

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 08/01/2024 and ending 07/31/2025	
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 PIPEFITTERS LOCAL UNION NO. 803 PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 08/01/1969
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF PLUMBERS LOCAL UNION NO. 803 PENSION FUND 1880 EAST WEST PKWY #10132 FLEMING ISLAND, FL 32006	2b Employer Identification Number (EIN) 59-6228172
		2c Plan Sponsor's telephone number 904-902-7174
		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.	02/11/2026	JASON STRICKLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/11/2026	PAUL V. JONES
	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	5 947
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) 376 6a(2) 416 6b 236 6c 267 6d 919 6e 64 6f 983 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 32

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 _____
- (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 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 08/01/2024 and ending 07/31/2025

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

A Name of plan PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 803 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 BOARD OF TRUSTEES OF PLUMBERS LOCAL UNION NO. 803 PENSION FUND	D Employer Identification Number (EIN) 59-6228172

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

1a Enter the valuation date: Month 08 Day 01 Year 2024	
b Assets	
(1) Current value of assets.....	1b(1) 47469870
(2) Actuarial value of assets for funding standard account	1b(2) 47897825
c (1) Accrued liability for plan using immediate gain methods	1c(1) 54480182
(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) 48763676
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) 84321202
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 2655964
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)
(3) Expected plan disbursements for the plan year.....	1d(3) 2524178

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	02/23/2026
Signature of actuary CHARLES T. CARR	Date 23-04927
Type or print name of actuary SOUTHERN ACTUARIAL SERVICES COMPANY	Most recent enrollment number 770-392-0980
Firm name P.O. BOX 888343 ATLANTA, GA 30356-0343	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	47469870
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	305	33468907
(2) For terminated vested participants	269	24176328
(3) For active participants:		
(a) Non-vested benefits		1383749
(b) Vested benefits		25292218
(c) Total active	575	26675967
(4) Total	1149	84321202
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.30 %

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
02/02/2025	3039035	0			
Totals ►			3(b)	3039035	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	98.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ 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	3.50 %
	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)	6
(2) Females	6c(2)	6F
d Valuation liability interest rate	6d	7.00 %
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)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.9 %
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)	4.80 %
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	
(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	2467648	253210

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	872356

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)	21111464	3549619
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 309538**e** Total charges. Add lines 9a through 9d.....**9e** 4731513**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 2174473**g** Employer contributions. Total from column (b) of line 3.....**9g** 3039035**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	12354634	2512914

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 432684**j** Full funding limitation (FFL) and credits:

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

9j(1)	10761141
9j(2)	30068413

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** 8159106**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 3427593**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****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 08/01/2024 and ending 07/31/2025		
A Name of plan PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 803 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS LOCAL UNION NO. 803 PENSION FUND	D Employer Identification Number (EIN) 59-6228172	

Part I	Service Provider Information (see instructions)
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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

BLACKROCK FUND ADVISORS 525 WASHINGTON BLVD, SUITE 1405
JERSEY CITY, NJ 07310

(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

THE VANGUARD GROUP, INC.

23-1945930

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

BLACKROCK ADVISORS, LLC 100 BELLEVUE PARKWAY
WILMINGTON, DE 19809

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

METROPOLITAN WEST ASSET MGT, LLC

865 SOUTH FIGUEROA STREET
LOS ANGELES, CA 90017

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

VIRTUS INVESTMENT ADVISERS, INC.

P.O. BOX 534470
PITTSBURGH, PA 15253-4470

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

INVESCO ADVISERS, INC.

1331 SPRING STREET N.W., SUITE 2500
ATLANTA, GA 30309

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

IRONWOOD CAPITAL MANAGEMENT

1 MARKET ST
SAN FRANCISCO, CA 94105

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

BNY MELLON

101 BARCLAY ST
NEW YORK, NY 10286

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

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

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

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

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

MORGAN STANLEY SMITH BARNEY, LLC

11-3658445

(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 19 27 33 49 50 55 64 71 72 99	NONE	200103	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

MY BENEFITS ADMINISTRATOR, LLC

99-0940151

(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?
12 13 14 36 49	NONE	95739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL EMPLOYEE BENEFITS ADMIN.

65-0498809

(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?
12 13 14 36 49	NONE	54913	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)

ROBEIN, URANN, SPENCER, PICARD & CA

72-0999672

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	52897	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHERN ACTUARIAL SERVICES CO.,INC

58-2409046

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	23625	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	22200	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)

FOUNDRY PARTNERS, LLC

46-1184506

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	15390	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRUIST BANK

56-0939887

(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?
49	NONE	7485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ 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.	
For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025					
A Name of plan PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 803 PENSION FUND				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS LOCAL UNION NO. 803 PENSION FUND				D Employer Identification Number (EIN) 59-6228172	
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: NEWTOWER TRUST COMPANY MEPT					
b Name of sponsor of entity listed in (a): NEWTOWER 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) 1946336	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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			

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
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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
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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
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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)

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 08/01/2024 and ending 07/31/2025	
	A Name of plan PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 803 PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS LOCAL UNION NO. 803 PENSION FUND	D Employer Identification Number (EIN) 59-6228172	

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	832023	1102224
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	236698	278108
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	82383	67833
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	590468	360645
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	15596410	15494632
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1908356	1946336
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	26122053	29840320
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2161173	2416094

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	47529564	51506192
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	59694	71434
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	59694	71434
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	47469870	51434758

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)	3080445	
(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)		3080445
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	11075	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		11075
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	339148	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	877710	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1216858
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	24096593	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	23791424	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		305169
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1167735	
(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)		37980
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1281410
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7100672

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2599022	
(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)		2599022
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)	142533	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	22200	
(5) Investment advisory and investment management fees	2i(5)	215493	
(6) Bank or trust company trustee/custodial fees	2i(6)	7485	
(7) Actuarial fees	2i(7)	23625	
(8) Legal fees	2i(8)	52897	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	9085	
(11) Other expenses	2i(11)	63444	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		536762
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3135784

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3964888
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: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

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?	☒		2000000
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 571956.

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 08/01/2024 and ending 07/31/2025					
A Name of plan PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 803 PENSION FUND				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS LOCAL UNION NO. 803 PENSION FUND				D Employer Identification Number (EIN) 59-6228172	
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 0	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
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 **MECHANICAL SERVICES, INC.**

b EIN **14-1867889**

c Dollar amount contributed by employer **656144**

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 **08** Day **31** Year **2027**

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

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

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

a Name of contributing employer **VW GAY MECHANICAL CONTRACTORS**

b EIN **59-3462279**

c Dollar amount contributed by employer **500097**

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 **08** Day **31** Year **2027**

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

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

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

a Name of contributing employer **WALT DISNEY WORLD**

b EIN **59-3019693**

c Dollar amount contributed by employer **279674**

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 **10** Day **03** Year **2026**

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

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

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

a Name of contributing employer **IRVINE MECHANICAL, INC.**

b EIN **59-3016720**

c Dollar amount contributed by employer **205440**

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 **08** Day **31** Year **2027**

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

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

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

a Name of contributing employer **CARRIER CORPORATION**

b EIN **06-0991716**

c Dollar amount contributed by employer **146928**

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 **08** Day **31** Year **2027**

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

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

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

a Name of contributing employer **SHAW MECHANICAL SERVICES**

b EIN **59-2043534**

c Dollar amount contributed by employer **139857**

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 **08** Day **31** Year **2027**

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **FLORIDA MECHANICAL SERVICES, LLC**

b EIN **80-0855585**

c Dollar amount contributed by employer **105710**

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 **08** Day **31** Year **2027**

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

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

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

a Name of contributing employer **JOHNSON CONTROLS INC**

b EIN **39-0380010**

c Dollar amount contributed by employer **96444**

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 **08** Day **31** Year **2027**

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

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

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

a Name of contributing employer **THERMETRICS CORP.**

b EIN **10-1705578**

c Dollar amount contributed by employer **84738**

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 **08** Day **31** Year **2027**

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

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

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

a Name of contributing employer **MCCLOSKEY MECHANICAL CONTRACTORS**

b EIN **22-2615683**

c Dollar amount contributed by employer **78792**

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 **08** Day **31** Year **2027**

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

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

- 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

97.67

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

15b

100.59

- 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: 52.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 35.0 %

High-Yield Debt: 2.0 % Real Assets: 4.0 % Cash or Cash Equivalents: 0.0 % Other: 7.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Plumbers and Pipefitters Local Union No. 803
Pension Fund

Financial Statements

July 31, 2025

**Plumbers and Pipefitters Local Union No. 803
Pension Fund**

Financial Statements with Supplementary Information

July 31, 2025 and 2024

Contents

	Page
Report of Independent Auditors	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
	Schedule
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	1

Report of Independent Auditors

To the Participants and Trustees of
Plumbers and Pipefitters Local Union No. 803
Pension Fund

Opinion

We have audited the financial statements of Plumbers and Pipefitters Local Union No. 803 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of July 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Plumbers and Pipefitters Local Union No. 803 Pension Fund as of July 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of July 31, 2024, and the changes in its accumulated plan benefits for the year 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 *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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.

Auditors' 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 auditors' 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 the Plan's internal control. Accordingly, no such opinion is expressed;
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements; and
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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.

Legacy Professionals LLP

Westchester, Illinois

February 11, 2026

**Plumbers and Pipefitters Local Union No. 803
Pension Fund**

Statements of Net Assets Available for Benefits

July 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments - at fair value		
Registered investment companies	\$ 29,840,320	\$ 26,122,053
Common stocks	15,494,632	15,596,410
Hedge fund	2,416,094	2,161,173
Real estate fund	1,946,336	1,908,356
Short-term investment funds	<u>360,645</u>	<u>590,468</u>
Total investments	<u>50,058,027</u>	<u>46,378,460</u>
Receivables		
Employer contributions	278,108	236,698
Accrued interest and dividends	59,650	70,170
Due from broker	<u>8,183</u>	<u>12,213</u>
Total receivables	<u>345,941</u>	<u>319,081</u>
Cash	<u>1,102,224</u>	<u>832,023</u>
Total assets	51,506,192	47,529,564
Liabilities and Net Assets		
Liabilities		
Accounts payable	<u>71,434</u>	<u>59,694</u>
Net assets available for benefits	<u>\$ 51,434,758</u>	<u>\$ 47,469,870</u>

See accompanying notes to financial statements.

**Plumbers and Pipefitters Local Union No. 803
Pension Fund**

Statements of Changes in Net Assets Available for Benefits

Years Ended July 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value		
of investments	\$ 2,792,294	\$ 3,362,403
Interest and dividends	<u>1,227,933</u>	<u>1,096,778</u>
	4,020,227	4,459,181
Less investment expenses	<u>(215,493)</u>	<u>(193,138)</u>
Investment income - net	3,804,734	4,266,043
Employer contributions	<u>3,080,445</u>	<u>2,737,335</u>
Total additions	<u>6,885,179</u>	<u>7,003,378</u>
Deductions		
Pension benefits	2,599,022	2,456,348
Administrative expenses	<u>321,269</u>	<u>239,260</u>
Total deductions	<u>2,920,291</u>	<u>2,695,608</u>
Net increase	3,964,888	4,307,770
Net assets available for benefits		
Beginning of year	<u>47,469,870</u>	<u>43,162,100</u>
End of year	<u>\$ 51,434,758</u>	<u>\$ 47,469,870</u>

See accompanying notes to financial statements.

**Plumbers and Pipefitters Local Union No. 803
Pension Fund**

Notes to Financial Statements

July 31, 2025 and 2024

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements of Plumbers and Pipefitters Local Union No. 803 Pension Fund (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of investments are reflected on a trade-date basis.

Dividend income is recorded on the ex dividend date. Interest income is recorded on the accrual basis.

Employer Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Employer contribution deficiencies established through payroll compliance audits are recognized upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

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 which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Employer Contribution Income - Employer contributions are recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates set forth in the applicable collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 in the plumbing, pipefitting, and HVAC industry within a jurisdiction covering Lake, Orange, Osceola, and Seminole Counties in central Florida.

