies that provide reasonable compensation for ancillary services are exempt from prohibited transaction rules.

**PLUMBERS AND STEAMFITTERS LOCAL NO. 166  
AFL-CIO PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

**10. PARTY-IN-INTEREST TRANSACTIONS (continued)**

The following amounts were paid to exempt parties-in-interest as described above:

		<u>2025</u>	<u>2024</u>
Fifth Third Bank	Custodian fees	\$ 35,003	\$ 23,595
Fifth Third Bank	Bank fees	483	6
Mariner	Investment consulting	40,000	40,000
Chevy Chase Trust Company	Investment management	22,554	28,263
Invesco Trust Company	Investment management	(10,525)	25,051
American Realty Advisors	Investment management	37,214	39,427
Hudson Edge Investment Partners	Investment management	47,191	43,957
McQueen Insurance Group	Fiduciary insurance premiums	16,640	15,544
AsherKelly	Legal fees	42,803	25,583
Benesys, Inc.	Administration fees	64,566	61,903
Benesys, Inc.	Website administration fees	2,783	2,710
Benesys, Inc.	Miscellaneous reimbursements	5,278	4,815
Cuni, Rust & Strenk	Actuary fees	40,050	45,492
Whitinger & Company LLC	Audit fees	23,500	22,500
Stefansky, Holloway & Nichols	Payroll audit fees	20,703	13,754
Plan Trustees	Lost wages and benefits	530	296
Plumbers & Steamfitters Local 166	Fund office liaison	12,049	16,304
American Graphics, Inc.	Printing services	6,944	9,525
		<u>\$ 407,766</u>	<u>\$ 418,725</u>

**11. TAX STATUS**

The Plan obtained its latest determination letter on January 27, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements 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.

**12. SUBSEQUENT EVENTS**

The Plan's administrator has evaluated subsequent events through the date of the auditor's report, the date which the financial statements were available for use.

**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: Plumbers and Steamfitters Local No. 166 Pension Plan

EIN: 51-6132690

PN: 001

1. Effective Date: June 1, 1961.
  
2. Plan Year: June 1<sup>st</sup> through May 31<sup>st</sup>.
  
3. Employees Covered: All employees covered by the Local 166 Collective Bargaining Agreement.
  
4. Eligibility: June 1<sup>st</sup> or December 1<sup>st</sup> following the completion of a 12 consecutive month period during which 870 Hours of Service are earned.
  
5. Vesting Service: 1 year for each Plan Year during which 870 Hours of Service are earned.
  
6. Pension Credits:

<u>Hours Worked</u>	<u>Pension Credit</u>
Less than 200	0.0
200–399	0.1
400–599	0.2
600–739	0.3
740–869	0.4
870–999	0.5
1,000– 1,124	0.6
1,125– 1,249	0.7
1,250– 1,374	0.8
1,375– 1,499	0.9
1,500 or more	1.0
  
7. Actuarial Equivalency: RP-2000 Mortality Table with Blue Collar adjustment at 7.00%.

**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: Plumbers and Steamfitters Local No. 166 Pension Plan

EIN: 51-6132690

PN: 001

8. Normal Retirement:

a. Eligibility Age 62 and 5 Years of Vesting Service or 10 Pension Credits.

<u>Effective Date</u>	<u>Benefit*</u>
Before 6/1/1995	\$34
6/1/1995–5/31/2006	2.4%
6/1/2006–5/31/2014	\$45
6/1/2014–5/31/2015	\$51
6/1/2015–5/31/2016	\$57
6/1/2016–5/31/2017	\$60
6/1/2017–5/31/2018	\$63
6/1/2018–5/31/2019	\$66
6/1/2019–5/31/2020	\$69
6/1/2020–5/31/2021	\$72
6/1/2021–5/31/2022	\$75
6/1/2022–5/31/2023	\$78
6/1/2023–5/31/2024	\$84
After 5/31/2024	\$88

\*Benefit per Pension Credit or % of Contributions.

9. Early Retirement:

a. Eligibility Age 55 and 5 Years of Vesting Service or 10 Pension Credits.

b. Monthly Benefit Calculated as for Normal Retirement with monthly benefit reduced  $\frac{1}{6}$  of 1% for each month that Early Retirement precedes Normal Retirement.

