

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/01/1975
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 396 3660 STUTZ DRIVE, SUITE 101 CANFIELD, OH 44406
2b	Employer Identification Number (EIN) 34-6727007
2c	Plan Sponsor's telephone number 330-270-0453
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.

SIGN HERE	Filed with authorized/valid electronic signature.	04/12/2026	AARON HALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 786
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 394 6a(2) 386 6b 279 6c 45 6d 710 6e 73 6f 783 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 51

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS AND STEAMFITTERS LOCAL 396	D Employer Identification Number (EIN) 34-6727007	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	705683	783	07/01/2024	06/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3530777

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- 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.

A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PLUMBERS AND STEAMFITTERS LOCAL 396	D Employer Identification Number (EIN) 34-6727007

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

1a Enter the valuation date: Month 07 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 83077564
(2) Actuarial value of assets for funding standard account	1b(2) 81783291
c (1) Accrued liability for plan using immediate gain methods	1c(1) 80960480
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 80960480
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 116597808
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3983380
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 5755853
(3) Expected plan disbursements for the plan year	1d(3) 5990853

Statement by Enrolled Actuary

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

SIGN HERE	03/26/2026
Signature of actuary ALLEN L. PAULY	Date 23-08895
Type or print name of actuary CUNI, RUST, STRENK	Most recent enrollment number 513-891-0270
Firm name 4555 LAKE FOREST DRIVE - SUITE 620 CINCINNATI, OH 45242	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	83077564
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	329	66340439
(2) For terminated vested participants	55	8318063
(3) For active participants:		
(a) Non-vested benefits		3515507
(b) Vested benefits		38423799
(c) Total active	378	41939306
(4) Total	762	116597808
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2025	6793996				
			Totals ►	3(b)	6793996
				3(c)	
				3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	101.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.69 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	AF	AF
d Valuation liability interest rate	6d	6.50 %	6.50 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		7.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		11.4 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		235000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1250219	-124849
4	7560	755

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	2304492

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	28987556	4633374
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 450961**e** Total charges. Add lines 9a through 9d.....**9e** 7388827**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 14399598**g** Employer contributions. Total from column (b) of line 3.....**9g** 6793996**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	15401769	3039670

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1350881**j** Full funding limitation (FFL) and credits:

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

9j(1) 16913562

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

9j(2) 26312664

(3) FFL credit

9j(3)**k (1)** Waived funding deficiency**9k(1)**

(2) Other credits

9k(2)**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 25584145**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 18195318**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1)

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

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

9o(2)(b)

(3) Total as of valuation date

9o(3)**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS AND STEAMFITTERS LOCAL 396	D Employer Identification Number (EIN) 34-6727007

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NEWTOWER TRUST COMPANY
30-0872552

(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)

WESTERN ASSET MANAGEMENT COMPANY

385 EAST COLORADO BLVD
PASADENA, CA 91101

(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	INVESTMENT MANAGER	25558	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENESYS

3660 STUTZ DRIVE, STE 101
330-270-0453
CANFIELD, OH 44406

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15	THIRD PARTY ADMINISTRATOR	81041	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLUMBERS LOCAL 396 COMBINED FUNDS

3660 STUTZ DRIVE STE 101
CANFIELD, OH 44406

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	COLLECTION AGENCY	31625	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CUNI, RUST, & STRENK

4555 LAKE FOREST DRIVE
513-891-0270
CINCINNATI, OH 45242

(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	ACTUARY	61500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YURCHYK & DAVIS CPA'S, INC

34-1638235

(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	AUDITOR	11900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA

42-1741646

(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 21 28 49 59 62 72	INVESTMENT MANAGER	23729	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

SEGAL ADVISORS, INC

1111 SUPERIOR AVENUE
CLEVELAND, OH 44114

(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	INVESTMENT CONSULTANT	38000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERGANSER CAPITAL MANAGEMENT

99 HIGH STREET
BOSTON, MA 02110

46-3651540

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	INVESTMENT MANAGER	7808	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON & KROL, LLC

311 S. WACKER DRIVE
CHICAGO, IL 60606

(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	ATTORNEY	40448	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PLUMBERS AND STEAMFITTERS LOCAL 396	D Employer Identification Number (EIN) 34-6727007	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROPERTY SEPERATE AC			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3530777	
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST			
b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY			
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2184466	
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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS AND STEAMFITTERS LOCAL 396	D Employer Identification Number (EIN) 34-6727007

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2239577	3217482
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	830348	855324
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	38180	86666
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		77896
(2) U.S. Government securities	1c(2)		8670010
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		3850682
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	2137223	2111701
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2144009	2184466
(10) Value of interest in pooled separate accounts	1c(10)	3444192	3530777
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	11876973	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	60453566	68728029
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	83164068	93313033
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	86504	94024
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	86504	94024
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	83077564	93219009

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6793996	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6793996
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	92732	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	291862	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		384594
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	896374	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		896374
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	12450737	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12450737	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-116016	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		40457
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		86585
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		573764
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7378090
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		16037844

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5532671	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5532671
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	76155	
(3) Recordkeeping fees	2i(3)	18725	
(4) IQPA audit fees	2i(4)	11900	
(5) Investment advisory and investment management fees	2i(5)	38000	
(6) Bank or trust company trustee/custodial fees	2i(6)	57095	
(7) Actuarial fees	2i(7)	61500	
(8) Legal fees	2i(8)	40448	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2447	
(11) Other expenses	2i(11)	57458	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		363728
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5896399

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10141445
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **YURCHYK & DAVIS CPA'S, INC.**

(2) EIN: **34-1638235**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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 568640.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS AND STEAMFITTERS LOCAL 396				D Employer Identification Number (EIN) 34-6727007	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	1
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **PROUT BOILER HEATING AND WELDING**

b EIN **34-0688967**

c Dollar amount contributed by employer **789634**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2025**

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) **11.75**

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

a Name of contributing employer **ALCON MECHANICAL PCI INC**

b EIN **47-2265747**

c Dollar amount contributed by employer **764641**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2025**

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) **11.75**

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

a Name of contributing employer **WESTERN RESERVE MECHANICAL**

b EIN **34-1592648**

c Dollar amount contributed by employer **401734**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2025**

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) **11.75**

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

a Name of contributing employer **MORRONE MECHANICAL CONSTRUCTION**

b EIN **34-1742608**

c Dollar amount contributed by employer **370143**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2025**

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) **11.75**

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

a Name of contributing employer **MCCARL'S INC**

b EIN **25-0955049**

c Dollar amount contributed by employer **345900**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2025**

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) **11.75**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

0

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

14b

0

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

14c

0

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
--	--	--

Name of Plan	PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND						
Plan Year Begin Date	07/01/2024	Plan Year End Date	06/30/2025	EIN	34-6727007	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25	2			28		
25 to 29	1			26		
30 to 34	3			25		
35 to 39	6			12		
40 to 44	4			7		
45 to 49	2			3		
50 to 54	3			5		
55 to 59	1			3		
60 to 64						
65 to 69						
70 & Up				1		

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29	9			1		
30 to 34	17			14		
35 to 39	12			11		
40 to 44	8			4		
45 to 49	12			6		
50 to 54	7			12		
55 to 59	2			1		
60 to 64	3			3		
65 to 69	1					
70 & Up				1		

Name of Plan	PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND						
Plan Year Begin Date	07/01/2024	Plan Year End Date	06/30/2025	EIN	34-6727007	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39	7					
40 to 44	16			5		
45 to 49	10			14		
50 to 54	5			24		
55 to 59	11			13		
60 to 64	5			9		
65 to 69						
70 & Up				1		

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49	3					
50 to 54	9					
55 to 59	5			4		
60 to 64	3			1		
65 to 69				1		
70 & Up						

Name of Plan	PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND						
Plan Year Begin Date	07/01/2024	Plan Year End Date	06/30/2025	EIN	34-6727007	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64	2			2		
65 to 69				2		
70 & Up						

**Plumbers & Pipefitters
Local Union No. 396 Pension Fund**

Report on Audit of Financial Statements
And Supplementary Information

For the Years Ended June 30, 2025 and 2024

Yurchyk & Davis
Certified Public Accountants, Inc.
3701 Boardman-Canfield Road, Suite 2
Canfield, Ohio 44406
Telephone: (330) 533-5000

Plumbers and Pipefitters Local Union No. 396 Pension Fund

For The Years Ended June 30, 2025 and 2024

TABLE OF CONTENTS

Independent Auditor's Report.....	2 - 4
Financial Statements:	
Statements of Net Assets Available for Benefits.....	5
Statements of Changes in Net Assets Available for Benefits.....	6
Notes to Financial Statements.....	7 - 14
Supplementary Information:	
Schedule of Assets Held for Investment.....	16 - 20
Schedule of Reportable Transactions.....	21

Independent Auditor's Report

To the Board of Trustees of
Plumbers & Pipefitters Local Union
No. 396 Pension Fund
Canfield, Ohio

Opinion

We have audited the financial statements of Plumbers & Pipefitters Local Union No. 396 Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Plumbers & Pipefitters Local Union No. 396 Pension Fund as of June 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers & Pipefitters Local Union No. 396 Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers & Pipefitters Local Union No. 396 Pension Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers & Pipefitters Local Union No. 396 Pension Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers & Pipefitters Local Union No. 396 Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment and reportable transactions as of June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

A handwritten signature in black ink, appearing to read "Yurchyk & Davis", followed by a stylized flourish.