Note 1. Summary of Significant Accounting Policies (continued)

Reciprocal Contributions - The Plan is signatory to reciprocity agreements with other multiemployer pension plans for its participants who perform work outside the geographic jurisdiction of the local union. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union. When a participant works in the territory of a reciprocating local union, the other plan is required to make contributions to the participant's home local benefit plans on the participant's behalf. The Plan's contribution revenue includes monies received pursuant to reciprocity agreements. The Plan uses the same recognition and measurement criteria for such revenue as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of \$215,257 and \$163,938 for the years ended July 31, 2025 and 2024, respectively, from various other pension plans under the terms of reciprocity agreements. The Plan remitted a total of \$130,624 and \$109,605 in reciprocal contributions to various other pension plans under the terms of reciprocity agreements for the years ended July 31, 2025 and 2024, respectively. Reciprocal contributions payable at July 31, 2025 and 2024 totaled \$16,243 and \$9,709 respectively, and are included in accounts payable.

Payment of Benefits - Benefits paid to participants are recorded upon distribution.

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through February 11, 2026, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

General - The Plan is a multiemployer defined benefit pension plan covering substantially all eligible individuals employed under the terms of a collective bargaining agreement between Plumbers and Pipefitters Local Union No. 803 and the Central Florida Mechanical Contractors Association, Inc. of Orlando, Florida. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Note 2. Description of the Plan (continued)

Benefits - Normal retirement can occur at age 65, provided the participant has at least five years of participation in the Plan. The benefit amount is based on the benefit level applicable at the date of retirement and the number of years of credited service, as defined by the Plan. Prior to August 1, 1995, 0.125 credit is granted for every 200 hours worked in a plan year to a maximum of one year of credited service, and a maximum of two years of credited service after July 31, 1995.

A participant who is at least 55 years of age and has ten years of credited service is eligible for early retirement. This benefit is calculated by reducing the normal retirement benefit by one half percent for each month by which the participant's age precedes 62. There is no reduction for retirement after a participant reaches age 62.

A participant who is totally and permanently disabled, and has at least five years of credited service, is eligible for disability retirement income. This amount is computed in the same manner as for a normal retirement. The provision of full disability pension is dependent upon receipt of a Social Security disability award or certification by a physician.

Qualified pre-retirement spouse annuity benefits equal two-thirds of the monthly benefit a participant would have received had they separated from service on the date of death. Upon death, an unmarried participant's beneficiary may receive a lump-sum pre-retirement death benefit of \$50,000 regardless of vested credits, provided that the participant had earned at least 200 hours worked during the one year period immediately preceding the participant's death and had earned at least two years of credited service within the jurisdiction of the Plan.

Vesting - Participants become 100% vested after earning at least five years of vesting service, or, if sooner, after reaching age 65 and five years of participation in the Plan.

Section 414(k) - Plan benefits include a Section 414(k) component. Under this arrangement, reciprocal contributions received in excess of the current employer contribution rate are credited to a participant's individual account. In addition, a majority of employers contributed \$.60 or \$.75 cents per hour to each participant's individual account during the years ended July 31, 2025 and 2024. These accounts are also credited with a net investment return as set forth in the Plan document. Participants are 100% vested in their individual accounts and may generally receive their balance under current payment provisions of the Plan upon retirement, death, disability or the attainment of age 65 wherein the participant is not otherwise eligible to receive retirement income from the Plan. The benefit to which a participant is entitled from this arrangement is the benefit that can be provided from the participant's account. Net assets available for benefits at July 31, 2025 and 2024 included accumulated contributions and interest credited to participants' accounts totaling approximately \$2,244,000 and \$1,538,000 respectively. There were no benefits due to participants but were not yet paid at either July 31, 2025 or 2024. Benefits provided under this arrangement are not insured by the Pension Benefit Guaranty Corporation.

Participants should refer to the summary plan description for more complete information.

Note 3. Funding Policy

During the years ended July 31, 2025 and 2024, hourly employer contribution rates and their effective dates for the majority of employers were as follows:

<u>Category</u>	<u>9/1/2022</u>	<u>9/1/2023</u>	<u>9/1/2024</u>
Apprentices	\$2.71 - \$4.11	\$2.96 - \$4.36	\$3.36 - \$4.91
Journeymen	\$4.11	\$4.36	\$4.91

The Plan's actuary has advised that the minimum funding requirements of ERISA were being met through August 1, 2024.

Note 4. Priorities upon Termination

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

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

Note 5. Actuarial Information

An actuarial valuation of the Plan was made by Southern Actuarial Services as of July 31, 2024. Information in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 22,489,859
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Other vested benefits	<u>25,660,853</u>
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Total vested benefits	48,150,712
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Nonvested benefits	<u>612,964</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 48,763,676</u></u>
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Note 5. Actuarial Information (continued)

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended July 31, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 47,179,788
Increase (decrease) during the year attributable to:		
Benefits accumulated	\$ 737,651	
Interest	3,302,585	
Benefits paid	<u>(2,456,348)</u>	
Net increase		<u>1,583,888</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 48,763,676</u>

The valuation was prepared using the individual entry age normal cost method. Some of the more significant actuarial assumptions used in the valuation were as follows:

Mortality:	RP-2014 Blue Collar Mortality Table (sex-distinct) with full generational improvements in mortality using Scale MP-2020
Retirement age:	Varies from age 55 to 70, with the average assumed retirement age being 62
Net investment return:	7.00%

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the accumulated plan benefits at July 31, 2025 and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of July 31, 2025 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended July 31, 2025. The complete financial status is presented as of July 31, 2024.

As of August 1, 2025, the Plan was certified by its actuary to be in neither critical nor endangered status ("green zone"), within the meaning of the Pension Protection Act of 2006 (PPA), as amended.

Note 6. Tax Status

The Plan's latest determination letter is dated March 23, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan 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 tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

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

Note 7. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of July 31, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

		Fair Value Measurements at 7/31/25 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Registered investment companies	\$ 29,840,320	\$ 29,840,320	\$ -	\$ -
Common stocks	15,494,632	15,494,632	-	-
Short-term investment funds	360,645	-	360,645	-
	<u>45,695,597</u>	<u>\$ 45,334,952</u>	<u>\$ 360,645</u>	<u>\$ -</u>
Investments measured at net asset value:				
Hedge fund	2,416,094			
Real estate fund	1,946,336			
Total	<u>\$ 50,058,027</u>			

		Fair Value Measurements at 7/31/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Registered investment companies	\$ 26,122,053	\$ 26,122,053	\$ -	\$ -
Common stocks	15,596,410	15,596,410	-	-
Short-term investment funds	590,468	-	590,468	-
	<u>42,308,931</u>	<u>\$ 41,718,463</u>	<u>\$ 590,468</u>	<u>\$ -</u>
Investments measured at net asset value:				
Hedge fund	2,161,173			
Real estate fund	1,908,356			
Total	<u>\$ 46,378,460</u>			

Note 7. Fair Value Measurements (continued)

Level 1 Measurements

Registered investment companies represent shares held in mutual and exchange traded funds. The fair values of the funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

Common stocks are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

Level 2 Measurements

Short-term investment funds are valued at cost, which approximates their fair value.

Measurements Using Net Asset Value as a Practical Expedient

The hedge fund and real estate fund are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. 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 net asset value.

The hedge fund's underlying assets consist primarily of equity and credit funds. Redemptions are available on a semi-annual basis following 95 days written notice.

The real estate fund is a direct filing entity (DFE) and files a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies for investments that are DFEs. Redemptions are available on a quarterly basis upon 45 days written notice.

Note 8. Risks and Uncertainties

The actuarial present value of accumulated plan benefits is 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.

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 statements of net assets available for benefits.

Note 8. Risks and Uncertainties (continued)

The Plan holds a hedge fund and a real estate fund in which the general partner or investment manager is generally required to value the Plan's underlying investments at estimated fair values using various subjective techniques. Due to inherent uncertainties involved in the valuation of investments which are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

The Plan has a significant portion of its assets invested in one fixed income mutual fund. The mutual fund represented approximately 27% and 25% of the Plan's net assets available for benefits as of July 31, 2025 and 2024, respectively. It is reasonably possible that changes in the fair value of this mutual fund could materially affect the amounts reported in the statements of net assets available for benefits. If a significant decline in the fair value of this investment occurred during the next year, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits may be needed.

Note 9. Related Organizations

The Plan is related to a health and welfare plan, a training fund and a local union, all of which are tax-exempt.

Note 10. Major Employers

During the years ended July 31, 2025 and 2024, contributions from two employers accounted for approximately 37% and 36% respectively, of total contributions. In the event these employers were to suspend contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

Note 11. Party-in-Interest Transactions

The Plan incurs expenses under several arrangements with service providers and affiliated entities, and receives contributions from employers under the terms of collective bargaining agreements. These transactions are considered exempt party-in-interest transactions under ERISA.



Report of Independent Auditors on Supplemental Schedules

To the Participants and Trustees of
Plumbers and Pipefitters Local Union No. 803
Pension Fund

We have audited the financial statements of Plumbers and Pipefitters Local Union No. 803 Pension Fund (the Plan) as of and for the years ended July 31, 2025 and 2024, and our report thereon dated February 11, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedule 1 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, we evaluated whether the supplemental schedule, 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Legacy Professionals LLP

Westchester, Illinois

February 11, 2026

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 59-6228172; PN: 001

1. Monthly Accrued Benefit¹

\$45.00 multiplied by Credited Service earned prior to August 1, 2021 plus \$65.00 multiplied by Credited Service earned after July 31, 2021; calculated separately with respect to each plan year after July 31, 2010, the monthly benefit accrual is limited to 1.23% of the contributions made or required to be made on behalf of the participant during the year *(with respect to the period September 1, 2014 through August 31, 2015, contributions that are made at the five cent per hour level are treated as if they were made at the \$2.30 per hour level and, with respect to the period September 1, 2015 through August 31, 2016, contributions that are made at the \$1.05 per hour level are treated as if they were made at the \$2.30 per hour level)*

¹ If a participant fails to earn any Vested Service during five consecutive plan years, then the portion of his Monthly Accrued Benefit earned during the period immediately preceding such break is based on the benefit levels that are in effect on the last day of the last plan year during which the participant earned some Credited Service prior to the break.

The benefit levels in effect during prior plan years are as follows:

<i>Effective Period</i>	<i>Benefit Level for Service Prior to August 1, 2021</i>	<i>Benefit Level for Service After to July 31, 2021</i>
Through September 30, 1973	\$ 5.00	
October 1, 1973 through July 31, 1975	\$ 10.00	
August 1, 1975 through June 30, 1980	\$ 11.00	
July 1, 1980 through June 30, 1982	\$ 12.00	
July 1, 1982 through July 31, 1982	\$ 12.85	
August 1, 1982 through July 31, 1983	\$ 18.55	
August 1, 1983 through July 31, 1986	\$ 20.00	
August 1, 1986 through July 31, 1989	\$ 21.25	
August 1, 1989 through July 31, 1990	\$ 21.75	
August 1, 1990 through July 31, 1991	\$ 22.25	
August 1, 1991 through July 31, 1993	\$ 24.30	
August 1, 1993 through July 31, 1995	\$ 25.50	
August 1, 1995 through July 31, 1996	\$ 30.00	
August 1, 1996 through July 31, 1997	\$ 33.00	
August 1, 1997 through July 31, 1998	\$ 36.00	
August 1, 1998 through July 31, 1999	\$ 38.00	
August 1, 1999 through July 31, 2000	\$ 42.00	
August 1, 2000 through July 31, 2021	\$ 45.00	
August 1, 2021 and thereafter	\$ 45.00	\$ 65.00

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 59-6228172; PN: 001

(continued)

2. Normal Retirement Age and Benefit

- **Age**

Later of age 65 and the earlier of the attainment of at least five Years of Vested Service or the fifth anniversary of the date that the participant is first credited with an hour worked

- **Amount**

Monthly Accrued Benefit

- **Form of Payment**

Actuarially increased life annuity (optional);

Three-year certain and life annuity (normal form for single participants);

Actuarially reduced 10-year certain and life annuity (optional);

Actuarially reduced 66²/₃% joint and contingent annuity with spouse as beneficiary and with “pop-up” feature¹ provided at no cost to the participant (normal form for married participants);

Actuarially reduced 75% joint and contingent annuity with spouse as beneficiary (optional for married participants);

Actuarially reduced 50% joint and contingent annuity with “pop-up” feature¹ provided at no cost to the participant (optional);

Actuarially reduced 66²/₃% joint and contingent annuity with “pop-up” feature¹ provided at no cost to the participant (optional);

Actuarially reduced 100% joint and contingent annuity with “pop-up” feature¹ provided at no cost to the participant (optional); or

Actuarially equivalent lump sum payment (mandatory and only available if the present value of the monthly annuity at retirement is less than or equal to \$1,000)

3. Early Retirement Age and Benefit

- **Age**

Age 55 with at least 10 Years of Credited Service

- **Amount**

Monthly Accrued Benefit, reduced by ½% for each month by which the participant’s Early Retirement Age precedes age 62

- **Form of Payment**

Same as for Normal Retirement

¹ An annuity with a “pop-up” feature is one that increases to the amount of the unreduced accrued benefit upon the death of the contingent annuitant.