10. Vested Retirement:

a. Eligibility 5 Years of Vesting Service.

b. Monthly Benefit Calculated as for Normal Retirement. Participants may elect to receive an actuarially reduced monthly benefit prior to Normal Retirement.

**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: Plumbers and Steamfitters Local No. 166 Pension Plan

EIN: 51-6132690

PN: 001

11. Disability:

- a. Eligibility Total and Permanent Disability and 5 Years of Vesting Service or 10 Pension Credits.
- b. Monthly Benefit Calculated as for Normal Retirement payable at commencement of Social Security disability benefits with monthly benefit reduced  $\frac{1}{6}$  of 1% for each month that Disability Retirement precedes Normal Retirement (maximum reduction of 7 years or 14%).

12. Pre-Retirement Death:

- a. Eligibility Immediate.
- b. Monthly Benefit
  - For married participants with 5 Years of Vesting Service or 10 Pension Credits, calculated as for an age 55 Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement.
  - For unmarried participants with 5 Years of Vesting Service or 10 Pension Credits a one-time payment equal to 50% of the Employer Contributions made on behalf of the participant.
  - For participants with less than 5 Years of Vesting Service, a one-time payment equal to \$1,000 times Pension Credits with a maximum of \$5,000.

13. Payment Form:

- a. Normal Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants.
- b. Optional Actuarially Equivalent 75% or 100% Joint & Survivor Annuity (QOSA), 50%, 75% or 100% Joint & Survivor Pop-Up Annuity, or a 10-Year Certain & Life Annuity.

**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: Plumbers and Steamfitters Local No. 166 Pension Plan

EIN: 51-6132690

PN: 001

14. Employer Contributions:

<u>Effective Date</u>	<u>Hourly Rate</u>
06/01/2011	\$2.95
12/01/2013	\$3.05
06/01/2014	\$3.15
12/01/2014	\$3.25
06/01/2015	\$3.35
06/01/2016	\$3.45
06/01/2017	\$3.55
11/01/2018	\$3.65
06/01/2019	\$3.75
06/01/2020	\$3.85
06/01/2021	\$3.95
06/01/2022	\$4.05
06/01/2023	\$4.15
06/01/2024	\$4.25

15. Changes Since Last Year:

The hourly contribution rate and benefit credit were increased.

**PLUMBERS AND STEAMFITTERS LOCAL NO. 166  
AFL-CIO PENSION PLAN**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR  
MAY 31, 2025

EIN 51-6132690

P/N 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
<b>Money Market Funds</b>				
Blackrock Liquidity Fund Fed Fund	500 shares	\$ 499	\$ 499	
Federated Treasury Obligation	270,752 shares	270,752	270,752	
		<u>\$ 271,251</u>	<u>\$ 271,251</u>	
<b>Mutual Funds, Bonds and Notes</b>				
JP Morgan Core Bond Ultra Fund	2,192,417 shares	\$ 23,958,100	\$ 22,384,579	
Pimco Diversified Income Fund	446,237 shares	4,842,352	4,328,500	
		<u>\$ 28,800,452</u>	<u>\$ 26,713,079</u>	
<b>Mutual Funds, Equity Securities</b>				
Fidelity International Index Fund	68,175 shares	\$ 3,415,782	\$ 3,813,002	
Fidelity Large Cap Growth Index Fund	222,270 shares	5,911,530	8,684,087	
Fidelity Large Cap Value Index Fund	481,614 shares	7,486,961	8,953,203	
Fidelity Mid Cap Index Fund	199,410 shares	5,676,035	6,803,885	
Fidelity Small Cap Fund	252,738 shares	6,138,731	6,520,650	
Fidelity 500 Index Fund	45,320 shares	6,683,758	9,319,984	
		<u>\$ 35,312,797</u>	<u>\$ 44,094,811</u>	
<b>Alternative Investments</b>				
* ARA Core Property Fund	28 units	\$ 3,079,905	\$ 3,406,332	
* American Strategic Value Realty Fund	9 units	3,723,033	3,385,585	
* Hudson Edge Trinity Street International Equity Fund LP		4,166,444	5,986,679	
* ABS Emerging Markets Strategic Portfolio LP		3,000,000	3,219,240	
		<u>\$ 13,969,382</u>	<u>\$ 15,997,836</u>	
<b>Collective Trusts</b>				
* ASB Allegiance Real Estate Fund	1,514 shares	\$ 1,118,782	\$ 2,152,291	
		<u>\$ 1,118,782</u>	<u>\$ 2,152,291</u>	
		<u>\$ 79,472,664</u>	<u>\$ 89,229,268</u>	