Yurchyk & Davis CPA's, Inc.
Canfield, Ohio
March 6, 2026

Plumbers and Pipefitters Local Union No. 396 Pension Fund

Statements of Net Assets Available for Benefits

June 30, 2025 and 2024

ASSETS

	<u>2025</u>	<u>2024</u>
Investments, at Fair Value:		
Money Market Funds	\$ 77,896	\$ -
Mutual Funds	68,728,029	60,453,566
U.S. Government Securities	4,130,549	-
Mortgage Bonds	4,539,461	-
Corporate & Foreign Bonds	3,850,682	-
Limited Partnerships	2,111,701	2,137,223
Limited Liability Companies	-	11,876,973
Common/Collective Funds	2,184,466	2,144,009
Pooled Separate Accounts	3,530,777	3,444,192
Total Investments, at Fair Value	<u>89,153,561</u>	<u>80,055,963</u>
Receivables:		
Employer Contributions	855,324	830,348
Accrued Interest	45,709	-
Other	-	455
Total Receivables	<u>901,033</u>	<u>830,803</u>
Prepaid Expenses	40,957	37,725
Cash and Cash Equivalents	<u>3,217,482</u>	<u>2,239,577</u>
Total Assets	93,313,033	83,164,068

LIABILITIES

Accounts Payable:		
Administrative Expenses	32,096	18,418
Combined Fund	7,369	35,456
Health & Welfare	2,153	2,153
Reciprocity	52,406	30,477
Total Liabilities	<u>94,024</u>	<u>86,504</u>
Net Assets Available for Benefits	<u>\$ 93,219,009</u>	<u>\$ 83,077,564</u>

The Accompanying Notes are an Integral Part of These Financial Statements

Plumbers and Pipefitters Local Union No. 396 Pension Fund

Statements of Changes in Net Assets Available for Benefits

For the Years Ended June 30, 2025 and 2024

	2025	2024
Additions in Net Assets Attributable to:		
Investment Income:		
Net Appreciation in		
Fair Value of Investments	\$ 7,962,880	\$ 7,625,922
Interest and Dividends	1,280,968	920,727
Total Investment Income	9,243,848	8,546,649
Less: Investment Expenses	(57,095)	(50,417)
Net Investment Income	9,186,753	8,496,232
Contributions:		
Employers' Contributions	7,026,897	7,201,944
Less: Reciprocity Payments	(232,901)	(301,797)
Total Contributions	6,793,996	6,900,147
Total Additions	15,980,749	15,396,379
Deductions from Net Assets Attributable to:		
Benefits Paid Directly to Participants	5,532,671	5,401,927
Administrative Expenses:		
Contract Administration Fees	76,155	72,297
Investment Consultant Expense	38,000	38,000
Actuary Fees	61,500	47,425
Auditing Fees	11,900	9,400
Attorney Fees	40,448	22,904
Office Supplies	289	1,154
Trustee Meeting Expense	972	1,673
PBGC Premium	29,082	27,090
Insurance	19,090	15,422
Reciprocity Expense	740	680
Postage	4,460	4,758
Combined Fund Expense - Net	18,725	22,194
Miscellaneous	5,272	9,144
Total Administrative Expenses	306,633	272,141
Total Deductions	5,839,304	5,674,068
Net Increase	10,141,445	9,722,311
Net Assets Available for Benefits:		
Beginning of Year	83,077,564	73,355,253
End of Year	\$ 93,219,009	\$ 83,077,564

The Accompanying Notes are an Integral Part of These Financial Statements

Plumbers and Pipefitters Local Union No. 396 Pension Fund

Notes to Financial Statements

June 30, 2025 and 2024

NOTE A – DESCRIPTION OF PLAN

The following brief discussion of the Plumbers and Pipefitters Local Union No. 396 Pension Fund (the “Plan”) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

- 1.) **General** – The Plumbers and Pipefitters Local Union No. 396 Pension Fund is a multi-employer defined benefit plan covering all eligible members of Local Union No. 396 of the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada. The Plan was established in 1970 after succeeding the Mahoning and Trumbull County Building Trades Pension Fund (established in 1959), and provides for pension, death and disability benefits. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- 2.) **Pension Benefits** – Under the Plan, employees with 10 or more years of service (5 or more years of service beginning July 1, 1999), are entitled to monthly pension benefits beginning at normal retirement age (65) equal to \$20.00 for each year of credited service earned through June 30, 1980, plus \$100.00 for each year of credited service from July 1, 1980 through June 30, 2002, plus \$80.00 for each year of credited service from July 1, 2002 through June 30, 2009, plus \$70.00 for each year of credited service from July 1, 2009 through June 30, 2021, plus \$100 for each year of credited service thereafter.
- 3.) **Death and Disability Benefits** – When a participant dies prior to retirement, a death benefit equal to the actuarial equivalent of the lump sum return of contributions benefit, is paid to the participant’s beneficiary. Active employees who become totally disabled after completing four (4) years of credited service are eligible for a disability retirement benefit. The benefit commences on the first day of the month following six months of disability. The benefit amount is reduced to the accrued benefit, adjusted for early receipt.
- 4.) **Early Retirement Benefits** – Participants who retire prior to the age sixty-five (65) and have completed ten (10) or more years of credited service may elect to retire and receive benefits computed as previously described, reduced by a pre-prescribed amount for each year that the participant retires early. Participants who retire prior to the age sixty-two (62) and have completed thirty (30) or more years of credited service may elect to retire and receive reduced benefits computed as previously described, reduced by a pre-prescribed amount for each year that the participant retires early. Terminated vested participants will not be eligible to commence receipt of any early retirement benefit of the Plan. A terminated vested participant will be entitled to a monthly pension benefit equal to their accrued benefit payable at age 65.
- 5.) **Contributions** – By union agreement, employers who employ members of Plumbers and Pipefitters Local Union No. 396 contribute to the Plan \$11.75 for every hour the employee was paid from June 1, 2024 through June 30, 2025, and \$11.50 for every hour the employee was paid from July 1, 2023 through May 31, 2024.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- 1.) **Basis of Accounting** – The accompanying financial statements are prepared on the accrual basis of accounting.
- 2.) **Use of Estimates** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein; disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results may differ from those estimates.

Plumbers and Pipefitters Local Union No. 396 Pension Fund

Notes to Financial Statements

June 30, 2025 and 2024

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

- 3.) **Investment Valuation and Income Recognition** – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note G for a discussion of fair value measurements.

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

- 4.) **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 and their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented as of June 30, 2024. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

An independent actuary from Cuni, Rust & Strenk Actuarial Consulting determines the actuarial present value of accumulated plan benefits. The actuarial present value of the plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial cost method used is the individual entry age normal method.

The significant actuarial assumptions used in the valuation as of June 30, 2024 are (a) life expectancy of participants (the blue collar adjusted Pri-2012 table), (b) retirement age assumptions (the assumed average retirement age was 63.6 for 2024) and (c) investment return. The 2024 valuation included an assumed average rate of return of 6.25% net of investment expenses and a current liability rate of 3.69%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2024. Had the valuation been performed as of June 30, 2024 there would be no material differences.

- 5.) **Payment of Benefits** – Benefit payments to participants are recorded upon distribution.
- 6.) **Administrative Expenses** – The Plan's expenses are paid by the Plan as provided by the plan document. Certain expenses incurred in connection with the general administration of the Plan and certain investment related expenses that are paid by the Plan are recorded as deductions in the statement of changes in net assets available for benefits.

Plumbers and Pipefitters Local Union No. 396 Pension Fund

Notes to Financial Statements

June 30, 2025 and 2024

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

7.) Subsequent Events – The Plan evaluated subsequent events through March 6, 2026, the date the financial statements were available to be issued.

NOTE C – INVESTMENTS

The Plan's investments are held at various custodial institutions.

NOTE D – ACTUARIAL CERTIFICATION OF STATUS

As of June 30, 2024, The Plan's actuary, Cuni, Rust & Strenk, has certified the Plan as Not Endangered, Critical, or Critical and Declining as defined by the PPA as amended by the Multiemployer Pension Reform Act of 2014 (MPRA). As of June 30, 2024, the Plan's PPA funded percentage is greater than 80%. See the actuarial valuation report for further detail.

NOTE E – TAX STATUS

The Plan obtained its latest determination letter on November 19, 2015, in which the Internal Revenue Service states that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

NOTE F – RISKS AND UNCERTAINTIES

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

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

NOTE G – FAIR VALUE MEASUREMENTS

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

Plumbers and Pipefitters Local Union No. 396 Pension Fund

Notes to Financial Statements

June 30, 2025 and 2024

NOTE G – FAIR MARKET VALUE MEASUREMENTS – Continued

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

Level 2 – Inputs to the valuation methodology include:

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

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation of the method used for assets measured at fair value. There have been no changes on the methodologies used at June 30, 2025 and 2024.

Money Market Funds – Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds – Valued at the daily closing price reported by the Fund. The funds are open-ended and are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price.

U.S. Government Securities, Mortgage Bonds, and Corporate & Foreign Bonds – Valued using pricing models maximizing the use of observable inputs for similar securities.

Limited Partnerships, Pooled Separate Accounts, and Common/Collective Funds - Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Limited Liability Companies - appraised quarterly by an independent Member of the Appraisal Institute (MAI). Thereafter, values are updated by an independent consultant based on changes in factors such as occupancy levels, lease rates, overall market conditions, and capital improvements.