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 59-6228172; PN: 001

(continued)

4. Late Retirement Age and Benefit

- **Age**
After Normal Retirement Age
- **Amount**
Greater of (a) or (b), as follows:
 - (a) Monthly Accrued Benefit, or
 - (b) Monthly Accrued Benefit at Normal Retirement Age actuarially increased to account for the delayed payment of the benefit
- **Form of Payment**
Same as for Normal Retirement

5. Disability Retirement Benefit

- **Eligibility Requirements**
In order to be eligible for a Disability Retirement Benefit, the participant must have earned at least five years of Credited Service, must have earned at least 200 hours of service within the 36-month period preceding his date of disability, and either must be eligible for disability benefits from the Social Security Administration, must be certified by a physician as being wholly, continuously, and permanently prevented from engaging in any occupation for wage or profit, or must be found to be 100% disabled due to military service by the U.S. Department of Veterans Affairs. In the latter case, the participant must have applied for disability benefits from the Social Security Administration. Only 36 months (for a participant with a 100% military disability) of payments will be made without the participant's qualifying for Social Security disability benefits. For this purpose, hours of service include hours of employment for any contributing employer or that are covered by a collective bargaining agreement with any other U.A. local union.
- **Amount**
Monthly Accrued Benefit
- **Form of Payment**
Same as for Normal Retirement

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 59-6228172; PN: 001

(continued)

6. Deferred Vested Retirement Benefit

- **Eligibility Requirement**

In order to be eligible for a Deferred Vested Retirement Benefit, the participant must be 100% vested in his Monthly Accrued Benefit.

- **Amount**

Monthly Accrued Benefit (payable at Normal Retirement Age), or

Monthly Accrued Benefit, reduced by $\frac{1}{2}\%$ for each month by which the participant's retirement age precedes age 62 (payable at Early Retirement Age if participant has earned at least 10 Years of Credited Service)

- **Form of Payment**

Same as for Normal Retirement

7. Pre-Retirement Death Benefits

- **Qualified Pre-Retirement Spouse Annuity (QPSA)**

Upon the death of a vested participant prior to retirement, the participant's spouse receives $66\frac{2}{3}\%$ of the Monthly Accrued Benefit that would have been payable to the participant in the form of a $66\frac{2}{3}\%$ joint and contingent annuity had the participant survived to his earliest retirement age. At the spouse's election, an actuarially equivalent QPSA is payable at any time following the participant's death, but no later than the participant's Normal Retirement Age. Alternatively, the spouse may elect to receive a single lump sum payment in lieu of the QPSA equal to the actuarial equivalent value of the QPSA. Notwithstanding the above, if the actuarially equivalent value of the QPSA is less than or equal to \$1,000, the spouse will automatically receive a lump sum payment in lieu of a monthly annuity.

- **Pre-Retirement Children's Annuity**

Upon the death of an unmarried vested participant prior to retirement, the participant's dependent children younger than age 23 receive a temporary monthly pension equal to the participant's Monthly Accrued Benefit and payable in equal shares. Notwithstanding the above, if the actuarially equivalent value of this benefit is less than or equal to \$1,000, the children will automatically receive a lump sum payment in lieu of a monthly annuity.

- **Lump Sum Pre-Retirement Death Benefit**

Upon the death of a participant prior to retirement, the participant's beneficiary receives a lump sum death benefit equal to \$50,000.00, provided that the participant had earned at least 200 hours worked during the one-year period (five-year period with respect to deaths that occur during the 2022/23 Plan Year) immediately preceding his death and that he had earned at least two years of Credited Service within the jurisdiction of the plan.

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 59-6228172; PN: 001

(continued)

8. Vesting Requirement

In order to become 100% vested in his Monthly Accrued Benefit, the participant must earn at least five Years of Vested Service.

9. Years of Vested Service

Equal to sum of Past Vested Service and Future Vested Service:

- **Past Vested Service**

Equal to Past Credited Service

- **Future Vested Service**

0.125 of a year is granted for every 200 hours worked in each plan year after July 31, 1969. One year is granted for at least 1,000 hours worked during any plan year and no more than one year is granted for any single plan year.

10. Years of Credited Service

Equal to sum of Past Credited Service and Future Credited Service:

- **Past Credited Service**

Years are granted to the nearest quarter-year for the period of time prior to plan inception during which the participant was either a member of Local 803 during a continuous period of membership beginning with his latest membership date or was employed at the prevailing wage rate to work within the trade and territorial jurisdiction of Local 803 by an employer who was signatory to a collective bargaining agreement with Local 803 beginning with his latest hire date. However, in order to receive Past Credited Service, the participant either: (1) must have been a member of Local 803 and employed in the jurisdiction of Local 803 during the period August 1, 1969 through July 31, 1971, or (2) must have been employed by a contributing employer on August 1, 1969 and continuously employed prior to August 1, 1969 in a job classification and in a jurisdiction, both of which were covered by a collective bargaining agreement between Local 803 and his employer. In addition, the participant must have earned at least 600 hours worked under the plan during the period August 1, 1969 through July 31, 1971.

- **Future Credited Service**

For the period prior to August 1, 1995:

0.125 of a year is granted for every 200 hours worked in a plan year, to a maximum of one year within a single plan year.

For the period after July 31, 1995:

0.125 of a year is granted for every 200 hours worked in a plan year, to a maximum of two years within a single plan year.

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 59-6228172; PN: 001

(continued)

11. One-Year Break in Service

Participant incurs a one-year break-in-service if he fails to earn at least 200 hours worked during a plan year.

12. Participation Requirement

Earn at least 200 hours worked during a plan year.

13. Definition of Actuarially Equivalent

- **Interest Rate**

7.00% per annum

- **Mortality Table**

RP-2014 Blue Collar Mortality Table for healthy annuitants; male rates are used for the participant and female rates are used for the beneficiary.

The lump sum value of an annuity, however, will not be less than that computed using the applicable mortality table and segment interest rates for the second calendar month preceding the plan year during which the lump sum is distributed.

14. Union

United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, Local Number 803

15. Initial Plan Effective Date

August 1, 1969

Schedule MB, line 6 – Summary of Plan Provisions

EIN: 59-6228172; PN: 001

The following plan amendments have been adopted within the past several plan years:

1. Beginning September 1, 2014 through August 31, 2015, all local pension contributions but five cents per hour were re-allocated to the health and welfare plan, but participants receive full pension credit as if the contribution rate were \$2.30 per hour during this period.
2. Beginning September 1, 2015 through August 31, 2016, all local pension contributions but \$1.05 per hour were re-allocated to the health and welfare plan, but participants receive full pension credit as if the contribution rate were \$2.30 per hour during this period.
3. Effective December 1, 2017, retirees as of that date were given a one-time additional lump sum payment equal to one month's retirement income.
4. Effective during the 2020/21 plan year, the time period during which a participant must earn at least 200 hours of service in order to qualify for a disability benefit was extended from 12 months to 36 months.
5. Effective August 1, 2021, the benefit level for service earned on or after that date was increased from \$45.00 to \$65.00.
6. Effective October 1, 2022, participants may qualify for a disability benefit if they are approved for a 100% military disability benefit by the U.S. Department of Veterans Affairs, but only up to 36 months of payments will be made unless the participant also qualifies for a Social Security disability benefit.
7. Effective for deaths that occur during the 2022/23 plan year, the lookback period for qualifying for a lump sum death benefit was extended to five years.

* Note: Amendments that have first been reflected in this valuation are indicated in bold print.

Plumbers and Pipefitters Local Union No. 803 Pension Fund
Investment Summary
Y/E 07/31/2025

	Morgan Stanley Statement Balance	Audit Adjustment	Market Value	Cost Value
Short-term investment funds				
Morgan Stanley Statement Page 9	360,645	-	360,645	360,645
Common Stocks				
Morgan Stanley Statement Page 23	15,494,632	-	15,494,632	See Attached
Common/Collective Trusts				
Morgan Stanley Statement Page 26	1,942,199	4,137.00	1,946,336	1,450,000
Registered Investment Companies				
Morgan Stanley Statement Page 24	10,686,239	-	10,686,239	See Attached
Morgan Stanley Statement Page 25	19,154,081	-	19,154,081	See Attached
	29,840,320	-	29,840,320	
Other - Hedge Funds				
Ironwood - Morgan Stanley Statement Page 25	2,391,184	24,910	2,416,094	See Attached
Total	50,028,980	29,047	50,058,027	

Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

Cash, Deposits, Money Market Funds, and Certificates of Deposit

NET UNSETTLED PURCHASES/SALES

Security Description	Account Number	Market Value
NET UNSETTLED PURCHASES/SALES		\$1,607.64
NET UNSETTLED PURCHASES/SALES		6,575.12
Total Net Unsettled Purchases/Sales		\$8,182.76

BANK DEPOSITS

Security Description	Account Number	Market Value
MORGAN STANLEY BANK N.A.		\$3.22
MORGAN STANLEY BANK N.A.		0.01
MORGAN STANLEY BANK N.A.		4.51
MORGAN STANLEY BANK N.A.		78,130.32
MORGAN STANLEY BANK N.A.		4.08
MORGAN STANLEY BANK N.A.		4.08
MORGAN STANLEY BANK N.A.		0.01
MORGAN STANLEY BANK N.A.		25,079.45
MORGAN STANLEY PRIVATE BANK NA		38,753.31
MORGAN STANLEY PRIVATE BANK NA		5.27
MORGAN STANLEY PRIVATE BANK NA		561.16
MORGAN STANLEY PRIVATE BANK NA		113,420.70
MORGAN STANLEY PRIVATE BANK NA		165.98
MORGAN STANLEY PRIVATE BANK NA		241.81
MORGAN STANLEY PRIVATE BANK NA		206.09
MORGAN STANLEY PRIVATE BANK NA		62.86
MORGAN STANLEY PRIVATE BANK NA		223.01

CONTINUED



Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

BANK DEPOSITS (CONTINUED)

Security Description	Account Number	Market Value
MORGAN STANLEY PRIVATE BANK NA		226.07
MORGAN STANLEY PRIVATE BANK NA		103,552.94
Total Bank Deposits		\$360,644.88 ✓

	Percentage of Assets	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
Total Cash, Deposits, Money Market Funds and Certificates of Deposit	0.74%	\$0.00	\$0.00	\$368,827.64	\$0.00	\$0.00	\$0.00

Corporate Fixed Income

CORPORATE BONDS

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
ENERGY CONVERSION DEVICES INC		583,000.00	N/A		N/A	N/A	N/A	N/A	
Coupon Rate 3.000%; Matures 06/15/2013; CUSIP 262ESC9A6									
Interest Paid Semi-Annually; Trading Flat; Issued 06/24/08; Asset Class: FI & Pref									
Total Corporate Bonds				\$0.00	N/A	N/A	N/A	N/A	

	Percentage of Assets	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
Total Fixed Income		\$0.00	N/A	N/A	N/A	N/A	

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.

Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

Stocks

COMMON STOCKS

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
ABACUS GLOBAL MGMT INC CL A (ABL)		3,120.000	\$5.410	\$23,539.41	\$23,603.17	\$16,879.20	\$(6,660.21)	\$(6,723.97)
Asset Class: Equities								
ABB LTD ADR (ABBNY)		2,163.000	65.907	47,860.08	120,113.23	142,556.84	94,696.76	22,443.61
Asset Class: Equities								
ACCO BRANDS CORP (ACCO)		3,205.000	3.750	20,196.06	15,875.43	12,018.75	(8,177.31)	(3,856.68)
Next Dividend Payable 09/2025; Asset Class: Equities								
ADIDAS AG (ADDYY)		706.000	96.170	87,365.05	87,162.93	67,896.02	(19,469.03)	(19,266.91)
Next Dividend Payable 05/2026; Asset Class: Equities								
ADVANCED MICRO DEVICES (AMD)		155.000	176.310	21,341.35	21,341.35	27,328.05	5,986.70	5,986.70
Asset Class: Equities								
AEBI SCHMIDT HLDG AG (AEBI)		978.000	10.300	11,719.04	13,548.54	10,073.40	(1,645.63)	(3,475.14)
Asset Class: Equities								
AIA GROUP LTD SPON ADR (AAGIY)		2,622.000	37.401	101,882.66	73,277.92	98,065.42	(3,817.24)	24,787.50
Next Dividend Payable 12/2025; Asset Class: Equities								
AIR LIQUIDE ADR (AIQUY)		2,768.000	39.556	68,309.48	101,231.65	109,491.01	41,181.53	8,259.36
Next Dividend Payable 06/2026; Asset Class: Equities								
AKAMAI TECHNOLOGIES INC (AKAM)		575.000	76.310	49,749.99	55,434.18	43,878.25	(5,871.74)	(11,555.93)
Asset Class: Equities								
ALCON INC (ALC)		1,556.000	87.550	131,839.10	146,304.16	136,227.80	4,388.70	(10,076.36)
Next Dividend Payable 05/2026; Asset Class: Equities								
ALERUS FINL CORP (ALRS)		705.000	21.140	16,307.33	16,230.85	14,903.70	(1,403.63)	(1,327.15)
Next Dividend Payable 10/2025; Asset Class: Equities								
AMAZON COM INC (AMZN)		311.000	234.110	73,304.04	73,304.04	72,808.21	(495.83)	(495.83)
Asset Class: Equities								
AMER INTL GP INC NEW (AIG)		1,164.000	77.630	67,626.30	94,259.44	90,361.32	22,735.02	(3,898.12)
Next Dividend Payable 09/2025; Asset Class: Equities								
AMERANT BANCORP INC CL A (AMTB)		770.000	19.300	19,568.31	17,652.10	14,861.00	(4,707.31)	(2,791.10)
Next Dividend Payable 08/2025; Asset Class: Equities								
AMERICAN PUBLIC EDUCATION INC (APEI)		820.000	29.520	4,373.97	16,367.20	24,206.40	19,832.43	7,839.20
Asset Class: Equities								
AMERISAFE INC (AMSF)		205.000	44.780	10,576.46	9,733.40	9,179.90	(1,396.56)	(553.50)
Next Dividend Payable 09/2025; Asset Class: Equities								
AMPLIFY ENERGY CORP (AMPY)		4,070.000	3.800	21,459.98	23,735.17	15,466.00	(5,993.98)	(8,269.17)
Asset Class: Equities								

CONTINUED

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Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
AON PLC CL A (AON)		398.000	355.710	53,497.67	130,746.98	141,572.58	88,074.91	10,825.60
Next Dividend Payable 08/15/25; Asset Class: Equities								
AON PLC CL A (AON)		441.000	355.710	140,961.68	150,945.84	156,868.11	15,906.43	5,922.27
Next Dividend Payable 08/15/25; Asset Class: Equities								
APPLIED MATERIALS INC (AMAT)		240.000	180.060	42,266.66	42,736.58	43,214.40	947.74	477.82
Next Dividend Payable 09/2025; Asset Class: Equities								
ARTESIAN RESOURCES CORP CL A (ARTNA)		110.000	32.650	3,857.82	4,253.62	3,591.50	(266.32)	(662.12)
Next Dividend Payable 08/2025; Asset Class: Equities								
ASML HOLDING NV NY REG NEW (ASML)		211.000	694.710	163,524.99	168,245.78	146,583.81	(16,941.18)	(21,661.97)
Next Dividend Payable 08/06/25; Asset Class: Equities								
ASSURANT INC (AIZ)		802.000	187.300	121,033.76	148,086.54	150,214.60	29,180.84	2,128.06
Next Dividend Payable 09/2025; Asset Class: Equities								
AT&T INC (T)		7,036.000	27.410	112,645.27	141,866.66	192,856.76	80,211.49	50,990.10
Next Dividend Payable 08/01/25; Asset Class: Equities								
BANCO SANTANDER S.A. (SAN)		12,418.000	8.610	102,024.86	102,024.86	106,918.98	4,894.12	4,894.12
Next Dividend Payable 11/2025; Asset Class: Equities								
BANK HAPOALIM BM SPONS ADR (BKHY)		731.000	94.323	72,934.10	72,934.10	68,950.11	(3,983.99)	(3,983.99)
Next Dividend Payable 09/2025; Asset Class: Equities								
BANK OF AMERICA CORP (BAC)		3,635.000	47.270	144,498.35	145,539.13	171,826.45	27,328.10	26,287.32
Next Dividend Payable 09/2025; Asset Class: Equities								
BANKINTER NEW (BKNIY)		4,191.000	14.307	39,296.47	39,296.47	59,960.64	20,664.17	20,664.17
Asset Class: Equities								
BAR HRBR BANKSHARES (BHB)		325.000	29.040	8,001.19	10,387.00	9,438.00	1,436.81	(949.00)
Next Dividend Payable 09/2025; Asset Class: Equities								
BARRETT BUSINESS SERVICES INC (BBSI)		545.000	45.970	9,365.18	19,987.02	25,053.65	15,688.47	5,066.63
Next Dividend Payable 09/2025; Asset Class: Equities								
BAXTER INTL INC (BAX)		1,504.000	21.760	52,927.42	54,540.58	32,727.04	(20,200.38)	(21,813.54)
Next Dividend Payable 10/2025; Asset Class: Equities								
BEAZER HOMES USA INC COM NEW (BZH)		415.000	23.500	12,729.96	13,973.05	9,752.50	(2,977.46)	(4,220.55)
Asset Class: Equities								
BENCHMARK ELECTRONICS (BHE)		505.000	38.500	13,164.21	24,174.35	19,442.50	6,278.29	(4,731.85)
Next Dividend Payable 10/2025; Asset Class: Equities								
BERKSHIRE HATHAWAY CL-B NEW (BRK'B)		559.000	471.880	154,852.54	245,662.67	263,780.92	108,928.38	18,118.25
Asset Class: Equities								
BIONTECH SE ADR (BNTX)		374.000	107.500	45,878.78	45,958.98	40,205.00	(5,673.78)	(5,753.98)
Asset Class: Equities								

CONTINUED

Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
BRIDGEWATER BANCSHARES, INC. (BWB)		695.000	15.560	8,917.39	9,828.57	10,814.20	1,896.81	985.63
Asset Class: Equities								
BRISTOL MYERS SQUIBB CO (BMY)		948.000	43.310	45,895.67	49,577.57	41,057.88	(4,837.79)	(8,519.69)
Next Dividend Payable 08/01/25; Asset Class: Equities								
BUILD A BEAR WORKSHOP INC (BBW)		440.000	50.710	17,705.21	17,865.47	22,312.40	4,607.19	4,446.93
Next Dividend Payable 10/2025; Asset Class: Equities								
BUREAU VERITAS SA ADR (BVVBY)		1,899.000	61.897	101,586.23	119,185.04	117,542.40	15,956.18	(1,642.64)
Next Dividend Payable 07/2026; Asset Class: Equities								
CAPGEMINI S E UNSPONSORED ADR (CGEMY)		1,998.000	29.720	77,330.32	79,380.54	59,380.56	(17,949.76)	(19,999.98)
Next Dividend Payable 06/2026; Asset Class: Equities								
CAPITAL ONE FINANCIAL CORP (COF)		845.000	215.000	142,616.04	147,839.20	181,675.00	39,058.96	33,835.80
Next Dividend Payable 09/2025; Asset Class: Equities								
CAPITOL FEDERAL FINL INC NEW (CFFN)		2,685.000	6.020	16,060.65	16,056.11	16,163.70	103.05	107.59
Next Dividend Payable 08/15/25; Asset Class: Equities								
CASS INFO SYS INC (CASS)		345.000	40.010	12,514.23	14,814.30	13,803.45	1,289.22	(1,010.85)
Next Dividend Payable 09/2025; Asset Class: Equities								
CATERPILLAR INC (CAT)		189.000	438.020	77,104.78	77,104.78	82,785.78	5,681.00	5,681.00
Next Dividend Payable 08/20/25; Asset Class: Equities								
CECO ENVIRONMENTAL CORP (CECO)		485.000	44.950	11,409.91	12,803.27	21,800.75	10,390.84	8,997.48
Asset Class: Equities								
CERAGON NETWORKS LTD (CRNT)		2,078.000	2.210	4,801.33	4,801.33	4,592.38	(208.95)	(208.95)
Asset Class: Equities								
CHARLES SCHWAB NEW (SCHW)		1,003.000	97.730	75,293.14	75,785.42	98,023.19	22,730.05	22,237.77
Next Dividend Payable 08/2025; Asset Class: Equities								
CHECK POINT SOFTWARE TECH LTD (CHKP)		318.000	186.200	68,383.33	68,487.55	59,211.60	(9,171.73)	(9,275.95)
Asset Class: Equities								
CHEVRON CORP (CVX)		508.000	151.640	74,370.38	74,366.32	77,033.12	2,662.74	2,666.80
Next Dividend Payable 09/2025; Asset Class: Equities								
CHUBB LTD (CB)		237.000	266.040	52,196.26	65,331.42	63,051.48	10,855.22	(2,279.94)
Next Dividend Payable 10/2025; Asset Class: Equities								
CISCO SYS INC (CSCO)		3,301.000	68.080		163,889.43	224,732.08	N/A	60,842.65
Next Dividend Payable 10/2025; Asset Class: Equities								
CITIGROUP INC NEW (C)		979.000	93.700	90,654.97	90,654.97	91,732.30	1,077.33	1,077.33
Next Dividend Payable 08/22/25; Asset Class: Equities								
CLEANSARK INC (CLSK)		1,460.000	11.370	13,936.72	13,629.73	16,600.20	2,663.48	2,970.47
Asset Class: Equities								