\* Party-in-interest - exempt

**Schedule MB, line 8b(2) – Schedule of Active Participant Data.**

Plan Name: Plumbers and Steamfitters Local No. 166 Pension Plan

EIN: 51-6132690

PN: 001

Attained Age	Years of Credited Service:														
	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued
Under 25	0			67			4			0			0		
25 to 29	0			47			43			2			0		
30 to 34	0			34			45			22			1		
35 to 39	0			31			20			19			16		
40 to 44	0			11			19			12			28		
45 to 49	0			8			9			11			8		
50 to 54	0			6			9			5			6		
55 to 59	0			4			6			2			5		
60 to 64	0			1			6			2			6		
65 to 69	0			0			0			1			1		
70 & up	0			0			0			0			0		

Attained Age	Years of Credited Service:														
	20 to 24			25 to 29			30 to 34			35 to 39			40 & up		
	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued
Under 25	0			0			0			0			0		
25 to 29	0			0			0			0			0		
30 to 34	0			0			0			0			0		
35 to 39	0			0			0			0			0		
40 to 44	6			1			0			0			0		
45 to 49	13			6			0			0			0		
50 to 54	17			15			7			0			0		
55 to 59	7			19			7			10			0		
60 to 64	5			2			6			3			0		
65 to 69	0			0			0			0			0		
70 & up	0			0			0			0			0		

**Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments.**

Plan Name: Plumbers and Steamfitters Local No. 166 Pension Plan

EIN: 51-6132690

PN: 001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$4,847,353	\$0	\$4,847,353
2025	\$4,847,353	\$0	\$4,847,353
2026	\$4,847,353	\$0	\$4,847,353
2027	\$4,847,353	\$0	\$4,847,353
2028	\$4,847,353	\$0	\$4,847,353
2029	\$4,847,353	\$0	\$4,847,353
2030	\$4,847,353	\$0	\$4,847,353
2031	\$4,847,353	\$0	\$4,847,353
2032	\$4,847,353	\$0	\$4,847,353
2033	\$4,847,353	\$0	\$4,847,353

**Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.**

Plan Name: Plumbers and Steamfitters Local No. 166 Pension Plan

EIN: 51-6132690

PN: 001

**Charge Bases:**

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
06/01/1995	Amendment	\$ 974,759	1	\$ 73,379	\$ 73,379
06/01/1996	Assumption	200,498	2	15,007	29,166
06/01/1996	Amendment	875,657	2	65,549	127,387
06/01/1997	Amendment	1,503,238	3	111,913	317,095
06/01/1998	Amendment	103,029	4	7,630	28,024
06/01/1999	Amendment	1,910,393	5	140,738	628,409
06/01/2000	Amendment	1,759,776	6	128,989	672,339
06/01/2001	Amendment	717,134	7	52,308	309,521
06/01/2002	Amendment	1,477,694	8	107,269	706,082
06/01/2005	Assumption	136,529	11	9,769	81,671
06/01/2007	Assumption	81,626	13	5,798	54,402
06/01/2009	Asset Loss	6,234,768	14	445,327	4,387,661
06/01/2010	Assumption	246,487	1	24,862	24,862
06/01/2010	Asset Loss	727,758	14	52,583	518,082
06/01/2011	Assumption	91,414	2	9,183	17,847
06/01/2011	Asset Loss	671,017	14	49,092	483,684
06/01/2012	Asset Loss	101,306	14	7,513	74,022
06/01/2012	Assumption	734,853	3	73,522	208,319
06/01/2012	Experience	1,138,851	3	113,942	322,844
06/01/2013	Assumption	615,700	4	61,358	225,371
06/01/2013	Asset Loss	1,498,908	14	112,795	1,111,328
06/01/2014	Amendment	29,829	5	2,961	13,220
06/01/2014	Assumption	219,686	5	21,808	97,377
06/01/2014	Asset Loss	2,154,751	14	164,753	1,623,255
06/01/2015	Assumption	1,575,300	6	155,796	812,063
06/01/2016	Assumption	468,370	7	46,152	273,096
06/01/2016	Experience	1,179,050	7	116,181	687,479
06/01/2017	Experience	446,801	8	43,870	288,766
06/01/2017	Assumption	2,911,880	8	285,904	1,881,930
06/01/2019	Experience	236,691	10	23,152	180,628
06/01/2020	Experience	366,464	11	35,781	299,131
06/01/2021	Assumption	623,061	12	60,727	539,677
06/01/2023	Experience	357,682	14	34,743	342,315
06/01/2023	Assumption	4,339,748	14	421,540	4,153,300
06/01/2024	Assumption	268,227	15	26,054	268,227
Total Charges				\$ 3,107,948	\$ 21,861,959

**Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.**

Plan Name: Plumbers and Steamfitters Local No. 166 Pension Plan

EIN: 51-6132690

PN: 001

**Credit Bases:**

<u>Date Established</u>	<u>Type</u>	<u>Initial Balance</u>	<u>Rem. Years</u>	<u>Payment</u>	<u>Remaining Balance</u>
06/01/2006	Assumption	\$ 2,484,211	12	\$ 177,155	\$ 1,574,353
06/01/2006	Amendment	745,245	12	53,145	472,293
06/01/2010	Experience	2,055,126	1	207,310	207,310
06/01/2011	Experience	2,728,535	2	274,099	532,683
06/01/2013	Experience	1,384,395	4	137,963	506,740
06/01/2014	Experience	3,561,477	5	353,556	1,578,663
06/01/2015	Experience	282,527	6	27,942	145,641
06/01/2018	Assumption	924,105	9	90,560	652,922
06/01/2018	Experience	70,410	9	6,900	49,750
06/01/2019	Assumption	273,641	10	26,767	208,824
06/01/2020	Assumption	174,168	11	17,005	142,167
06/01/2021	Experience	2,742,149	12	267,267	2,375,163
06/01/2022	Experience	2,206,352	13	214,674	2,014,463
06/01/2024	Experience	897,708	15	87,199	897,708
	Total Credits			\$ 1,941,542	\$ 11,358,680
	1. Net Amortization				\$ 10,503,279
	2. Credit Balance				\$ 20,756,206
	3. Balance Test: [(1) - (2)]				\$(10,252,927)
	4. Unfunded Accrued Liability:				
	a. Accrued Liability				\$ 75,919,408
	b. Actuarial Value of Assets				86,172,335
	c. Unfunded Accrued Liability: [(a) - (b)]				\$(10,252,927)

**Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.**

Plan Name: Plumbers and Steamfitters Local No. 166 Pension Plan

EIN: 51-6132690

PN: 001

Effective with the June 1, 2024 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The hours worked assumption was increased from 1,920 to 2,025 per year.
- The expense load was increased from \$225,000 to \$265,000.
- The vested terminated retirement rates were updated.
- The termination rates were updated.
- The disability rates were updated.
- The payment form election assumption was updated.
- The withdrawal liability interest rate was updated.

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

Plan Name: Plumbers and Steamfitters Local No. 166 Pension Plan

EIN: 51-6132690

PN: 001

1. Interest Rates:

- a. Funding/Current Liability 6.00%/3.63%.
- b. Withdrawal Liability 5.50%/4.83%.

2. Mortality Rates:

- a. Funding/Withdrawal Liability
  - i. Non-Disabled Blue Collar adjusted Pri-2012.
  - ii. Retired Blue Collar adjusted Pri-2012 Retiree.
  - iii. Survivor Blue Collar adjusted Pri-2012 Contingent Survivor.
  - iv. Disabled Pri-2012 Disabled Retiree.
  - v. Weighting Amount-weighted.
  - vi. Future Improvement Projected generationally using Scale MP-2021.
- b. Current Liability 2024 Generational Mortality Table (IRS Notice 2023-73).

3. Retirement Rates:

<u>Age</u>	<u>Active</u>	<u>Terminated</u> <u>Vested</u>
55-57	0.05	0.025
58-59	0.15	0.025
60	0.15	0.100
61	0.25	0.100
62	0.40	0.200
63	0.30	0.200
64	0.50	0.250
65	1.00	1.000

The weighted average retirement rate is 60.8.