Plumbers and Pipefitters Local Union No. 396 Pension Fund

Notes to Financial Statements

June 30, 2025 and 2024

NOTE G – FAIR MARKET VALUE MEASUREMENTS – Continued

The following table sets forth, by level the fair value hierarchy, the Plan's investments at fair value as of June 30, 2025 and 2024.

Assets at Fair Value as of June 30, 2025			
	Level 1	Level 2	Total
Money Market Funds	\$ 77,896	\$ -	\$ 77,896
Mutual Funds	68,728,029	-	68,728,029
U.S. Government Securities	-	4,130,549	4,130,549
Mortgage Bonds	-	4,539,461	4,539,461
Corporate & Foreign Bonds	-	3,850,682	3,850,682
Total assets in the			
Fair value hierarchy	68,805,925	12,520,692	81,326,617
Investments measured at NAV	-	-	7,826,944
Total Investments, at Fair Value	<u>\$ 68,805,925</u>	<u>\$ 12,520,692</u>	<u>\$ 89,153,561</u>

Assets at Fair Value as of June 30, 2024			
	Level 1	Level 2	Total
Money Market Funds	\$ -	\$ -	\$ -
Mutual Funds	60,453,566	-	60,453,566
Limited Liability Companies	-	11,876,973	11,876,973
Total assets in the			
Fair value hierarchy	60,453,566	11,876,973	72,330,539
Investments measured at NAV	-	-	7,725,424
Total Investments, at Fair Value	<u>\$ 60,453,566</u>	<u>\$ 11,876,973</u>	<u>\$ 80,055,963</u>

Plumbers and Pipefitters Local Union No. 396 Pension Fund

Notes to Financial Statements

June 30, 2025 and 2024

NOTE G – FAIR MARKET VALUE MEASUREMENTS – Continued

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of June 30, 2025 and 2024.

June 30, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently applicable)	Redemption Notice Period
Pooled Separate Accounts	\$ 3,530,777	\$ -	Monthly	30 Days
Common/Collective Funds	\$ 2,184,466	\$ -	Quarterly	45 Days
Limited Partnerships	\$ 2,111,701	\$ -	Quarterly	45 Days
June 30, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently applicable)	Redemption Notice Period
Pooled Separate Accounts	\$ 3,444,192	\$ -	Monthly	30 Days
Common/Collective Funds	\$ 2,144,009	\$ -	Quarterly	45 Days
Limited Partnerships	\$ 2,137,223	\$ -	Quarterly	45 Days

Pooled Separate Accounts – The pooled separate account invests in high quality, well-leased real estate properties in the multifamily, industrial, office, retail and hotel sectors to produce consistent returns over time. The pooled separate account can be redeemed monthly at the net asset value at the time of redemption.

Common/Collective Funds – The common/collective fund invests in real estate properties and loans to produce consistent returns over time. The common/collective fund can be redeemed quarterly at the net asset value at the time of redemption.

Limited Partnerships – The limited partnerships invests in a diversified portfolio of real estate investments in commercial property to produce consistent returns over time. The limited partnership can be redeemed quarterly at the net asset value at the time of redemption. Per ERISA guidelines, real estate investments held within the limited partnership do not need to be disclosed on the Schedule of Assets Held for Investment. Rather, the limited partnership itself should be disclosed on the Schedule of Assets Held for Investment.

Gains and losses (realized and unrealized) included in changes in net assets for the periods above are reported in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

Plumbers and Pipefitters Local Union No. 396 Pension Fund

Notes to Financial Statements

June 30, 2025 and 2024

NOTE H – PLAN TERMINATION

Though there are no plans to do so, in the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Any and all obligations of the Plan and Trust, including expenses incurred up to the date of termination of the Plan and the expenses incidental to such termination.
- b. Benefits payable as a pension.
- c. Other benefits (if any) of the individuals under the Plan guaranteed under Title IV of ERISA.
- d. All other vested benefits under the Plan.
- e. All other benefits under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and 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 statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than single-life annuity, the corresponding ceiling is actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the contributing employers subject to the collective bargaining agreement and may also depend on the level of benefits guaranteed by the PBGC.

NOTE I – RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by various custodians of the Plan. As described in Note B, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

NOTE J – ACCUMULATED PLAN BENEFITS AND CHANGES

The actuarial present value of accumulated plan benefits as of June 30, 2024 was as follows:

	2024
Vested Benefits:	
Participants Currently Receiving Payments	\$ 51,826,476
Other Participants	28,954,131
	<u>80,780,607</u>
Accumulated Non-Vested Benefits	<u>2,388,728</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 83,169,335</u></u>

Plumbers and Pipefitters Local Union No. 396 Pension Fund

Notes to Financial Statements

June 30, 2025 and 2024

NOTE J – ACCUMULATED PLAN BENEFITS AND CHANGES – Continued

The changes in actuarial present value of accumulated plan benefits for the year ended June 30, 2024 was as follows:

	<u>2024</u>
Total Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 81,902,956
Change in Value Due to:	
Interest due to Decrease in Discount Period	4,952,683
Plan Amendment	-
Assumption Change	7,899
Benefits Paid	(5,401,927)
Benefits Accumulated and Actuarial Experience	<u>1,707,724</u>
Total	<u>1,266,379</u>
Total Actuarial Present Value of Accumulated Plan Benefits at End of Year	83,169,335
Net Assets Available for Plan Benefits at End of Year	<u>83,077,564</u>
(Deficit) of Net Assets Available for Plan Benefits Over Total Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u>\$ (91,771)</u>

NOTE K – SUBSEQUENT EVENT – EVERGREEN RETIREMENT ACCOUNT

Effective July 1, 2025, the Plan established an Evergreen Retirement Account for participants who meet certain age requirements to participate in. For further information, participants should refer to amendment 2025-1 of the plan agreement.

Plumbers and Pipefitters Local Union No. 396 Pension Fund

Supplementary Information

Schedule of Assets Held for Investment

Schedule of Reportable Transactions

Plumbers and Pipefitters Local Union No. 396 Pension Fund

EIN: 34-6727007 PN: 001

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

June 30, 2025

Merganser Core Bond Fund II LLC

Face Amount/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
MONEY MARKET FUNDS					
76,451	Merganser Money Market Fund			\$ 76,451	\$ 76,451
U.S. GOVERNMENT SECURITIES					
5,068	United States Treasury Note/Bond	3.75%	4/30/2027	\$ 45,169	\$ 45,309
49,411	United States Treasury Note/Bond	4.25%	1/15/2028	435,343	436,607
1,408	United States Treasury Note/Bond	3.75%	4/15/2028	12,567	12,662
84,323	United States Treasury Note/Bond	4.25%	6/30/2029	749,826	760,016
39,698	United States Treasury Note/Bond	4.38%	12/31/2029	350,518	358,025
16,893	United States Treasury Note/Bond	4.00%	3/31/2030	148,620	150,509
16,189	United States Treasury Note/Bond	4.50%	12/31/2031	144,020	145,610
31,533	United States Treasury Note/Bond	4.25%	11/15/2034	278,424	282,836
11,403	United States Treasury Note/Bond	3.38%	8/15/2042	115,817	100,839
22,946	United States Treasury Note/Bond	3.88%	2/15/2043	210,284	202,827
57,858	United States Treasury Note/Bond	4.13%	8/15/2044	513,523	512,191
30,407	United States Treasury Note/Bond	4.63%	11/15/2044	277,179	271,838
3,801	United States Treasury Note/Bond	2.38%	5/15/2051	54,206	33,413
33,363	United States Treasury Note/Bond	3.63%	2/15/2053	305,078	295,601
17,456	United States Treasury Note/Bond	4.13%	8/15/2053	170,894	154,384
12,106	United States Treasury Note/Bond	4.25%	8/15/2054	105,332	107,308
29,421	United States Treasury Note/Bond	4.63%	2/15/2055	271,536	260,573
				<u>\$ 4,188,334</u>	<u>\$ 4,130,549</u>
MORTGAGE BONDS					
422	Fannie Mae AS6311	3.50%	12/1/2045	\$ 3,709	\$ 4,052
422	Fannie Mae AS6520	3.50%	1/1/2046	3,797	4,129
14,500	Fannie Mae MA3745	3.50%	8/1/2049	128,977	129,737
2,393	Fannie Mae FS2135	4.00%	11/1/2049	20,221	21,457
5,631	Fannie Mae MA3834	3.00%	11/1/2049	52,657	51,123
3,097	Fannie Mae MA4019	2.50%	5/1/2050	27,631	28,347
15,203	Fannie Mae MA4047	2.00%	6/1/2050	137,968	137,144
3,801	Fannie Mae BQ0194	2.00%	8/1/2050	42,318	33,598
13,092	Fannie Mae FS5284	3.50%	9/1/2050	115,534	117,602
8,165	Fannie Mae MA4119	2.00%	9/1/2050	71,933	73,522
4,505	Fannie Mae CA7228	2.50%	10/1/2050	49,299	41,009
4,364	Fannie Mae FS1170	3.00%	10/1/2050	37,123	38,638
2,675	Fannie Mae FS4619	4.50%	10/1/2050	22,980	23,486
1,830	Fannie Mae CA7605	3.00%	11/1/2050	15,013	15,920
9,995	Fannie Mae FS7286	4.50%	12/1/2050	88,800	90,009
15,626	Fannie Mae MA4210	2.50%	12/1/2050	137,625	140,158
4,223	Fannie Mae FM7031	4.00%	1/1/2051	36,848	38,093
5,912	Fannie Mae FM7460	4.00%	3/1/2051	50,585	53,162
3,238	Fannie Mae FM8215	2.50%	3/1/2051	26,630	28,661
3,801	Fannie Mae FS1463	4.00%	5/1/2051	33,188	33,727
5,209	Fannie Mae FS8558	4.00%	5/1/2051	47,063	47,325
7,461	Fannie Mae MA4325	2.00%	5/1/2051	67,620	66,522
2,675	Fannie Mae MA4357	3.00%	6/1/2051	22,279	23,418
8,306	Fannie Mae FM9993	3.50%	7/1/2051	74,211	74,501
7,179	Fannie Mae MA4414	2.50%	9/1/2051	62,689	64,482
10,699	Fannie Mae FS1133	4.00%	10/1/2051	93,770	96,164
5,912	Fannie Mae MA4466	2.50%	11/1/2051	60,292	53,034
4,364	Fannie Mae MA4493	2.50%	12/1/2051	47,831	39,333
5,068	Fannie Mae FS1171	3.00%	1/1/2052	45,409	46,013
5,209	Fannie Mae MA4548	2.50%	2/1/2052	46,521	46,442
3,238	Fannie Mae MA4644	4.00%	5/1/2052	28,491	28,620