CONTINUED

Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
CLIMB GLOBAL SOLUTIONS INC (CLMB)		125.000	118.000	5,569.03	8,927.50	14,750.00	9,180.97	5,822.50
Next Dividend Payable 08/2025; Asset Class: Equities								
CME GROUP INC (CME)		172.000	278.280	30,438.18	34,851.36	47,864.16	17,425.98	13,012.80
Next Dividend Payable 09/2025; Asset Class: Equities								
COHU INC (COHU)		660.000	17.860	16,411.82	16,372.05	11,787.60	(4,624.22)	(4,584.45)
Asset Class: Equities								
COMERICA INC (CMA)		1,085.000	67.570	73,261.35	73,261.35	73,313.45	52.10	52.10
Next Dividend Payable 10/2025; Asset Class: Equities								
COMPAGNIE FIN RICHEMONTAG ADR (CFRUY)		4,472.000	16.428	55,120.98	71,861.18	73,466.02	18,345.04	1,604.84
Next Dividend Payable 10/2025; Asset Class: Equities								
COMPASS GROUP PLC SPD ADR (CMPGY)		4,170.000	35.267	86,954.67	128,708.27	147,063.39	60,108.72	18,355.12
Next Dividend Payable 08/11/25; Asset Class: Equities								
CONSTELLATION ENERGY CORP (CEG)		177.000	347.840	7,753.38	37,242.87	61,567.68	53,814.30	24,324.81
Next Dividend Payable 09/2025; Asset Class: Equities								
COVENANT LOGISTIC GRP INC CL A (CVLG)		880.000	24.150	21,195.48	24,278.49	21,252.00	56.52	(3,026.49)
Next Dividend Payable 09/2025; Asset Class: Equities								
CRA INTL INC (CRAI)		95.000	176.660	10,791.08	17,006.84	16,782.70	5,991.62	(224.14)
Next Dividend Payable 09/2025; Asset Class: Equities								
CRAWFORD & CO CL A (CRD'A)		545.000	9.570	4,426.22	5,335.55	5,215.65	789.43	(119.90)
Next Dividend Payable 09/2025; Asset Class: Equities								
CRH PLC (CRH)		494.000	95.450	39,294.70	42,548.64	47,152.30	7,857.60	4,603.66
Next Dividend Payable 09/2025; Asset Class: Equities								
CRH PLC (CRH)		1,556.000	95.450	109,939.97	142,463.72	148,520.20	38,580.23	6,056.48
Next Dividend Payable 09/2025; Asset Class: Equities								
CRODA INTL PLC ADR (COIHY)		3,265.000	17.283	83,837.46	83,837.46	56,429.00	(27,408.46)	(27,408.46)
Next Dividend Payable 12/2025; Asset Class: Equities								
CROWN HLDGS INC (HOLDING CO) (CCK)		279.000	99.360	24,387.70	25,435.62	27,721.44	3,333.74	2,285.82
Next Dividend Payable 08/2025; Asset Class: Equities								
CSX CORP (CSX)		3,117.000	35.540	104,035.15	105,242.00	110,778.18	6,743.03	5,536.18
Next Dividend Payable 09/2025; Asset Class: Equities								
DANAHER CORPORATION (DHR)		524.000	197.160	110,846.61	142,243.41	103,311.84	(7,534.77)	(38,931.57)
Next Dividend Payable 10/2025; Asset Class: Equities								
DELTA AIR LINES INC NEW (DAL)		1,402.000	53.210	82,988.64	84,571.74	74,600.42	(8,388.22)	(9,971.32)
Next Dividend Payable 08/21/25; Asset Class: Equities								
DIAMONDBACK ENERGY INC (FANG)		322.000	148.660	46,024.14	46,801.77	47,868.52	1,844.38	1,066.75
Next Dividend Payable 08/2025; Asset Class: Equities								

CONTINUED

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Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
DIME CMNTY BANCSHARES INC COM (DCOM)		815.000	27.710	19,412.15	20,603.20	22,583.65	3,171.50	1,980.45
Next Dividend Payable 10/2025; Asset Class: Equities								
DIPLOMA PLC ADR (DPMAY)		315.000	284.784	68,144.91	68,166.80	89,706.96	21,562.05	21,540.16
Next Dividend Payable 12/2025; Asset Class: Equities								
DISCO CORP ADR (DSCSY)		1,456.000	30.267	41,583.65	41,583.65	44,068.75	2,485.10	2,485.10
Asset Class: Equities								
DOLBY CLA A COM STK (DLB)		1,135.000	75.340	90,610.28	89,239.98	85,510.90	(5,099.38)	(3,729.08)
Next Dividend Payable 08/2025; Asset Class: Equities								
DONEGAL GROUP INC CL A (DGICA)		685.000	17.150	10,673.30	10,090.05	11,747.75	1,074.45	1,657.70
Next Dividend Payable 08/15/25; Asset Class: Equities								
DSV AS ADR (DSDVY)		582.000	112.311	70,859.78	70,859.78	65,365.00	(5,494.78)	(5,494.78)
Next Dividend Payable 04/2026; Asset Class: Equities								
DUCOMMUN INC (DCO)		310.000	90.980	15,341.03	20,014.47	28,203.80	12,862.77	8,189.33
Asset Class: Equities								
EDWARD LIFESCIENCES CORP (EW)		978.000	79.310	73,213.50	73,296.85	77,565.18	4,351.68	4,268.33
Asset Class: Equities								
ELTEK LTD. ORDINARY SHARES (ELTK)		226.000	10.480	2,455.64	2,220.76	2,368.48	(87.16)	147.72
Next Dividend Payable 04/2026; Asset Class: Equities								
EMERSON ELECTRIC CO (EMR)		385.000	145.510	54,300.89	54,300.89	56,021.35	1,720.46	1,720.46
Next Dividend Payable 09/2025; Asset Class: Equities								
ENGIE SPONS ADR (ENGIY)		4,643.000	22.456	59,790.43	73,052.96	104,263.21	44,472.78	31,210.25
Asset Class: Equities								
ENN ENERGY HOLDINGS LTD UNSPON (XNGSY)		2,171.000	32.637	86,835.39	60,940.09	70,854.93	(15,980.46)	9,914.84
Next Dividend Payable 08/08/25; Asset Class: Equities								
EQT CORPORATION COM (EQT)		1,424.000	53.750	35,298.57	50,285.13	76,540.00	41,241.43	26,254.87
Next Dividend Payable 09/2025; Asset Class: Alt								
EQUITY BANCSHARES INC CL A (EQBK)		430.000	37.580	15,060.13	17,493.14	16,159.40	1,099.27	(1,333.74)
Next Dividend Payable 10/2025; Asset Class: Equities								
ESTEE LAUDER CO INC CL A (EL)		787.000	93.340	67,670.25	68,006.29	73,458.58	5,788.33	5,452.29
Next Dividend Payable 09/2025; Asset Class: Equities								
EXPERIAN GP LTD ADR (EXPGY)		2,163.000	52.987	91,599.06	101,968.35	114,610.88	23,011.82	12,642.53
Next Dividend Payable 01/2026; Asset Class: Equities								
EXXON MOBIL CORP (XOM)		1,325.000	111.640	138,334.52	141,010.31	147,923.00	9,588.48	6,912.69
Next Dividend Payable 09/2025; Asset Class: Equities								
FANUC CORPORATION UNSP ADR (FANUY)		5,583.000	14.190	79,531.01	83,672.42	79,222.77	(308.24)	(4,449.65)
Asset Class: Equities								

CONTINUED

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Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
FED AGRIC MTG NON VTG C (AGM)		110.000	172.270	9,921.13	22,684.20	18,949.70	9,028.57	(3,734.50)
Next Dividend Payable 09/2025; Asset Class: Equities								
FEDEX CORP (FDX)		287.000	223.490	58,701.34	85,262.80	64,141.63	5,440.29	(21,121.17)
Next Dividend Payable 10/2025; Asset Class: Equities								
FERGUSON ENTERPRISES INC (FERG)		376.000	223.330	66,006.68	67,719.38	83,972.08	17,965.40	16,252.70
Next Dividend Payable 08/06/25; Asset Class: Equities								
FIRST BANCORP INC (ME) (FNLC)		250.000	25.210	6,052.30	7,037.50	6,302.50	250.20	(735.00)
Next Dividend Payable 10/2025; Asset Class: Equities								
FIRST BANK WILLIAMSTOWN NJ (FRBA)		510.000	14.900	7,279.28	7,758.38	7,599.00	319.72	(159.38)
Next Dividend Payable 08/2025; Asset Class: Equities								
FIRST FINANCIAL CORP (THFF)		205.000	53.550	7,993.83	9,216.80	10,977.75	2,983.92	1,760.95
Next Dividend Payable 10/2025; Asset Class: Equities								
FIRST HORIZON CORPORATION (FHN)		5,182.000	21.810	74,975.61	91,566.49	113,019.42	38,043.81	21,452.93
Next Dividend Payable 10/2025; Asset Class: Equities								
FIRST INTERNET BANCORP (INBK)		538.000	21.930	14,796.01	19,623.49	11,798.34	(2,997.67)	(7,825.15)
Next Dividend Payable 10/2025; Asset Class: Equities								
FLUSHING FINANCIAL CORP (FFIC)		1,530.000	11.990	23,842.86	23,957.17	18,344.70	(5,498.16)	(5,612.47)
Next Dividend Payable 09/2025; Asset Class: Equities								
FOMENTO ECONOMICO MEXICANO (FMX)		649.000	90.460	70,038.07	70,038.07	58,708.54	(11,329.53)	(11,329.53)
Asset Class: Equities								
FREEPORT-MCMORAN CL-B (FCX)		2,035.000	40.240	66,415.92	89,707.99	81,888.40	15,472.48	(7,819.59)
Next Dividend Payable 08/01/25; Asset Class: Equities								
GALAXY ENTMT GROUP LTD ADR (GXYYY)		2,921.000	24.459	68,769.07	68,769.07	71,444.74	2,675.67	2,675.67
Next Dividend Payable 12/2025; Asset Class: Equities								
GENCO SHIPPING & TRDNG LMTD (GNK)		1,185.000	15.930	22,161.20	21,722.25	18,877.05	(3,284.15)	(2,845.20)
Next Dividend Payable 08/2025; Asset Class: Equities								
GILAT SATELLITE NTWKS LTD (GILT)		3,235.000	7.480	19,677.96	14,823.92	24,197.80	4,519.84	9,373.88
Asset Class: Equities								
GILDAN ACTIVEWEAR INC (GIL)		2,213.000	50.510	97,923.29	97,923.29	111,778.63	13,855.34	13,855.34
Next Dividend Payable 09/2025; Asset Class: Equities								
GILEAD SCIENCE (GILD)		372.000	112.290	32,247.36	33,338.32	41,771.88	9,524.52	8,433.56
Next Dividend Payable 09/2025; Asset Class: Equities								
GLOBAL SHIP LEASE INC CL A (GSL)		885.000	28.520	15,136.21	23,381.70	25,240.20	10,103.99	1,858.50
Next Dividend Payable 09/2025; Asset Class: Equities								
GOLDMAN SACHS GRP INC (GS)		225.000	723.590	59,008.01	120,334.48	162,807.75	103,799.74	42,473.27
Next Dividend Payable 09/2025; Asset Class: Equities								

CONTINUED

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Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
GRUPO FINANCIERO BANORTE SAB (GBOOY)		2,511.000	44.616	62,515.10	94,285.54	112,030.78	49,515.68	17,745.24
Asset Class: Equities								
GUARDIAN PHRMCY SVCS INC CL A (GRDN)		520.000	20.900	8,392.64	8,392.64	10,868.00	2,475.36	2,475.36
Asset Class: Equities								
HELIX ENERGY SOLUTIONS GRP INC (HLX)		1,800.000	5.930	10,173.24	19,915.90	10,674.00	500.76	(9,241.90)
Asset Class: Equities								
HEXAGON AB ADR (HXGBY)		9,163.000	11.061	95,727.10	95,727.10	101,351.94	5,624.84	5,624.84
Next Dividend Payable 05/2026; Asset Class: Equities								
HLTH CARE SVC GRP (HCSG)		1,515.000	13.010	17,051.40	17,564.55	19,710.15	2,658.75	2,145.60
Asset Class: Equities								
HOMETRUST BANCSHARES INC (HTB)		375.000	38.860	9,474.42	13,301.25	14,572.50	5,098.08	1,271.25
Next Dividend Payable 08/2025; Asset Class: Equities								
HONEYWELL INTL INC (HON)		448.000	222.350	100,045.73	100,908.41	99,612.80	(432.93)	(1,295.61)
Next Dividend Payable 09/2025; Asset Class: Equities								
HOOKER FURNISHINGS CORPORATION (HOFT)		126.000	9.450	1,735.41	1,937.65	1,190.70	(544.71)	(746.95)
Next Dividend Payable 09/2025; Asset Class: Equities								
HORIZON BANCORP INC (HBNC)		835.000	15.490	13,097.56	13,802.70	12,934.15	(163.41)	(868.55)
Next Dividend Payable 10/2025; Asset Class: Equities								
HOWMET AEROSPACE INC (HWM)		196.000	179.770	8,686.31	18,757.20	35,234.92	26,548.61	16,477.72
Next Dividend Payable 08/2025; Asset Class: Equities								
HOYA CORP SPONS ADR (HOCYP)		658.000	127.446	69,670.03	82,863.50	83,859.47	14,189.44	995.97
Asset Class: Equities								
HUBBELL INC (HUBB)		338.000	437.480	115,397.78	133,768.89	147,868.24	32,470.46	14,099.35
Next Dividend Payable 09/2025; Asset Class: Equities								
ICHOR HOLDINGS LTD (ICHR)		570.000	19.790	16,813.91	16,816.12	11,280.30	(5,533.61)	(5,535.82)
Asset Class: Equities								
ICICI BANK LTD (IBN)		3,821.000	33.700	35,714.80	111,635.00	128,767.70	93,052.90	17,132.70
Asset Class: Equities								
IDT CORP CL B (IDT)		305.000	58.910	4,956.48	11,660.15	17,967.55	13,011.07	6,307.40
Asset Class: Equities								
IMAX CORP (IMAX)		765.000	25.790	13,262.97	15,932.15	19,729.35	6,466.38	3,797.20
Asset Class: Equities								
IMCD GROUP N V ADR (IMCDY)		1,101.000	55.121	75,024.64	79,163.98	60,688.22	(14,336.42)	(18,475.76)
Next Dividend Payable 05/2026; Asset Class: Equities								
INDEPENDENT BANK CORP MICH NEW (IBCP)		730.000	30.550	13,796.75	25,323.70	22,301.50	8,504.75	(3,022.20)
Next Dividend Payable 08/2025; Asset Class: Equities								