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

Plan Name: Plumbers and Steamfitters Local No. 166 Pension Plan

EIN: 51-6132690

PN: 001

4. Actuarial Cost Method: Unit Credit.

5. Hours Worked: 2,025 per year.

6. Termination/Disability Rates: Termination with less than 3 Years of Service – 0.1000; otherwise:

<u>Age</u>	<u>Termination</u>	<u>Disability</u>
25	0.0585	0.0018
35	0.0363	0.0024
45	0.0219	0.0043
55	0.0126	0.0114
65	0.0057	0.0123

7. Expense Load: \$265,000, increasing 2.5% per year.

8. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

9. Payment Form Election:

<u>Forms of Payment</u>	<u>% Electing</u>
Life Annuity	30%
10-Year C&L	10%
50% J&S	10%
50% J&S w/ Pop-Up	20%
75% J&S	5%
75% J&S w/ Pop-Up	5%
100% J&S	10%
100% J&S w/ Pop-Up	10%

10. Actuarial Value of Assets: Market Value of Assets less  $\frac{4}{5}$ ,  $\frac{3}{5}$ ,  $\frac{2}{5}$  and  $\frac{1}{5}$  of the prior 4 years' gains/(losses). A year's gain/(loss) equals the difference between the actual and expected funding return. The Actuarial Value is adjusted to be within 80% and 120% of the Market Value.

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

Plan Name: Plumbers and Steamfitters Local No. 166 Pension Plan

EIN: 51-6132690

PN: 001

11. Employer Contributions:

Contributed throughout the Plan Year.

12. Changes Since Last Year:

The hours worked, payment form election, expense load, withdrawal liability interest rates, and termination, disability and vested terminated retirement rates were updated, and the Current Liability mortality and interest rate were changed as mandated by the IRS.

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

Plan Name: Plumbers and Steamfitters Local No. 166 Pension Plan

EIN: 51-6132690

PN: 001

**Rationale for Selection of Significant Actuarial Assumptions**

1. Interest Rates: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
  
2. Withdrawal Liability Interest Rates: ERISA 4044 select and ultimate interest rates as prescribed by the proposed PBGC withdrawal liability regulations.
  
3. Mortality Rates: Pri-2012 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. Pri-2012 Retiree table used to reflect expected retiree mortality experience. Pri-2012 Contingent Survivor table used to reflect expected surviving spouse mortality experience. Pri-2012 Disabled Retiree table used to reflect expected disabled mortality experience. Pri-2012 tables are adjusted for expected generational mortality improvement from base year 2012 using Scale MP-2021.
  
4. Retirement Rates: Based on the Plan's most recent experience study.
  
5. Hours Worked: Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
  
6. Termination/Disability Rates: Based on the Plan's most recent experience study.
  
7. Payment Form Election: Based on the Plan's most recent experience study.
  
8. Expense Load: Based on prior year administrative expenses.

**Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments.**

Plan Name: Plumbers and Steamfitters Local No. 166 Pension Plan

EIN: 51-6132690

PN: 001

1/1 Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$150,657	\$137,750	\$3,932,028	\$4,220,435
2025	\$377,653	\$198,873	\$3,833,655	\$4,410,181
2026	\$589,485	\$252,339	\$3,736,039	\$4,577,863
2027	\$783,422	\$334,923	\$3,633,879	\$4,752,224
2028	\$963,437	\$377,023	\$3,526,781	\$4,867,241
2029	\$1,135,291	\$412,890	\$3,413,558	\$4,961,739
2030	\$1,291,124	\$469,408	\$3,295,116	\$5,055,648
2031	\$1,448,099	\$524,123	\$3,174,804	\$5,147,026
2032	\$1,576,048	\$569,626	\$3,050,576	\$5,196,250
2033	\$1,692,609	\$655,070	\$2,920,192	\$5,267,871
2034	\$1,798,350	\$684,664	\$2,786,567	\$5,269,581
2035	\$1,895,311	\$709,786	\$2,654,446	\$5,259,543
2036	\$1,980,215	\$727,094	\$2,520,637	\$5,227,946
2037	\$2,070,825	\$752,063	\$2,385,610	\$5,208,498
2038	\$2,137,326	\$772,392	\$2,249,827	\$5,159,545
2039	\$2,221,871	\$792,105	\$2,113,734	\$5,127,710
2040	\$2,290,999	\$810,770	\$1,977,775	\$5,079,544
2041	\$2,363,551	\$824,915	\$1,842,398	\$5,030,864
2042	\$2,435,152	\$828,274	\$1,708,065	\$4,971,491
2043	\$2,510,829	\$835,574	\$1,575,272	\$4,921,675
2044	\$2,571,364	\$835,866	\$1,444,580	\$4,851,810
2045	\$2,626,495	\$834,053	\$1,316,600	\$4,777,148
2046	\$2,688,217	\$847,222	\$1,191,969	\$4,727,408
2047	\$2,732,118	\$851,258	\$1,071,369	\$4,654,745
2048	\$2,763,367	\$845,703	\$955,523	\$4,564,593