Plumbers and Pipefitters Local Union No. 396 Pension Fund

EIN: 34-6727007 PN: 001

**Schedule of Assets Held for Investment
(Schedule H; Line 4i)**

June 30, 2025

Merganser Core Bond Fund II LLC

Face Amount/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
MORTGAGE BONDS - Continued					
3,801	Fannie Mae MA4686	5.00%	6/1/2052	\$ 32,150	\$ 33,691
3,238	Fannie Mae MA4655	4.00%	7/1/2052	29,683	29,278
7,742	Fannie Mae MA4656	4.50%	7/1/2052	69,673	69,451
3,379	Fannie Mae FS5180	5.00%	9/1/2052	28,995	30,586
3,942	Fannie Mae MA4761	5.00%	9/1/2052	33,894	35,408
9,432	Fannie Mae MA4842	5.50%	12/1/2052	82,707	83,919
2,956	Fannie Mae MA4869	5.50%	1/1/2053	25,087	26,470
4,505	Fannie Mae MA4919	5.50%	2/1/2053	38,515	40,810
6,898	Fannie Mae MA4978	5.00%	4/1/2053	57,977	61,363
845	Freddie Mac U89032	3.00%	7/1/2033	6,754	67,439
4,223	Freddie Mac SD1529	4.00%	3/1/2049	36,298	38,476
3,660	Freddie Mac SD7504	3.50%	8/1/2049	31,830	32,538
1,126	Freddie Mac QA3583	3.00%	10/1/2049	11,936	10,658
2,252	Freddie Mac QB4938	2.00%	11/1/2050	25,789	20,632
8,587	Freddie Mac SD2413	4.00%	2/1/2051	76,357	77,249
4,645	Freddie Mac SD8134	2.00%	3/1/2051	53,178	41,812
8,165	Freddie Mac SI2107	2.50%	7/1/2051	72,597	73,169
6,335	Freddie Mac SD3118	4.00%	8/1/2051	53,892	56,213
4,645	Freddie Mac SD8183	2.50%	12/1/2051	75,187	67,482
4,645	Freddie Mac SD1098	2.50%	1/1/2052	41,976	41,922
5,349	Freddie Mac SD7551	3.00%	1/1/2052	52,179	47,635
5,068	Freddie Mac SD1181	3.00%	6/1/2052	46,033	45,569
9,009	Freddie Mac SD2879	3.00%	8/1/2052	79,265	80,802
8,446	Freddie Mac SD7555	3.00%	8/1/2052	71,932	75,204
6,898	Freddie Mac SD4182	3.50%	8/1/2052	60,763	61,782
2,534	Freddie Mac SD8258	5.00%	10/1/2052	22,162	23,037
7,742	Freddie Mac SD8276	5.00%	12/1/2052	68,352	69,469
21,116	Freddie Mac SD7563	4.50%	5/1/2053	188,213	188,895
9,995	Freddie Mac SD8324	5.50%	5/1/2053	86,497	89,564
5,631	Freddie Mac SD7564	5.00%	6/1/2053	49,806	51,039
6,194	Freddie Mac SD7565	5.50%	9/1/2053	54,776	56,098
5,490	Freddie Mac SD7569	6.00%	4/1/2054	48,974	49,573
422	Ginnie Mae BD4952	4.45%	9/20/2067	3,054	3,512
1,830	GNMA MA7651	3.50%	10/20/2051	17,041	16,789
4,364	BMO Mortgage Trust	5.86%	2/15/2057	38,286	39,562
2,815	BX Trust	5.53%	9/15/2036	23,964	24,898
5,772	BX Trust	6.10%	6/15/2037	50,629	51,482
4,645	BX Trust	6.15%	5/15/2041	40,789	41,724
6,335	Benchmark Mortgage Trust	4.44%	5/15/2055	53,440	56,887
6,194	Citigroup Commercial Mortgage	5.82%	10/12/2040	53,326	55,512
2,534	Citigroup Commercial Mortgage	5.85%	10/12/2040	21,060	22,050
4,505	Citigroup Commercial Mortgage	3.04%	11/10/2052	38,365	40,906
1,689	FHLMC Multifamily Structured	0.58%	1/25/2031	17,119	14,631
1,408	FHLMC Multifamily Structured	1.03%	5/25/2031	13,844	12,177
1,408	FHLMC Multifamily Structured	1.04%	6/25/2031	14,283	12,543
7,039	FHLMC Multifamily Structured	4.35%	1/25/2033	62,307	63,381
6,757	FHLMC Multifamily Structured	4.05%	7/25/2033	59,267	60,439
4,505	FHLMC Multifamily Structured	0.60%	9/25/2034	38,824	40,158
1,126	FRESB Mortgage Trust	3.07%	3/25/2029	9,724	10,024
14,781	Fannie Mae BL6406	1.63%	5/1/2027	131,528	133,468
11,684	Fannie Mae BL9563	0.95%	12/1/2027	102,627	104,770
5,912	Invitation Homes Trust	4.00%	9/17/2041	51,281	52,794
1,689	Life Financial Services Trust	5.83%	3/15/2038	13,882	14,644
1,971	Life Financial Services Trust	6.85%	5/15/2039	18,633	17,452

Plumbers and Pipefitters Local Union No. 396 Pension Fund

EIN: 34-6727007 PN: 001

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

June 30, 2025

Merganser Core Bond Fund II LLC

Face Amount/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
MORTGAGE BONDS - Continued					
3,519	NXPT Commercial Mortgage Trust	4.31%	11/1/2041	\$ 31,413	\$ 32,105
2,252	Progress Residential Trust	2.73%	1/17/2039	20,296	19,695
3,379	SMRT	6.26%	1/15/2039	29,781	30,142
5,159	Tharaldson Hotel Portfolio Trust	6.99%	12/10/2034	52,537	53,044
4,596	VLS Commercial Mortgage Trust	2.45%	10/10/2042	47,133	48,009
				<u>\$ 4,466,872</u>	<u>\$ 4,539,461</u>
CORPORATE & FOREIGN BONDS					
2,203	AT&T	2.25%	2/1/2032	\$ 28,066	\$ 26,303
1,077	AT&T	2.55%	12/1/2033	16,209	16,317
10,086	American Express Co	5.67%	4/25/2036	92,741	96,036
4,174	American Tower Corp	2.10%	6/15/2030	43,883	43,989
5,582	Amgen Inc	5.25%	3/2/2033	55,879	56,118
8,397	BP Capital Markets America Inc	4.81%	2/13/2033	80,059	80,059
9,242	Bank of America Corp	2.69%	4/22/2032	90,603	89,375
9,805	Boston Gas Co	5.84%	1/10/2035	88,525	92,009
4,315	Charter Communications Operating LLC	6.38%	10/23/2035	53,714	45,383
9,242	Citigroup Inc	2.52%	11/3/2032	86,741	89,841
5,159	El Paso Natural Gas Co	3.50%	2/15/2032	51,543	52,602
3,329	Energy Transfer LP	5.95%	10/1/2043	37,550	36,543
2,203	Entergy Texas Inc	4.00%	3/30/2029	26,853	26,542
1,499	Five Corners Funding Trust II	2.85%	5/15/2030	21,604	20,055
5,441	Florida Power & Light Co	5.30%	6/15/2034	55,761	55,943
655	Ford Motor Co	3.25%	2/12/2032	12,668	12,617
3,329	Goldman Sachs Group Inc	3.81%	4/23/2029	35,905	36,298
5,159	Goldman Sachs Group Inc	2.38%	7/21/2032	50,794	52,463
6,708	JPMorgan Chase & Co	2.55%	11/8/2032	63,425	66,799
1,781	JPMorgan Chase & Co	5.34%	1/23/2035	21,592	22,115
3,611	JPMorgan Chase & Co	5.29%	7/22/2035	38,388	38,608
1,640	Mars Inc	5.00%	3/1/2032	20,433	20,824
3,892	Mars Inc	5.20%	3/1/2035	40,504	41,060
9,242	Morgan Stanley	2.24%	7/21/2032	86,639	89,435
5,863	National Rural Utilities	1.65%	6/15/2031	57,612	59,622
2,766	Occidental Petroleum Corp	7.15%	5/15/2028	31,699	31,373
1,359	Ontario Teachers' Cadillac Fairview Properties	2.50%	10/15/2031	20,931	18,488
5,441	PNC Financial Services Group	5.07%	1/24/2034	53,278	55,074
514	Public Service Enterprise Group	5.40%	3/15/2035	10,537	10,663
1,218	SBA Tower Trust	1.63%	11/15/2026	17,284	17,695
7,975	T-Mobile USA Inc	2.88%	2/15/2031	76,024	77,678
4,878	Tennessee Gas Pipeline Co LLC	2.90%	3/1/2030	54,625	49,641
6,708	Truist Financial Corp	5.12%	1/26/2034	64,004	65,908
9,242	UBS Group AG	3.09%	5/14/2032	86,128	89,448
5,441	UDR Inc	3.20%	1/15/2030	60,942	54,922
6,004	US Bancorp	4.84%	2/1/2034	57,409	59,315
4,174	Ventas Realty LP	5.10%	7/15/2032	42,948	43,702
7,693	Verizon Communications Inc	2.55%	3/21/2031	74,369	75,144
7,553	Virginia Electric and Power Co	5.05%	8/15/2034	72,565	72,872
282	WRKCo Inc	3.38%	9/15/2027	2,182	2,060
3,470	WRKCo Inc	3.90%	6/1/2028	40,556	38,483
9,101	Wells Fargo & Co	5.39%	4/24/2034	85,621	88,427
4,174	Welltower OP LLC	2.75%	1/15/2032	48,979	43,745
8,116	American Express Credit Account	4.28%	4/15/2030	79,566	80,054
2,485	CNH Equipment Trust	4.30%	2/18/2028	28,653	28,617
2,907	CNH Equipment Trust	4.03%	1/15/2030	32,666	32,618