CONTINUED

Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
ING GROEP NV ADR (ING)		3,938.000	23.360	51,982.86	72,153.94	91,991.68	40,008.82	19,837.74
Next Dividend Payable 11/2025; Asset Class: Equities								
INOGEN INC (INGN)		895.000	6.310	5,944.45	5,944.45	5,647.45	(297.00)	(297.00)
Asset Class: Equities								
INSPIRED ENTMT INC (INSE)		2,425.000	9.010	24,753.58	21,994.16	21,849.25	(2,904.33)	(144.91)
Asset Class: Equities								
INTEL CORP (INTC)		1,633.000	19.800	37,047.81	37,199.94	32,333.40	(4,714.41)	(4,866.54)
Asset Class: Equities								
INTERCONTINENTAL EXCHANGE INC (ICE)		469.000	184.830	75,575.09	76,747.96	86,685.27	11,110.18	9,937.31
Next Dividend Payable 09/2025; Asset Class: Equities								
INTERCONTINENTAL HOTLS GRP ADR (IHG)		541.000	116.160	63,787.37	63,787.37	62,842.56	(944.81)	(944.81)
Next Dividend Payable 11/2025; Asset Class: Equities								
INTERNATIONAL PAPER CO (IP)		2,945.000	46.740	124,583.01	140,837.96	137,649.30	13,066.29	(3,188.66)
Next Dividend Payable 09/2025; Asset Class: Equities								
INTERNATIONAL SEAWAYS INC (INSW)		365.000	39.900	12,176.00	12,048.49	14,563.50	2,387.50	2,515.01
Next Dividend Payable 09/2025; Asset Class: Equities								
INTL BUSINESS MACHINES CORP (IBM)		373.000	253.150	53,426.48	74,088.45	94,424.95	40,998.47	20,336.50
Next Dividend Payable 09/2025; Asset Class: Equities								
ITAU UNIBANCO MULTIPLE ADR (ITUB)		18,060.000	6.270	96,283.10	98,888.44	113,236.20	16,953.09	14,347.76
Next Dividend Payable 09/08/25; Asset Class: Equities								
ITURAN LOCATION AND CTRL LTD (ITRN)		360.000	39.500	13,632.57	13,595.70	14,220.00	587.43	624.30
Next Dividend Payable 10/2025; Asset Class: Equities								
JAMES HARDIE INDS PLC (JHX)		1,823.000	25.940	71,104.11	71,104.11	47,288.62	(23,815.49)	(23,815.49)
Asset Class: Equities								
JOHNSON & JOHNSON (JNJ)		1,702.000	164.740	270,419.39	272,370.48	280,387.48	9,968.09	8,017.00
Next Dividend Payable 09/2025; Asset Class: Equities								
JOHNSON CTLS INTL PLC (JCI)		515.000	105.000	28,036.72	36,989.58	54,075.00	26,038.28	17,085.42
Next Dividend Payable 10/2025; Asset Class: Equities								
JOHNSON OUTDOORS INC A (JOUT)		245.000	33.200	8,468.94	8,649.99	8,134.00	(334.94)	(515.99)
Next Dividend Payable 10/2025; Asset Class: Equities								
JPMORGAN CHASE & CO (JPM)		1,088.000	296.240	152,096.62	242,199.01	322,309.12	170,212.50	80,110.11
Next Dividend Payable 10/2025; Asset Class: Equities								
KB FINANCIAL GRP INC SONS ADR (KB)		802.000	79.150	72,882.95	72,882.95	63,478.30	(9,404.65)	(9,404.65)
Asset Class: Equities								
KBC GROUP NV UNSPONS ADR (KBCSY)		2,340.000	52.512	79,158.81	91,585.18	122,878.08	43,719.27	31,292.90
Next Dividend Payable 11/2025; Asset Class: Equities								

CONTINUED

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Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
KELLY SVCS A (KELYA)		1,590.000	12.250	27,844.08	29,161.32	19,477.50	(8,366.58)	(9,683.82)
Next Dividend Payable 09/2025; Asset Class: Equities								
KENVUE INC (KVUE)		3,613.000	21.440	72,816.50	69,217.01	77,462.72	4,646.22	8,245.71
Next Dividend Payable 08/2025; Asset Class: Equities								
KIMBALL ELECTRONICS INC (KE)		785.000	18.760	16,666.42	18,017.60	14,726.60	(1,939.82)	(3,291.00)
Asset Class: Equities								
KOPPERS HOLDINGS INC (KOP)		535.000	32.860	19,194.21	19,671.77	17,580.10	(1,614.11)	(2,091.67)
Next Dividend Payable 09/2025; Asset Class: Equities								
LA Z BOY INCORPORATED (LZB)		240.000	35.970	9,595.86	9,595.86	8,632.80	(963.06)	(963.06)
Next Dividend Payable 09/2025; Asset Class: Equities								
LABCORP HOLDINGS INC (LH)		293.000	260.080	60,838.80	64,522.05	76,203.44	15,364.64	11,681.39
Next Dividend Payable 09/2025; Asset Class: Equities								
LAM RESEARCH CORPORATION NEW (LRCX)		404.000	94.840	36,823.47	36,823.47	38,315.36	1,491.89	1,491.89
Next Dividend Payable 10/2025; Asset Class: Equities								
LAS VEGAS SANDS CORPORATION (LVS)		1,394.000	52.400	51,373.66	59,157.95	73,045.60	21,671.94	13,887.65
Next Dividend Payable 08/2025; Asset Class: Equities								
LEGRAND SA (LGRDY)		3,148.000	29.747	85,330.32	85,330.32	93,643.56	8,313.24	8,313.24
Next Dividend Payable 06/2026; Asset Class: Equities								
LI NING COMPANY LTD ADR (LNNGY)		1,206.000	53.057	125,280.83	56,753.98	63,986.74	(61,294.09)	7,232.76
Next Dividend Payable 01/2026; Asset Class: Equities								
LONDON STK EXCHANGE GROUP ADR (LNSTY)		2,678.000	30.636	87,859.75	91,575.38	82,043.21	(5,816.54)	(9,532.17)
Next Dividend Payable 12/2025; Asset Class: Equities								
LOTTOMATICA GROUP SPA ADR (LOTMY)		2,676.000	27.057	69,251.21	69,251.21	72,404.53	3,153.32	3,153.32
Next Dividend Payable 06/2026; Asset Class: Equities								
L3HARRIS TECHNOLOGIES INC (LHX)		637.000	274.820	140,043.23	142,119.45	175,060.34	35,017.11	32,940.89
Next Dividend Payable 09/2025; Asset Class: Equities								
MARATHON PETROLEUM CORP (MPC)		838.000	170.190	92,006.49	135,613.47	142,619.22	50,612.73	7,005.75
Next Dividend Payable 09/2025; Asset Class: Equities								
MEDTRONIC PLC SHS (MDT)		2,291.000	90.240	189,796.95	193,013.94	206,739.84	16,942.89	13,725.90
Next Dividend Payable 10/2025; Asset Class: Equities								
MERCK KGAA SPD ADR (MKKGV)		2,193.000	25.249	64,239.90	78,326.03	55,371.06	(8,868.84)	(22,954.97)
Next Dividend Payable 05/2026; Asset Class: Equities								
METALLUS INC (MTUS)		640.000	15.800	11,064.82	11,064.82	10,112.00	(952.82)	(952.82)
Asset Class: Equities								
METLIFE INCORPORATED (MET)		147.000	75.950	11,432.06	12,090.75	11,164.65	(267.41)	(926.10)
Next Dividend Payable 09/2025; Asset Class: Equities								

CONTINUED



Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
MISTRAS GROUP INC COM (MG)		1,335.000	7.940	9,910.44	13,350.00	10,599.90	689.46	(2,750.10)
Asset Class: Equities								
MITEK SYS NEW (MITK)		1,945.000	9.020	19,935.98	21,695.82	17,543.90	(2,392.08)	(4,151.92)
Asset Class: Equities								
MITSUBISHI ELECTRIC ADR (MIELY)		2,125.000	44.413	67,955.46	67,955.46	94,377.63	26,422.17	26,422.17
Asset Class: Equities								
MITSUI FUDOSAN CO LTD ADR (MTSFY)		1,936.000	27.081	58,826.66	60,082.20	52,428.82	(6,397.84)	(7,653.38)
Asset Class: Equities								
MIZUHO FNCL INC SPONS ADR (MFG)		10,103.000	5.900	41,601.12	42,015.78	59,607.70	18,006.58	17,591.92
Asset Class: Equities								
MORGAN STANLEY (MS)		551.000	142.460	75,815.79	76,110.39	78,495.46	2,679.67	2,385.07
Next Dividend Payable 08/15/25; Asset Class: Equities								
MTU AERO ENGINES AG (MTUAY)		789.000	216.433	90,891.73	111,217.26	170,765.64	79,873.91	59,548.38
Next Dividend Payable 05/2026; Asset Class: Equities								
NAT GROCERS BY VITA CTTG INC (NGVC)		275.000	37.890	3,652.88	7,502.00	10,419.75	6,766.87	2,917.75
Next Dividend Payable 09/2025; Asset Class: Equities								
NATL HLTHCARE CORP (NHC)		75.000	96.030	5,150.12	10,212.00	7,202.25	2,052.13	(3,009.75)
Next Dividend Payable 08/01/25; Asset Class: Equities								
NATURES SUNSHINE PROD (NATR)		556.000	14.010	7,184.43	7,290.78	7,789.56	605.13	498.78
Asset Class: Equities								
NEWMONT CORPORATION (NEM)		1,075.000	62.100	37,298.51	51,711.70	66,757.50	29,458.99	15,045.80
Next Dividend Payable 09/2025; Asset Class: Equities								
NITORI HLDGS CO LTD ADR (NCLTY)		4,583.000	8.602	58,933.62	54,725.11	39,422.97	(19,510.65)	(15,302.14)
Asset Class: Equities								
NOMURA RESH INST LTD ADR (NRILY)		2,457.000	39.995	65,282.61	76,683.66	98,267.72	32,985.11	21,584.06
Asset Class: Equities								
NORTHEAST BK F S B ME (NBN)		260.000	99.170	6,809.11	18,891.60	25,784.20	18,975.09	6,892.60
Next Dividend Payable 08/2025; Asset Class: Equities								
NOVO NORDISK A/S ADR (NVO)		1,577.000	47.070	140,763.59	206,316.36	74,229.39	(66,534.20)	(132,086.97)
Next Dividend Payable 10/2025; Asset Class: Equities								
NVE CORP (NVEC)		125.000	63.330	7,867.94	11,162.50	7,916.25	48.31	(3,246.25)
Next Dividend Payable 08/29/25; Asset Class: Equities								
NWPX INFRASTRUCTURE INC (NWPX)		540.000	41.780	13,999.88	20,601.00	22,561.20	8,561.32	1,960.20
Asset Class: Equities								
OCEAN FIRST FINANCIAL CORP (OCFC)		1,030.000	16.780	19,272.44	19,272.44	17,283.40	(1,989.04)	(1,989.04)
Next Dividend Payable 08/15/25; Asset Class: Equities								