1/1 Plan Year	Active Participants	Terminated Vested Participant	Retired Participants and Beneficiaries Receiving Payments	Total
2049	\$2,784,580	\$832,294	\$845,176	\$4,462,050
2050	\$2,806,358	\$814,548	\$741,045	\$4,361,951
2051	\$2,828,627	\$794,114	\$643,792	\$4,266,533
2052	\$2,843,444	\$770,811	\$553,966	\$4,168,221
2053	\$2,839,446	\$741,641	\$472,000	\$4,053,087
2054	\$2,833,794	\$709,905	\$398,144	\$3,941,843
2055	\$2,820,627	\$678,806	\$332,449	\$3,831,882
2056	\$2,804,808	\$647,584	\$274,781	\$3,727,173
2057	\$2,778,260	\$614,055	\$224,821	\$3,617,136
2058	\$2,746,117	\$580,803	\$182,103	\$3,509,023
2059	\$2,701,739	\$551,294	\$146,044	\$3,399,077
2060	\$2,650,329	\$519,511	\$115,994	\$3,285,834
2061	\$2,590,191	\$487,617	\$91,262	\$3,169,070
2062	\$2,524,430	\$455,500	\$71,156	\$3,051,086
2063	\$2,443,410	\$422,236	\$55,011	\$2,920,657
2064	\$2,366,666	\$390,154	\$42,191	\$2,799,011
2065	\$2,279,752	\$359,353	\$32,120	\$2,671,225
2066	\$2,193,953	\$329,942	\$24,283	\$2,548,178
2067	\$2,097,640	\$302,025	\$18,233	\$2,417,898
2068	\$2,001,914	\$275,607	\$13,597	\$2,291,118
2069	\$1,905,686	\$250,652	\$10,067	\$2,166,405
2070	\$1,809,282	\$227,222	\$7,395	\$2,043,899
2071	\$1,714,552	\$205,256	\$5,382	\$1,925,190
2072	\$1,621,420	\$184,718	\$3,877	\$1,810,015
2073	\$1,529,923	\$165,582	\$2,760	\$1,698,265



**PLUMBERS AND STEAMFITTERS LOCAL NO. 166  
AFL-CIO PENSION PLAN**

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED MAY 31, 2025

EIN 51-6132690

P/N 001

(a)	(b)	(c)
<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Purchase Price</u>
Fifth Third Investments	JP Morgan Core Bond Ultra Fund	\$ 4,380,857

(d) Selling Price	(g) Cost of Asset	(h) Current Value at Date of Transaction	(i) Net Gain or (Loss)
	\$ 4,380,857	\$ 4,380,857	

**SCHEDULE MB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

► **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.

<b>A</b> Name of plan <u>Plumbers and Steamfitters Local No. 166 Pension Plan</u>		<b>B</b> Three-digit plan number (PN) ► <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Plumbers and Steamfitters Local No. 166 Pension Plan</u>		<b>D</b> Employer Identification Number (EIN) <u>51-6132690</u>

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

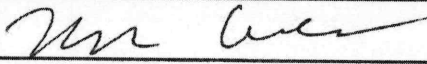
**1a** Enter the valuation date: Month 06 Day 01 Year 2024

**b** Assets

(1) Current value of assets .....	<b>1b(1)</b>	<u>86,232,515</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>86,172,335</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>75,919,408</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>75,919,408</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) ....	<b>1d(1)</b>	<u>0</u>
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	<u>108,603,752</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>4,854,794</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>4,227,900</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>4,492,900</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.