Plumbers and Pipefitters Local Union No. 396 Pension Fund

EIN: 34-6727007 PN: 001

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

June 30, 2025

Merganser Core Bond Fund II LLC

Face Amount/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
CORPORATE & FOREIGN BONDS - Continued					
4,456	Capital One Multi-Asset Executive	3.92%	9/15/2029	\$ 47,417	\$ 47,280
1,077	Consumers 2023 Securitization Funding LLC	5.55%	3/1/2028	15,874	15,990
2,485	Enterprise Fleet Financing LLC	5.31%	4/20/2027	28,418	28,534
7,975	Enterprise Fleet Financing LLC	5.69%	12/20/2030	77,529	77,898
4,315	Ford Credit Auto Lease Trust	6.20%	2/15/2027	44,787	45,149
6,426	Ford Credit Auto Lease Trust	4.99%	12/15/2027	63,758	64,215
2,203	Ford Credit Auto Owner Trust	5.56%	3/15/2029	25,815	26,288
9,664	Ford Credit Auto Owner Trust	5.71%	12/15/2030	93,570	93,919
1,499	Ford Credit Auto Owner Trust	1.61%	10/17/2033	21,072	20,552
1,359	GM Financial Consumer Automobile	4.82%	10/16/2028	18,442	18,538
3,892	GM Financial Consumer Automobile	5.32%	10/16/2028	41,686	42,088
655	GM Financial Consumer Automobile	5.21%	12/18/2028	12,118	12,232
655	GM Financial Consumer Automobile	5.72%	1/16/2029	12,118	12,368
3,892	GM Financial Consumer Automobile	5.92%	2/16/2029	41,082	41,469
2,062	HPEFS Equipment Trust	5.18%	5/20/2031	25,290	25,346
8,116	HPEFS Equipment Trust	5.35%	10/20/2031	78,998	79,361
12,761	Honda Auto Receivables	5.27%	11/20/2028	121,175	121,044
5,441	Hyundai Auto Lease Securitization	5.56%	8/15/2028	55,319	56,035
6,145	Hyundai Auto Receivables	5.27%	7/15/2031	61,114	62,355
4,878	John Deere Owner Trust	4.06%	6/15/2029	50,576	50,561
936	John Deere Owner Trust	5.11%	5/15/2030	15,279	15,468
7,130	John Deere Owner Trust	4.91%	2/18/2031	69,545	70,739
11,072	Kubota Credit Owner Trust	5.19%	7/17/2028	106,025	106,705
563	MVW Owner Trust	2.22%	10/20/2038	4,735	4,658
5,863	PFS Financing Corp	5.80%	3/15/2028	59,483	59,508
1,640	PFS Financing Corp	5.52%	10/15/2028	20,549	20,851
4,315	Synchrony Card Issuance Trust	5.74%	10/15/2029	44,257	45,066
7,412	T-Mobile US Trust	4.25%	5/21/2029	73,232	73,329
1,640	T-Mobile US Trust	5.05%	9/20/2029	21,075	21,240
2,344	Verizon Master Trust	5.49%	12/20/2028	27,400	27,477
4,596	Verizon Master Trust	4.82%	11/20/2030	47,419	47,843
1,359	Verizon Master Trust	4.99%	11/20/2030	18,442	18,562
6,849	Volkswagen Auto Lease Trust	5.20%	12/20/2028	67,439	68,215
2,181	Volvo Financial Equipment LLC	4.29%	10/16/2028	26,870	26,917
				<u>\$ 3,836,566</u>	<u>\$ 3,850,682</u>

Plumbers and Pipefitters Local Union No. 396 Pension Fund

EIN: 34-6727007 PN: 001

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

June 30, 2025

Face Amount/ Number of Shares	Description	Cost	Market Value
MONEY MARKET FUNDS			
1,445	Dreyfus Government Cash Management Fund	\$ 1,445	\$ 1,445
MUTUAL FUNDS			
1,219,604	Baird Core Plus Bond Instl	\$ 13,148,720	\$ 12,452,157
601,626	Comerica US Small Cap Composite Equity Index Fund	9,889,563	42,166,071
95,099	Vanguard Total Intl Stock Ix Inst	12,143,564	14,109,801
	Total Mutual Funds	\$ 35,181,847	\$ 68,728,029
POOLED SEPARATE ACCOUNT			
55,064	Principal Real Estate Separate Account	\$ 1,000,000	\$ 3,530,777
COMMON/COLLECTIVE FUNDS			
171	Multi-Employer Property Trust	\$ 578,326	\$ 2,184,466
LIMITED PARTNERSHIPS			
2,156	Boyd Watterson GSA Fund, LP	\$ 2,515,011	\$ 2,111,701
	Total Investments	<u>\$ 51,844,852</u>	<u>\$ 89,153,561</u>
SUMMARY BY INVESTMENT TYPE			
	Money Market Funds	\$ 77,896	\$ 77,896
	U.S. Government Securities	4,188,334	4,130,549
	Mortgage Bonds	4,466,872	4,539,461
	Corporate & Foreign Bonds	3,836,566	3,850,682
	Mutual Funds	35,181,847	68,728,029
	Pooled Separate Accounts	1,000,000	3,530,777
	Common/Collective Funds	578,326	2,184,466
	Limited Partnerships	2,515,011	2,111,701
	Total Investments	<u>\$ 51,844,852</u>	<u>\$ 89,153,561</u>

Plumbers and Pipefitters Local Union No. 396 Pension Fund

EIN: 34-672007 PN: 001
Schedule of Reportable Transactions
(Schedule H, Line j)
June 30, 2025

(a) Identity of Party Involved	(b) Description of Security	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Gain or (Loss)
Purchases:							
	Dreyfus Government Cash Management Fund	\$ 12,450,737	\$ -	\$ -	\$ 12,450,737	\$ 12,450,737	\$ -
	Merganser Core Bond Fund II LLC	12,450,737	-	-	12,450,737	12,450,737	-
Sales:							
	Western Asset US Core Plus LLC	-	12,450,737	-	11,284,945	12,450,737	1,165,792
	Dreyfus Government Cash Management Fund	-	12,450,737	-	12,450,737	12,450,737	-
		<u>\$ 24,901,474</u>	<u>\$ 24,901,474</u>	<u>\$ -</u>	<u>\$ 48,637,156</u>	<u>\$ 49,802,948</u>	<u>\$ 1,165,792</u>

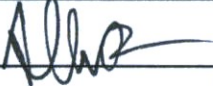
SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- 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.