<b>SIGN HERE</b>		<u>1/26/26</u>
<b>Kevin A. Cole</b>	Signature of actuary	Date
<b>Cuni, Rust &amp; Strenk</b>	Type or print name of actuary	<b>23-09098</b>
<b>4555 Lake Forest Drive, Suite 620</b>	Firm name	Most recent enrollment number
<b>US Cincinnati OH 45242-3760</b>	Address of the firm	<b>(513) 891-0270</b>
		Telephone number (including area code)

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

For Paperwork Reduction Act Notice, see the instructions for Form 5500 or Form 5500-SF.

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	86,232,515
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
(1) For retired participants and beneficiaries receiving payment .....	428	48,507,118
(2) For terminated vested participants .....	182	13,656,474
(3) For active participants:		
(a) Non-vested benefits .....		2,103,433
(b) Vested benefits .....		44,336,727
(c) Total active .....	641	46,440,160
(4) Total .....	1,251	108,603,752
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/31/2025	6,332,702				
<b>Totals ▶</b>			<b>3(b)</b>	6,332,702	<b>3(c)</b>
					0
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b>
					0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	113.5 %
<b>b</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 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> 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
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: <ul style="list-style-type: none"> <li>• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;</li> <li>• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/></li> <li>• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."</li> </ul>	<b>4f</b>	

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

- |  |  |  |   |
|--|--|--|---|
| <b>a</b> <input type="checkbox"/> Attained age normal      | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):         |  |  |   |

<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>	
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>l</b> 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
<b>m</b> 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 .....	<b>5m</b>	

**6 Checklist of certain actuarial assumptions:**

<b>a</b>	Interest rate for "RPA '94" current liability .....	<b>6a</b>	3.63	%
<b>b</b>	Rates specified in insurance or annuity contracts .....	Pre-retirement		Post-retirement
<b>c</b>	Mortality table code for validation purposes:	<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
<b>(1)</b>	Males .....	<b>6c(1)</b>	9P	9P
<b>(2)</b>	Females .....	<b>6c(2)</b>	9FP	9FP
<b>d</b>	Valuation liability interest rate .....	<b>6d</b>	6.00	%
<b>e</b>	Salary scale .....	<b>6e</b>	%	<input checked="" type="checkbox"/> N/A
<b>f</b>	Withdrawal liability interest rate:			
<b>(1)</b>	Type of interest rate .....	<b>6f(1)</b>	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A	
<b>(2)</b>	If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>		
<b>g</b>	Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	6.9	%
<b>h</b>	Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	11.8	%
<b>i</b>	Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A	
<b>(1)</b>	If expense load is described as a percentage of normal cost, enter the assumed percentage .....	<b>6i(1)</b>	%	
<b>(2)</b>	If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b .....	<b>6i(2)</b>	265,000	
<b>(3)</b>	If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>	

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	(897,708)	(87,199)
4	268,227	26,054

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b> 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
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended .....	<b>8d(2)</b>	
<b>(3)</b> 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
<b>(4)</b> 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)) .....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> 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
<b>e</b> 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) .....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date .....	<b>9b</b>	2,909,294

<b>c</b> 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 .....	<b>9c(1)</b>	21,861,959	3,107,948
(2) Funding waivers .....	<b>9c(2)</b>	0	0
(3) Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>	0	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....	<b>9d</b>	361,035	
<b>e</b> Total changes. Add lines 9a through 9d .....	<b>9e</b>	6,378,277	
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any .....	<b>9f</b>	20,756,206	
<b>g</b> Employer contributions. Total from column (b) of line 3 .....	<b>9g</b>	6,332,702	
<b>h</b> Amortization credits as of valuation date		Outstanding balance	
	<b>9h</b>	11,358,680	1,941,542
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>	1,549,079	
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL) .....	<b>9j(1)</b>	14,217,327	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	15,203,197	
(3) FFL credit .....	<b>9j(3)</b>	0	
<b>k</b> (1) Waived funding deficiency .....	<b>9k(1)</b>	0	
(2) Other credits .....	<b>9k(2)</b>	0	
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>	30,579,529	
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>	24,201,252	
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year .....	<b>9o(1)</b>	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 .....	<b>9o(2)(a)</b>	0	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....	<b>9o(2)(b)</b>	0	
(3) Total as of valuation date .....	<b>9o(3)</b>	0	
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....	<b>10</b>		0
<b>11</b> 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