A Name of plan Plumbers and Pipefitters Local Union No. 396 Pension Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees, Plumbers and Pipefitters Loca	D Employer Identification Number (EIN) 34-6727007

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	
1a Enter the valuation date: Month 07 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 83,077,564
(2) Actuarial value of assets for funding standard account	1b(2) 81,783,291
c (1) Accrued liability for plan using immediate gain methods	1c(1) 80,960,480
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 80,960,480
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1) 0
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 116,597,808
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3,983,380
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 5,755,853
(3) Expected plan disbursements for the plan year	1d(3) 5,990,853

Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE  Signature of actuary Allen L. Pauly Type or print name of actuary Cuni, Rust & Strenk Firm name 4555 Lake Forest Drive - Suite 620 US Cincinnati OH 45242-3760 Address of the firm	3-26-26 Date 23-08895 Most recent enrollment number (513) 891-0270 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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	83,077,564
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	329	66,340,439
(2) For terminated vested participants	55	8,318,063
(3) For active participants:		
(a) Non-vested benefits		3,515,507
(b) Vested benefits		38,423,799
(c) Total active	378	41,939,306
(4) Total	762	116,597,808
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2025	6,793,996				
Totals ▶			3(b)	6,793,996	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	101.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		☐
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.69	%
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☐ No ☒ N/A Post-retirement ☐ Yes ☐ No ☒ N/A		
c Mortality table code for validation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	6.50	%
e Salary scale	6e	%	☒ N/A
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.0	%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.4	%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	235,000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	(1,250,219)	(124,849)
4	7,560	755

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2,304,492

c	Amortization charges as of valuation date:		Outstanding balance	
(1)	All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	28,987,556	4,633,374
(2)	Funding waivers	9c(2)	0	0
(3)	Certain bases for which the amortization period has been extended	9c(3)	0	0
d	Interest as applicable on lines 9a, 9b, and 9c		9d	450,961
e	Total changes. Add lines 9a through 9d		9e	7,388,827
Credits to funding standard account:				
f	Prior year credit balance, if any		9f	14,399,598
g	Employer contributions. Total from column (b) of line 3		9g	6,793,996
h	Amortization credits as of valuation date	9h	Outstanding balance	
			15,401,769	3,039,670
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	1,350,881
j	Full funding limitation (FFL) and credits:			
(1)	ERISA FFL (accrued liability FFL)	9j(1)	16,913,562	
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	26,312,664	
(3)	FFL credit		9j(3)	0
k	(1) Waived funding deficiency		9k(1)	0
	(2) Other credits		9k(2)	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l	25,584,145
m	Credit balance: If line 9l is greater than line 9e, enter the difference		9m	18,195,318
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	
o	Current year's accumulated reconciliation account:			
(1)	Due to waived funding deficiency accumulated prior to the current plan year		9o(1)	0
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a)	Reconciliation outstanding balance as of valuation date		9o(2)(a)	0
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		9o(2)(b)	0
(3)	Total as of valuation date		9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)		10	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

1. Effective Date: July 1, 1959.
2. Plan Year: July 1st through June 30th.
3. Eligibility/ Employees Covered: 1st day of the Plan Year in which 350 Hours of Service are completed in work covered by the Local 396 Collective Bargaining Agreement.
4. Credited Service: 1 year for 1,400 Hours worked.
5. Vesting Service: 1 Year for each Plan Year with 1,000 Hours of Service.
6. Normal Retirement:
 - a. Eligibility Age 65 (age 62 or 30 years of service for former Local 225 Participants).
 - b. Monthly Benefit Benefit Rate per Year of Credited Service.

<u>Benefit Earned</u>	<u>Benefit Rate</u>
Prior to July 1, 1980	\$20
July 1, 1980 – June 30, 2002	\$100
July 1, 2002 – June 30, 2009	\$80
July 1, 2009 – June 30, 2021	\$70
July 1, 2021 – June 30, 2023	\$100
After July 1, 2023	\$100*

* Prorated for Hours worked that differ from 1,400 or for reciprocal contributions that differ from the base journeyman rate (sunsets on July 1, 2025).

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

7. Early Retirement:

a. Eligibility Age 52 and 10 Years of Credited or Vesting Service.

b. Monthly Benefit % per year reduction for early commencement:

<u>Benefit Earned</u>	<u>Reduction</u>
Before June 30, 2006	3% from age 56
July 1, 2006 – June 30, 2009	6% from age 62
After July 1, 2009	6% from age 65*

*Age 62 if 30 Years of Credited or Vesting Service.

8. Vested Retirement:

a. Eligibility 5 Years of Credited or Vesting Service.

b. Monthly Benefit Calculated as for Early or Normal Retirement.

9. Pre-Retirement Death:

a. Eligibility 5 Years of Credited or Vesting Service.

b. Monthly Benefit Calculated as for an age 52 Early Retirement reflecting a 100% Joint & Survivor Annuity form with death immediately after Early Retirement for married Participants, and an immediate Single Life Annuity Actuarially Equivalent to the contributions paid on behalf of the Participant for single Participants.

10. Post-Retirement Death:

a. Eligibility Receiving monthly retirement benefits.

b. Monthly Benefit Beneficiaries receive the decedent's contributions (less any monthly benefits paid) payable as a monthly benefit.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

11. Disability Retirement:

- | | |
|--------------------|--|
| a. Eligibility | 4 Years of Credited Service, Total and Permanent Disability with Social Security Disability Award and has not incurred a Break in Service. |
| b. Monthly Benefit | Calculated as for Normal Retirement, actuarially reduced for commencement prior to age 65. |

12. Special Disability Retirement:

- | | |
|--------------------|---|
| a. Eligibility | Total and Permanent Disability, and eligible for Early Retirement and not yet receiving Social Security Disability Benefit Award. |
| b. Monthly Benefit | Calculated as for Early Retirement. |

13. Actuarial Equivalency:

6.5% interest rate and amount-weighted Blue Collar adjusted Pri-2012 mortality projected to 2021 using Scale MP-2020 with male retiree dataset for primary annuitant and female contingent survivor dataset for contingent annuitant.

7.5% interest rate and the UP-1984 Unisex Mortality Table for late retirements.

417(e) mortality with the February prior to the Plan Year applicable interest rate for the calculation of the Pre-Retirement Death Benefit return of contributions monthly benefit.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

14. Payment Forms:

a. Normal

5-Year Certain & Life Annuity for single Participants and an Actuarially Equivalent 50% Joint & Survivor Annuity with unreduced Pop-Up (QJSA) for married Participants.

b. Optional

Actuarially Equivalent 100%, 75% (QOSA) or 50% Joint & Survivor Annuity with unreduced Pop-Up, 10 or 15-year Certain & Life Annuity.

15. Hourly Contribution Rate:

<u>Effective Date</u>	<u>Rate</u>
June 1, 2019	\$10.50
August 1, 2020	\$10.75
June 1, 2021	\$11.00
June 1, 2022	\$11.25
June 1, 2023	\$11.50
June 1, 2024	\$11.75

16. Changes Since Last Year:

Credited Service was updated (sunsets on July 1, 2025).

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

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

1. Interest Rates:

- | | |
|------------------------------|--------------|
| a. Funding/Current Liability | 6.50%/3.69%. |
| b. Withdrawal Liability | 5.11%/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 (IRS Notice 2023-73). |

3. Actuarial Cost Method: Unit Credit.

4. Retirement Rates:

<u>Age</u>	<u>Rate</u>
52-54	0.03
55-60	0.05
61-64	0.25
65	1.00

The weighted average retirement age is 61.4.

5. Hours Worked: 1,850 per year.

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

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

6. Expense Load: \$235,000, increasing by 2.5% per year.

7. Termination Rates: Termination with less than 3 Years of Service – 0.100; otherwise:

<u>Age</u>	<u>Termination</u>	<u>Disability</u>
25	0.064800	0.001814
35	0.030425	0.002364
45	0.023875	0.004038
55	0.008675	0.011543
65	0.000000	0.000000

8. Payment Form Election:

<u>Payment Forms</u>	<u>% Electing</u>
5-Year C&L	45%
10-Year C&L	0%
15-Year C&L	10%
50% J&S with Pop-Up	20%
75% J&S with Pop-Up	10%
100% J&S with Pop-Up	15%

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

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 actual less the expected return using the funding interest rate. The Actuarial Value is adjusted to be within 80% and 120% of the Market Value.

11. Employer Contributions: Contributed throughout the Plan Year.

12. Changes Since Last Year: The expense load was increased, the withdrawal liability interest rates were updated, death benefit interest rates were updated, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

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

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

Rationale for Selection of Significant Actuarial Assumptions

1. Funding Interest Rate: 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 Rate: 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(2) – Schedule of Active Participant Data.

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

Attained Age	Years of Credited Service														
	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
	No.	Average		No.	Average		No.	Average		No.	Average		No.	Average	
		Comp.	Mon. Ben.		Comp.	Mon. Ben.		Comp.	Mon. Ben.		Comp.	Mon. Ben.		Comp.	Mon. Ben.
Under 25	2			27			1			0			0		
25 to 29	1			29			9			0			0		
30 to 34	0			30			15			17			0		
35 to 39	1			9			14			13			6		
40 to 44	1			6			7			2			10		
45 to 49	0			8			10			7			9		
50 to 54	0			4			6			11			6		
55 to 59	0			2			3			1			6		
60 to 64	0			1			1			4			5		
65 to 69	0			0			0			0			0		
70 & up	0			1			0			1			0		

Attained Age	Years of Credited Service														
	20 to 24			25 to 29			30 to 34			35 to 39			40 & up		
	No.	Average		No.	Average		No.	Average		No.	Average		No.	Average	
		Comp.	Mon. Ben.		Comp.	Mon. Ben.		Comp.	Mon. Ben.		Comp.	Mon. Ben.		Comp.	Mon. Ben.
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	5			0			0			0			0		
45 to 49	16			3			0			0			0		
50 to 54	17			9			0			0			0		
55 to 59	12			14			1			2			0		
60 to 64	3			4			0			2			0		
65 to 69	1			1			0			0			2		
70 & up	0			0			0			0			0		

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

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

Charge Bases:

<u>Date</u>		<u>Initial</u>	<u>Rem.</u>		<u>Remaining</u>
<u>Established</u>	<u>Type</u>	<u>Balance</u>	<u>Years</u>	<u>Payment</u>	<u>Balance</u>
07/01/1996	Amendment	\$ 732,124	2	\$ 55,681	\$ 107,964
07/01/1996	Assumption	765,030	2	58,182	112,814
07/01/1997	Amendment	1,157,456	3	87,813	247,689
07/01/1998	Amendment	1,229,472	4	93,043	339,462
07/01/1999	Assumption	772,391	5	58,301	258,025
07/01/1999	Amendment	3,156,911	5	238,291	1,054,625
07/01/2000	Amendment	9,667,308	6	727,150	3,748,948
07/01/2004	Amendment	258,725	10	19,474	149,099
07/01/2009	Asset Loss	1,803,964	14	134,788	1,293,925
07/01/2010	Shortfall	270,260	1	27,987	27,987
07/01/2010	Asset Loss	452,719	14	34,154	327,874
07/01/2011	Shortfall	651,343	2	71,366	138,377
07/01/2011	Asset Loss	1,737,328	14	132,458	1,271,567
07/01/2011	Experience	2,439,423	2	251,219	487,105
07/01/2012	Asset Loss	3,029,544	14	233,656	2,243,030
07/01/2013	Shortfall	30,707	4	3,128	11,416
07/01/2013	Asset Loss	1,796,421	14	140,305	1,346,890
07/01/2015	Shortfall	770,146	6	77,670	400,446
07/01/2016	Experience	647,359	7	64,971	379,500
07/01/2016	Assumption	8,374,485	7	840,494	4,909,337
07/01/2017	Experience	5,016,365	8	502,596	3,259,100
07/01/2019	Amendment	89,842	10	8,972	68,688
07/01/2019	Assumption	766,374	10	76,531	585,936
07/01/2020	Experience	804,181	11	80,307	657,619
07/01/2021	Assumption	157,895	12	15,768	137,005
07/01/2021	Amendment	3,639,769	12	363,474	3,158,238
07/01/2022	Experience	138,112	13	13,792	126,319
07/01/2023	Experience	1,997,525	14	199,476	1,914,922
07/01/2023	Assumption	216,022	14	21,572	207,089
07/01/2024	Assumption	7,560	15	755	7,560
Total Charges				\$ 4,633,374	\$ 28,978,556

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

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

Credit 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>
07/01/2001	Assumption	\$ 5,071,919	7	\$ 380,169	\$ 2,220,570
07/01/2001	Amendment	1,459,523	7	109,400	639,004
07/01/2002	Amendment	1,719,875	8	130,624	847,034
07/01/2009	Amendment	1,683,274	15	124,196	1,243,672
07/01/2010	Experience	1,377,824	1	163,067	163,067
07/01/2012	Experience	646,259	3	66,192	186,701
07/01/2012	Shortfall	253,042	3	25,917	73,105
07/01/2013	Experience	585,564	4	59,657	217,658
07/01/2014	Experience	1,168,239	5	118,409	524,055
07/01/2014	Shortfall	650,775	5	68,802	304,503
07/01/2015	Experience	3,116,920	6	314,346	1,620,674
07/01/2016	Asset Method	3,072,685	2	403,648	782,659
07/01/2016	Cost Method	2,590,170	2	340,262	659,754
07/01/2016	Amendment	622,933	7	62,520	365,179
07/01/2017	Assumption	397,241	8	39,800	258,085
07/01/2018	Experience	1,420,087	9	142,043	1,006,906
07/01/2018	Assumption	48,885	9	4,890	34,659
07/01/2019	Experience	1,542,558	10	154,043	1,179,362
07/01/2020	Assumption	310,881	11	31,045	254,224
07/01/2021	Experience	838,769	12	83,761	727,803
07/01/2022	Assumption	921,573	13	92,030	842,876
07/01/2024	Experience	1,250,219	15	124,849	1,250,219
Total Credits				\$ 3,039,670	\$ 15,401,769
1. Net Amortization					\$ 13,576,787
2. Credit Balance					\$ 14,399,598
3. Balance Test: [(1) - (2)]					\$ (822,811)
Unfunded Accrued Liability:					
a. Accrued Liability					\$ 80,960,480
b. Actuarial Value of Assets					81,783,291
c. Unfunded Accrued Liability: [(a) - (b)]					\$ (822,811)

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

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

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

- The expense assumption was increased from \$215,000 to \$235,000.
- The withdrawal liability interest rates were updated.
- The death benefit interest rates were updated.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

1. Effective Date: July 1, 1959.
2. Plan Year: July 1st through June 30th.
3. Eligibility/ Employees Covered: 1st day of the Plan Year in which 350 Hours of Service are completed in work covered by the Local 396 Collective Bargaining Agreement.
4. Credited Service: 1 year for 1,400 Hours worked.
5. Vesting Service: 1 Year for each Plan Year with 1,000 Hours of Service.
6. Normal Retirement:
 - a. Eligibility Age 65 (age 62 or 30 years of service for former Local 225 Participants).
 - b. Monthly Benefit Benefit Rate per Year of Credited Service.

<u>Benefit Earned</u>	<u>Benefit Rate</u>
Prior to July 1, 1980	\$20
July 1, 1980 – June 30, 2002	\$100
July 1, 2002 – June 30, 2009	\$80
July 1, 2009 – June 30, 2021	\$70
July 1, 2021 – June 30, 2023	\$100
After July 1, 2023	\$100*

* Prorated for Hours worked that differ from 1,400 or for reciprocal contributions that differ from the base journeyman rate (sunsets on July 1, 2025).

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

7. Early Retirement:

a. Eligibility Age 52 and 10 Years of Credited or Vesting Service.

b. Monthly Benefit % per year reduction for early commencement:

<u>Benefit Earned</u>	<u>Reduction</u>
Before June 30, 2006	3% from age 56
July 1, 2006 – June 30, 2009	6% from age 62
After July 1, 2009	6% from age 65*

*Age 62 if 30 Years of Credited or Vesting Service.

8. Vested Retirement:

a. Eligibility 5 Years of Credited or Vesting Service.

b. Monthly Benefit Calculated as for Early or Normal Retirement.

9. Pre-Retirement Death:

a. Eligibility 5 Years of Credited or Vesting Service.

b. Monthly Benefit Calculated as for an age 52 Early Retirement reflecting a 100% Joint & Survivor Annuity form with death immediately after Early Retirement for married Participants, and an immediate Single Life Annuity Actuarially Equivalent to the contributions paid on behalf of the Participant for single Participants.

10. Post-Retirement Death:

a. Eligibility Receiving monthly retirement benefits.

b. Monthly Benefit Beneficiaries receive the decedent's contributions (less any monthly benefits paid) payable as a monthly benefit.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

11. Disability Retirement:

- | | |
|--------------------|--|
| a. Eligibility | 4 Years of Credited Service, Total and Permanent Disability with Social Security Disability Award and has not incurred a Break in Service. |
| b. Monthly Benefit | Calculated as for Normal Retirement, actuarially reduced for commencement prior to age 65. |

12. Special Disability Retirement:

- | | |
|--------------------|---|
| a. Eligibility | Total and Permanent Disability, and eligible for Early Retirement and not yet receiving Social Security Disability Benefit Award. |
| b. Monthly Benefit | Calculated as for Early Retirement. |

13. Actuarial Equivalency:

6.5% interest rate and amount-weighted Blue Collar adjusted Pri-2012 mortality projected to 2021 using Scale MP-2020 with male retiree dataset for primary annuitant and female contingent survivor dataset for contingent annuitant.

7.5% interest rate and the UP-1984 Unisex Mortality Table for late retirements.

417(e) mortality with the February prior to the Plan Year applicable interest rate for the calculation of the Pre-Retirement Death Benefit return of contributions monthly benefit.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

14. Payment Forms:

a. Normal

5-Year Certain & Life Annuity for single Participants and an Actuarially Equivalent 50% Joint & Survivor Annuity with unreduced Pop-Up (QJSA) for married Participants.

b. Optional

Actuarially Equivalent 100%, 75% (QOSA) or 50% Joint & Survivor Annuity with unreduced Pop-Up, 10 or 15-year Certain & Life Annuity.

15. Hourly Contribution Rate:

<u>Effective Date</u>	<u>Rate</u>
June 1, 2019	\$10.50
August 1, 2020	\$10.75
June 1, 2021	\$11.00
June 1, 2022	\$11.25
June 1, 2023	\$11.50
June 1, 2024	\$11.75

16. Changes Since Last Year:

Credited Service was updated (sunsets on July 1, 2025).

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

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

1. Interest Rates:

- | | |
|------------------------------|--------------|
| a. Funding/Current Liability | 6.50%/3.69%. |
| b. Withdrawal Liability | 5.11%/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 (IRS Notice 2023-73). |

3. Actuarial Cost Method: Unit Credit.

4. Retirement Rates:

<u>Age</u>	<u>Rate</u>
52-54	0.03
55-60	0.05
61-64	0.25
65	1.00

The weighted average retirement age is 61.4.

5. Hours Worked: 1,850 per year.

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

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

6. Expense Load: \$235,000, increasing by 2.5% per year.

7. Termination Rates: Termination with less than 3 Years of Service – 0.100; otherwise:

<u>Age</u>	<u>Termination</u>	<u>Disability</u>
25	0.064800	0.001814
35	0.030425	0.002364
45	0.023875	0.004038
55	0.008675	0.011543
65	0.000000	0.000000

8. Payment Form Election:

<u>Payment Forms</u>	<u>% Electing</u>
5-Year C&L	45%
10-Year C&L	0%
15-Year C&L	10%
50% J&S with Pop-Up	20%
75% J&S with Pop-Up	10%
100% J&S with Pop-Up	15%

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

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 actual less the expected return using the funding interest rate. The Actuarial Value is adjusted to be within 80% and 120% of the Market Value.

11. Employer Contributions: Contributed throughout the Plan Year.

12. Changes Since Last Year: The expense load was increased, the withdrawal liability interest rates were updated, death benefit interest rates were updated, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

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

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

Rationale for Selection of Significant Actuarial Assumptions

1. Funding Interest Rate: 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 Rate: 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(2) – Schedule of Active Participant Data.

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

Attained Age	Years of Credited Service											
	Under 1			1 to 4			5 to 9			10 to 14		
	Average			Average			Average			Average		
	No.	Comp.	Mon. Ben.	No.	Comp.	Mon. Ben.	No.	Comp.	Mon. Ben.	No.	Comp.	Mon. Ben.
Under 25	2			27			1			0		
25 to 29	1			29			9			0		
30 to 34	0			30			15			17		
35 to 39	1			9			14			13		
40 to 44	1			6			7			2		
45 to 49	0			8			10			7		
50 to 54	0			4			6			11		
55 to 59	0			2			3			1		
60 to 64	0			1			1			4		
65 to 69	0			0			0			0		
70 & up	0			1			0			1		

Attained Age	Years of Credited Service											
	20 to 24			25 to 29			30 to 34			35 to 39		
	Average			Average			Average			Average		
	No.	Comp.	Mon. Ben.	No.	Comp.	Mon. Ben.	No.	Comp.	Mon. Ben.	No.	Comp.	Mon. Ben.
Under 25	0			0			0			0		
25 to 29	0			0			0			0		
30 to 34	0			0			0			0		
35 to 39	0			0			0			0		
40 to 44	5			0			0			0		
45 to 49	16			3			0			0		
50 to 54	17			9			0			0		
55 to 59	12			14			1			0		
60 to 64	3			4			0			2		
65 to 69	1			1			0			0		
70 & up	0			0			0			0		

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

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

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>
07/01/1996	Amendment	\$ 732,124	2	\$ 55,681	\$ 107,964
07/01/1996	Assumption	765,030	2	58,182	112,814
07/01/1997	Amendment	1,157,456	3	87,813	247,689
07/01/1998	Amendment	1,229,472	4	93,043	339,462
07/01/1999	Assumption	772,391	5	58,301	258,025
07/01/1999	Amendment	3,156,911	5	238,291	1,054,625
07/01/2000	Amendment	9,667,308	6	727,150	3,748,948
07/01/2004	Amendment	258,725	10	19,474	149,099
07/01/2009	Asset Loss	1,803,964	14	134,788	1,293,925
07/01/2010	Shortfall	270,260	1	27,987	27,987
07/01/2010	Asset Loss	452,719	14	34,154	327,874
07/01/2011	Shortfall	651,343	2	71,366	138,377
07/01/2011	Asset Loss	1,737,328	14	132,458	1,271,567
07/01/2011	Experience	2,439,423	2	251,219	487,105
07/01/2012	Asset Loss	3,029,544	14	233,656	2,243,030
07/01/2013	Shortfall	30,707	4	3,128	11,416
07/01/2013	Asset Loss	1,796,421	14	140,305	1,346,890
07/01/2015	Shortfall	770,146	6	77,670	400,446
07/01/2016	Experience	647,359	7	64,971	379,500
07/01/2016	Assumption	8,374,485	7	840,494	4,909,337
07/01/2017	Experience	5,016,365	8	502,596	3,259,100
07/01/2019	Amendment	89,842	10	8,972	68,688
07/01/2019	Assumption	766,374	10	76,531	585,936
07/01/2020	Experience	804,181	11	80,307	657,619
07/01/2021	Assumption	157,895	12	15,768	137,005
07/01/2021	Amendment	3,639,769	12	363,474	3,158,238
07/01/2022	Experience	138,112	13	13,792	126,319
07/01/2023	Experience	1,997,525	14	199,476	1,914,922
07/01/2023	Assumption	216,022	14	21,572	207,089
07/01/2024	Assumption	7,560	15	755	7,560
Total Charges				\$ 4,633,374	\$ 28,978,556

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

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

Credit Bases:

Date		Initial	Rem.		Remaining
Established	Type	Balance	Years	Payment	Balance
07/01/2001	Assumption	\$ 5,071,919	7	\$ 380,169	\$ 2,220,570
07/01/2001	Amendment	1,459,523	7	109,400	639,004
07/01/2002	Amendment	1,719,875	8	130,624	847,034
07/01/2009	Amendment	1,683,274	15	124,196	1,243,672
07/01/2010	Experience	1,377,824	1	163,067	163,067
07/01/2012	Experience	646,259	3	66,192	186,701
07/01/2012	Shortfall	253,042	3	25,917	73,105
07/01/2013	Experience	585,564	4	59,657	217,658
07/01/2014	Experience	1,168,239	5	118,409	524,055
07/01/2014	Shortfall	650,775	5	68,802	304,503
07/01/2015	Experience	3,116,920	6	314,346	1,620,674
07/01/2016	Asset Method	3,072,685	2	403,648	782,659
07/01/2016	Cost Method	2,590,170	2	340,262	659,754
07/01/2016	Amendment	622,933	7	62,520	365,179
07/01/2017	Assumption	397,241	8	39,800	258,085
07/01/2018	Experience	1,420,087	9	142,043	1,006,906
07/01/2018	Assumption	48,885	9	4,890	34,659
07/01/2019	Experience	1,542,558	10	154,043	1,179,362
07/01/2020	Assumption	310,881	11	31,045	254,224
07/01/2021	Experience	838,769	12	83,761	727,803
07/01/2022	Assumption	921,573	13	92,030	842,876
07/01/2024	Experience	1,250,219	15	124,849	1,250,219
	Total Credits			\$ 3,039,670	\$ 15,401,769
1.	Net Amortization				\$ 13,576,787
2.	Credit Balance				\$ 14,399,598
3.	Balance Test: [(1) - (2)]				\$ (822,811)
	Unfunded Accrued Liability:				
	a. Accrued Liability				\$ 80,960,480
	b. Actuarial Value of Assets				81,783,291
	c. Unfunded Accrued Liability: [(a) - (b)]				\$ (822,811)

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

Plan Name: Plumbers and Pipefitters Local Union No. 396 Pension Plan

EIN: 34-6727007

PN: 001

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

- The expense assumption was increased from \$215,000 to \$235,000.
- The withdrawal liability interest rates were updated.
- The death benefit interest rates were updated.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form Is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	 ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	 ☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 05/01/1975
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 396 3660 STUTZ DRIVE, SUITE 101 CANFIELD OH 44406	2b Employer Identification Number (EIN) 34-6727007
	2c Plan Sponsor's telephone number 330-270-0453
	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.

SIGN HERE	☒ <i>Aaron Hall</i> Signature of plan administrator	4-8-2026	☒ <i>Aaron Hall</i> Enter name of individual signing as plan administrator
SIGN HERE	☒ <i>J. Brent Kelley</i> Signature of employer/plan sponsor	4-7-26	☒ <i>J. Brent Kelley</i> Enter name of individual signing as employer or plan sponsor
SIGN HERE	_____ Signature of DFE	_____ Date	_____ Enter name of individual signing as DFE

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

Form 5500 (2024)

3a Plan administrator's name and address ☒ Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

4b EIN

4d PN

a Sponsor's name

c Plan Name

5 Total number of participants at the beginning of the plan year

5

786

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).

a(1) Total number of active participants at the beginning of the plan year

6a(1)

394

a(2) Total number of active participants at the end of the plan year

6a(2)

386

b Retired or separated participants receiving benefits

6b

279

c Other retired or separated participants entitled to future benefits

6c

45

d Subtotal. Add lines 6a(2), 6b, and 6c.

6d

710

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.

6e

73

f Total. Add lines 6d and 6e.

6f

783

g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)

6g(1)

g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6g(2)

h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested

6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)

7

51

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

1B

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

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

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 1
 (4) ☒ C (Service Provider Information)
 (5) ☒ D (DFE/Participating Plan Information)
 (6) ☐ G (Financial Transaction Schedules)

34-6727007

Federal Statements

FYE: 6/30/2025

PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND

Plan: 001

Plan transactions in excess of 5% of plan assets

Name								
	Description	Purchase Price	Selling Price	Lease Rental	Expenses	Cost of Asset	Current Value	Net Gain or Loss
DREYFUS GOVT CASH FUND		\$12450737	\$	\$	\$	\$12450737	\$12450737	\$
MERGANSER CORE BD FD II		12450737				12450737	12450737	
WA US CORE PLUS LLC			12450737			11284945	12450737	1165792
DREYFUS GOVT CASH FUND			12450737			12450737	12450737	

34-6727007

Federal Statements

FYE: 6/30/2025 PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND

Plan: 001

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	MONEY MARKET FUNDS		\$ 77,896	\$ 77,896
	U.S. GOVT SECURITIES		4,188,334	4,130,549
	MORTGAGE BONDS		4,466,872	4,539,461
	CORPORATE BONDS		3,836,566	3,850,682
	MUTUAL FUNDS		35,181,847	68,728,029
	POOLED SEPERATE ACCT		1,000,000	3,530,777
	COMMON/COLLECTIVE FD		578,326	2,184,466
	LIMITED PARTNERSHIPS		2,515,011	2,111,701