CONTINUED

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Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
OIL DRI CORP OF AMERICA (ODC)		200.000	56.400	3,796.95	6,510.00	11,280.00	7,483.05	4,770.00
Next Dividend Payable 08/2025; Asset Class: Equities								
OLYMPIC STEEL INC (ZEUS)		680.000	31.100	23,720.48	23,816.75	21,148.00	(2,572.48)	(2,668.75)
Next Dividend Payable 09/2025; Asset Class: Equities								
OMNICOM GROUP (OMC)		490.000	72.050	36,596.68	36,596.68	35,304.50	(1,292.18)	(1,292.18)
Next Dividend Payable 10/2025; Asset Class: Equities								
ONESPAN INC. (OSPN)		900.000	14.750	13,755.09	13,743.47	13,275.00	(480.09)	(468.47)
Next Dividend Payable 09/2025; Asset Class: Equities								
PENGUIN SOLUTIONS INC (PENG)		810.000	23.570	15,777.90	17,781.86	19,091.70	3,313.80	1,309.84
Asset Class: Equities								
PEOPLES BANCORP INC (PEBO)		545.000	28.640	15,574.37	18,066.17	15,608.80	34.43	(2,457.37)
Next Dividend Payable 08/18/25; Asset Class: Equities								
PERMIAN RESOURCES CP CL A (PR)		2,827.000	14.160	38,671.69	39,494.77	40,030.32	1,358.63	535.55
Next Dividend Payable 09/2025; Asset Class: Equities								
PERNOD RICARD SA ADR (PRNDY)		3,368.000	20.684	107,053.07	85,488.65	69,663.71	(37,389.36)	(15,824.94)
Next Dividend Payable 08/22/25; Asset Class: Equities								
PHILIP MORRIS INTL INC (PM)		460.000	164.050	45,047.32	53,058.67	75,463.00	30,415.68	22,404.33
Next Dividend Payable 10/2025; Asset Class: Equities								
PHILLIPS 66 COM (PSX)		1,134.000	123.580	135,987.17	156,234.54	140,139.72	4,152.55	(16,094.82)
Next Dividend Payable 09/2025; Asset Class: Equities								
PIRAEUS FINL HLDGS S A ADR (BPIRY)		24,969.000	7.749	103,953.09	105,518.53	193,484.78	89,531.69	87,966.25
Next Dividend Payable 06/2026; Asset Class: Equities								
POSTAL REALTY TRUST INC CL A (PSTL)		1,035.000	13.710	14,886.38	15,380.12	14,189.85	(696.53)	(1,190.27)
Next Dividend Payable 08/29/25; Asset Class: Alt								
PRIMIS FINANCIAL CORP (FRST)		1,395.000	11.190	17,573.24	18,414.00	15,610.05	(1,963.19)	(2,803.95)
Next Dividend Payable 08/2025; Asset Class: Equities								
PT BK MANDIRI PERSERO TBK UNSP (PPER)		6,021.000	10.963	51,684.26	89,530.91	66,008.22	14,323.96	(23,522.69)
Next Dividend Payable 05/2026; Asset Class: Equities								
RANGER ENERGY SVCS INC CL A (RNGR)		1,118.000	13.390	12,047.01	14,369.07	14,970.02	2,923.01	600.95
Next Dividend Payable 08/2025; Asset Class: Equities								
RECRUIT HOLDINGS CO. LTD. ADR (RCRUY)		6,490.000	12.030	51,225.61	75,381.85	78,074.70	26,849.09	2,692.85
Asset Class: Equities								
RELX PLC SPONSORED ADR (RELX)		2,999.000	51.890	63,619.76	141,642.77	155,618.11	91,998.35	13,975.34
Next Dividend Payable 12/2025; Asset Class: Equities								
RESONA HOLDINGS INC ADR (RSHGY)		4,432.000	18.459	68,225.14	68,225.14	81,810.29	13,585.15	13,585.15
Asset Class: Equities								

CONTINUED

Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
ROYAL CARIBBEAN GROUP COM (RCL)		219.000	317.870	41,564.58	46,936.82	69,613.53	28,048.95	22,676.71
Next Dividend Payable 10/2025; Asset Class: Equities								
SALLY BEAUTY HLDGS INC (SBH)		1,650.000	9.740	14,424.99	14,416.54	16,071.00	1,646.01	1,654.46
Asset Class: Equities								
SAMPO OYJ UNSPON ADR (SAXPY)		5,634.000	21.554	106,388.09	99,069.61	121,435.24	15,047.18	22,365.63
Next Dividend Payable 05/2026; Asset Class: Equities								
SAP AG (SAP)		254.000	286.700	35,684.13	53,746.40	72,821.80	37,137.67	19,075.40
Next Dividend Payable 05/2026; Asset Class: Equities								
SHIN ETSU CHEM CO LTD ADR (SHECY)		4,183.000	14.602	79,940.99	87,092.80	61,080.17	(18,860.83)	(26,012.63)
Asset Class: Equities								
SHOE CARNIVAL INC (IN) (SCVL)		180.000	20.460	5,461.38	7,419.59	3,682.80	(1,778.58)	(3,736.79)
Next Dividend Payable 10/2025; Asset Class: Equities								
SIEMENS AKTIENGESELLSCHAFT (SIEGY)		480.000	127.850	46,779.52	46,542.31	61,368.00	14,588.48	14,825.69
Next Dividend Payable 02/2026; Asset Class: Equities								
SIEMENS HEALTHINEERS AG ADR (SMMNY)		2,125.000	27.069	49,290.15	57,060.50	57,521.63	8,231.48	461.13
Next Dividend Payable 03/2026; Asset Class: Equities								
SIERRA BANCORP (BSRR)		630.000	29.320	13,843.14	18,376.67	18,471.60	4,628.46	94.93
Next Dividend Payable 08/14/25; Asset Class: Equities								
SINGAPORE TELECOM LTD ADR NEW (SGAPY)		3,182.000	29.907	85,433.45	85,433.45	95,164.07	9,730.62	9,730.62
Next Dividend Payable 08/26/25; Asset Class: Equities								
SMARTFINANCIAL INC NEW (SMBK)		655.000	34.260	14,477.40	18,595.79	22,440.30	7,962.90	3,844.51
Next Dividend Payable 08/2025; Asset Class: Equities								
SPOK HLDGS INC (SPOK)		1,275.000	18.340	9,533.15	19,545.75	23,383.50	13,850.35	3,837.75
Next Dividend Payable 09/2025; Asset Class: Equities								
STANDARD MOTOR PRODUCTS INC (SMP)		675.000	30.360	25,126.28	21,840.48	20,493.00	(4,633.28)	(1,347.48)
Next Dividend Payable 09/2025; Asset Class: Equities								
SUN COUNTRY AIRLINES HOLDINGS (SNKY)		1,640.000	11.590	22,425.58	23,051.80	19,007.60	(3,417.98)	(4,044.20)
Asset Class: Equities								
SUNCOR ENERGY INC (SU)		1,719.000	39.460	33,658.94	68,595.75	67,831.74	34,172.80	(764.01)
Next Dividend Payable 09/2025; Asset Class: Equities								
SUZUKI MTR CORP ADR (SZKMY)		998.000	44.294	44,521.88	46,683.45	44,205.41	(316.47)	(2,478.04)
Asset Class: Equities								
TAIWAN SMCNDCR MFG CO LTD ADR (TSM)		1,380.000	241.620	33,641.91	228,804.00	333,435.60	299,793.69	104,631.60
Next Dividend Payable 10/2025; Asset Class: Equities								
TALOS ENERGY INC (TALO)		1,130.000	8.550	9,598.22	9,598.22	9,661.50	63.28	63.28
Asset Class: Equities								

CONTINUED

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Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
TE CONNECTIVITY PLC (TEL)		416.000	205.750	62,214.85	63,272.94	85,592.00	23,377.15	22,319.06
Next Dividend Payable 09/2025; Asset Class: Equities								
TECHTRONIC IND LTD SPONS ADR (TTNDY)		1,446.000	60.064	92,648.43	91,355.66	86,852.54	(5,795.89)	(4,503.12)
Next Dividend Payable 01/2026; Asset Class: Equities								
TENCENT HLDGS LTD UNSPON ADR (TCEHY)		2,591.000	70.070	95,006.48	119,966.53	181,551.37	86,544.89	61,584.84
Next Dividend Payable 06/2026; Asset Class: Equities								
TETRA TECHNOLOGIES INC DEL (TTI)		3,465.000	4.100	13,767.51	12,924.45	14,206.50	438.99	1,282.05
Asset Class: Equities								
THALES USDPONSORD ADR (THLLY)		2,532.000	53.977	67,579.33	81,775.15	136,669.76	69,090.42	54,894.61
Next Dividend Payable 12/2025; Asset Class: Equities								
THE MANITOWOC COMPANY, INC. (MTW)		550.000	12.750	6,595.51	6,595.51	7,012.50	416.99	416.99
Asset Class: Equities								
THE MOSAIC COMPANY (MOS)		1,246.000	36.010	46,141.74	46,141.74	44,868.46	(1,273.28)	(1,273.28)
Next Dividend Payable 09/2025; Asset Class: Equities								
THERMO FISHER SCIENTIFIC (TMO)		211.000	467.680	101,612.11	101,612.11	98,680.48	(2,931.63)	(2,931.63)
Next Dividend Payable 10/2025; Asset Class: Equities								
TOKYO ELECTRON LTD UNSPON ADR (TOELY)		606.000	90.800	52,666.49	62,403.40	55,024.80	2,358.31	(7,378.60)
Asset Class: Equities								
TOTVS SA ADR (TTVSY)		5,597.000	15.558	66,938.45	66,938.45	87,078.13	20,139.67	20,139.68
Next Dividend Payable 07/2026; Asset Class: Equities								
TURNING POINT BRANDS INC (TPB)		130.000	82.940	2,905.06	4,903.60	10,782.20	7,877.14	5,878.60
Next Dividend Payable 10/2025; Asset Class: Equities								
TUTOR PERINI CORP COM (TPC)		355.000	48.150	6,712.05	8,567.18	17,093.25	10,381.20	8,526.07
Asset Class: Equities								
UNILEVER PLC (NEW) ADS (UL)		2,895.000	58.430	136,844.67	177,753.00	169,154.85	32,310.18	(8,598.15)
Next Dividend Payable 09/2025; Asset Class: Equities								
UNITED FIRE GROUP INC (UFCS)		535.000	26.550	11,735.46	11,370.26	14,204.25	2,468.79	2,833.99
Next Dividend Payable 09/2025; Asset Class: Equities								
UNITEDHEALTH GP INC (UNH)		432.000	249.560	218,098.27	238,913.07	107,809.92	(110,288.35)	(131,103.15)
Next Dividend Payable 09/2025; Asset Class: Equities								
UNITIL CORP (UTL)		500.000	51.580	25,641.55	29,201.41	25,790.00	148.45	(3,411.41)
Next Dividend Payable 08/2025; Asset Class: Equities								
UNIVERSAL MUSIC GROUP NV ADR (UNVGY)		6,504.000	14.524	69,738.13	77,079.22	94,464.10	24,725.97	17,384.88
Next Dividend Payable 12/2025; Asset Class: Equities								
VAALCO ENERGY INC NEW (EGY)		3,955.000	3.720	15,812.41	20,640.32	14,712.60	(1,099.81)	(5,927.72)
Next Dividend Payable 09/2025; Asset Class: Equities								

CONTINUED

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.



Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
VERALTO CORP (VLTO)		408.000	104.830	31,112.16	43,476.48	42,770.64	11,658.48	(705.84)
Next Dividend Payable 10/2025; Asset Class: Equities								
VERITEX HLDGS INC (VBTX)		275.000	31.720	6,752.22	6,698.62	8,723.00	1,970.78	2,024.38
Next Dividend Payable 08/2025; Asset Class: Equities								
VISHAY PRECISION GROUP INC (VPG)		730.000	26.520	22,182.84	22,826.81	19,359.60	(2,823.24)	(3,467.21)
Asset Class: Equities								
VOYA FINL INC (VOYA)		940.000	70.000	57,790.19	69,237.68	65,800.00	8,009.81	(3,437.68)
Next Dividend Payable 09/2025; Asset Class: Equities								
WALT DISNEY CO HLDG CO (DIS)		1,083.000	119.110	111,207.22	113,442.87	128,996.13	17,788.91	15,553.26
Next Dividend Payable 01/2026; Asset Class: Equities								
WATERSTONE FINL INC MD (WSBF)		725.000	13.310	13,092.76	10,817.00	9,649.75	(3,443.01)	(1,167.25)
Next Dividend Payable 08/01/25; Asset Class: Equities								
WEYERHAEUSER CO (WY)		3,012.000	25.050	77,769.64	78,049.78	75,450.60	(2,319.04)	(2,599.18)
Next Dividend Payable 09/2025; Asset Class: Alt								
WHITESTONE REIT CL B SBI (WSR)		2,005.000	12.190	22,718.90	27,358.97	24,440.95	1,722.05	(2,918.02)
Next Dividend Payable 08/12/25; Asset Class: Alt								
WISDOMTREE INC (WT)		1,745.000	13.270	15,945.16	15,854.19	23,156.15	7,210.99	7,301.96
Next Dividend Payable 08/2025; Asset Class: Equities								
WIX COM LTD (WIX)		363.000	136.030	57,646.23	57,646.23	49,378.89	(8,267.34)	(8,267.34)
Asset Class: Equities								
ZIMVIE INC (ZIMV)		971.000	18.790	9,020.93	8,818.50	18,245.09	9,224.16	9,426.59
Asset Class: Equities								
3I GROUP PLC UNSPONS ADR (TGOPY)		2,733.000	27.466	56,894.72	57,618.71	75,064.58	18,169.86	17,445.87
Next Dividend Payable 08/11/25; Asset Class: Equities								
Total Common Stocks				\$12,634,336.63	\$14,582,846.98	\$15,494,631.83	\$2,857,980.49	\$911,784.85

	Percentage of Assets	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
Total Stocks	30.97%	\$12,634,336.63	\$14,582,846.98	\$15,494,631.83 ✓	\$2,857,980.49	\$911,784.85

Plan Account Number:

For the Period: 08/01/2024 - 07/31/2025

Holdings

Exchange-Traded & Closed-End Funds

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
ISHARES CORE S&P SMALL CAP E (IJR)		11,909.000	\$110.280	\$690,689.06	\$1,408,022.33	\$1,313,324.52	\$622,635.46	\$(94,697.81)
Reinvestments	Purchases	11,909.000		690,689.06	1,408,022.33	1,313,324.52	622,635.46	(94,697.81)
		1,524.000		144,267.05	180,185.24	168,066.72	23,799.67	(12,118.52)
	Total	13,433.000		834,956.11	1,588,207.57	1,481,391.24	646,435.13	(106,816.33)
Next Dividend Payable 09/2025; Asset Class: Equities								
ISHARES S&P MIDCAP 400 INDEX (IJH)		20,879.000	63.030	613,857.75	1,293,732.03	1,316,003.37	702,145.62	22,271.34
Reinvestments	Purchases	20,879.000		613,857.75	1,293,732.03	1,316,003.37	702,145.62	22,271.34
		2,970.000		139,476.25	184,031.04	187,199.10	47,722.85	3,168.06
	Total	23,849.000		753,334.00	1,477,763.07	1,503,202.47	749,868.47	25,439.40
Next Dividend Payable 09/2025; Asset Class: Equities								
VANGUARD GROWTH ETF (VUG)		15,663.000	455.180	2,123,819.23	5,819,318.12	7,129,484.34	5,005,665.11	1,310,166.22
Reinvestments	Purchases	15,663.000		2,123,819.23	5,819,318.12	7,129,484.34	5,005,665.11	1,310,166.22
		1,257.000		272,089.51	467,016.72	572,161.26	300,071.75	105,144.54
	Total	16,920.000		2,395,908.74	6,286,334.84	7,701,645.60	5,305,736.86	1,415,310.76
Next Dividend Payable 10/2025; Asset Class: Equities								
		Percentage of Assets		Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
Total Exchange-Traded & Closed-End Funds		21.36%		\$3,984,198.85	\$9,352,305.48	\$10,686,239.31✓	\$6,702,040.46	\$1,333,933.83

Mutual Funds

Open-End Non-Sweep Money Market Funds

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
INVESCO PREM US GOVT MNY INST (IUGXX)		478,251.980	\$1.0000	N/A	\$478,251.98	\$478,251.98	N/A	\$0.00
Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Cash								
INVESCO PREM US GOVT MNY INST (IUGXX)		1,252.360	\$1.0000	N/A	1,252.36	1,252.36	N/A	0.00
Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Cash								
INVESCO PREM US GOVT MNY INST (IUGXX)		72,026.000	\$1.0000	N/A	72,026.00	72,026.00	N/A	0.00
Dividend Cash; Capital Gains Cash; Asset Class: Cash								
INVESCO PREM US GOVT MNY INST (IUGXX)		752.250	\$1.0000	N/A	752.25	752.25	N/A	0.00
Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Cash								
INVESCO PREM US GOVT MNY INST (IUGXX)		532.000	\$1.0000	N/A	532.00	532.00	N/A	0.00
Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Cash								

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Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

Open-End Mutual Funds

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
BLACKROCK HIGH YIELD PTF INST (BHYIX)		93,809.336	\$7.190	\$683,667.29	\$667,137.69	\$674,489.13	\$(9,178.16)	\$7,351.44
	Purchases	93,809.336		683,667.29	667,137.69	674,489.13	(9,178.16)	7,351.44
Reinvestments		38,912.857		281,215.72	276,734.01	279,783.44	(1,432.28)	3,049.43
	Total	132,722.193		964,883.01	943,871.70	954,272.57	(10,610.44)	10,400.87
Total Purchases vs Market Value				683,667.29		954,272.57		
Net Value Increase/(Decrease)						270,605.28		
Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref								
TCW METWEST TOT RET BD I (MWTIX)		1,223,604.845	9.040	12,253,310.47	11,140,664.17	11,061,387.79	(1,191,922.68)	(79,276.38)
	Purchases	1,223,604.845		12,253,310.47	11,140,664.17	11,061,387.79	(1,191,922.68)	(79,276.38)
Reinvestments		303,701.586		3,033,246.90	2,765,138.92	2,745,462.34	(287,784.56)	(19,676.58)
	Total	1,527,306.431		15,286,557.37	13,905,803.08	13,806,850.14	(1,479,707.24)	(98,952.94)
Total Purchases vs Market Value				12,253,310.47		13,806,850.14		
Net Value Increase/(Decrease)						1,553,539.67		
Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref								
VIRTUS NWFLT MLTSEC SHTM BD I (PIMSX)		734,354.757	4.560	3,370,816.61	3,321,235.23	3,348,657.68	(22,158.93)	27,422.45
	Purchases	734,354.757		3,370,816.61	3,321,235.23	3,348,657.68	(22,158.93)	27,422.45
Reinvestments		107,781.876		485,621.23	487,460.54	491,485.35	5,864.12	4,024.81
	Total	842,136.633		3,856,437.84	3,808,695.77	3,840,143.05	(16,294.81)	31,447.28
Total Purchases vs Market Value				3,370,816.61		3,840,143.05		
Net Value Increase/(Decrease)						469,326.44		
Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref								
		Percentage of Assets		Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
Total Mutual Funds		38.28%		\$20,107,878.22	\$19,211,185.14	\$19,154,080.35	\$(1,506,612.49)	\$(57,104.79)

Alternative Investments

HEDGE FUNDS

Security Description	Account Number	Commitment / Aggregate Investment	Total Cost	Estimated Value	Est Value + Redemptions + Distributions	Total Return	Valuation Date
IRONWOOD INSTITUTIONAL LTD		\$1,500,000.00	—	\$2,391,184.43	\$2,391,184.43	—	06/30/25
Asset Class: Alt							
Total Hedge Funds		\$1,500,000.00	—	\$2,391,184.43	\$2,391,184.43	—	
				Unadjusted			

CONTINUED

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.

Plan Account Number:
For the Period: 08/01/2024 - 07/31/2025

Holdings

REAL ESTATE

Security Description	Account Number	Commitment	Contributions To Date	Remaining Commitment	Distributions	Estimated Value	Est Value + Distributions	Valuation Date
MULTI EMP PROPERTY TRUST		\$1,450,000.00	\$1,450,000.00	\$0.00	\$0.00	\$1,942,199.26	\$1,942,199.26	06/30/25
Asset Class: Alt								
Total Real Estate		\$1,450,000.00	\$1,450,000.00	\$0.00	\$0.00	\$1,942,199.26	\$1,942,199.26	
						Unadjusted		
		Percentage of Assets	Original Total Cost	Carrying Value	Estimated Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	
Total Alternative Investments		8.66%	\$0.00	N/A	\$4,333,383.69	N/A	N/A	

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

EIN: 59-6228172; PN: 001

Distribution of Active Participants as of August 1, 2024 by Age and Service Groups

Attained Age	<u>Completed Years of Credited Service</u>										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	6	23	2	0	0	0	0	0	0	0	31
25 to 29	8	13	17	3	0	0	0	0	0	0	41
30 to 34	2	22	27	9	0	0	0	0	0	0	60
35 to 39	8	14	24	8	14	1	0	0	0	0	69
40 to 44	12	13	13	6	7	3	1	0	0	0	55
45 to 49	1	6	7	6	6	5	2	0	0	0	33
50 to 54	1	5	6	5	6	5	7	2	0	0	37
55 to 59	1	7	5	2	9	3	1	0	3	1	32
60 to 64	0	2	1	1	2	1	2	3	1	0	13
65 to 69	0	1	0	0	2	1	1	0	0	0	5
70 & up	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	39	106	102	40	46	19	14	5	4	1	376

Schedule MB, line 9c - Schedule of Funding Standard Account Bases

Description	Original Amount	Outstanding Balance as of August 1, 2023	2023/24 Amortization Payment	Outstanding Balance as of August 1, 2024	2024/25 Amortization Payment	Years Remaining ***
8/1/14 Method Chg.	\$2,475,911	\$335,649	\$335,649	\$0	\$0	0 years
8/1/95 Assump. Chg.	\$68,231	\$10,171	\$5,257	\$5,258	\$5,258	1 year
8/1/98 Assump. Chg.	\$119,911	\$40,501	\$9,231	\$33,459	\$9,231	4 years
8/1/99 Assump. Chg.	\$93,779	\$36,798	\$7,215	\$31,654	\$7,215	5 years
8/1/02 Assump. Chg.	\$4,834,647	\$2,587,969	\$371,232	\$2,371,909	\$371,232	8 years
8/1/10 Assump. Chg.	\$1,708,294	\$346,462	\$179,089	\$179,089	\$179,089	1 year
8/1/17 Assump. Chg.	\$1,185,388	\$854,837	\$122,623	\$783,469	\$122,623	8 years
8/1/18 Assump. Chg.	\$3,967,831	\$3,074,687	\$409,127	\$2,852,149	\$409,127	9 years
8/1/21 Assump. Chg.	\$2,590,534	\$2,377,140	\$265,819	\$2,259,113	\$265,819	12 years
8/1/95 Amendment	\$2,224,864	\$331,727	\$171,473	\$171,472	\$171,472	1 year
8/1/96 Amendment	\$1,240,076	\$268,453	\$95,602	\$184,951	\$95,602	2 years
8/1/97 Amendment	\$1,319,676	\$368,481	\$101,669	\$285,489	\$101,669	3 years
8/1/98 Amendment	\$822,142	\$277,692	\$63,296	\$229,404	\$63,296	4 years
8/1/99 Amendment	\$1,386,864	\$544,197	\$106,701	\$468,121	\$106,701	5 years
8/1/00 Amendment	\$1,804,104	\$885,681	\$138,619	\$799,356	\$138,619	7 years
1/1/04 Amendment	\$79,869	\$49,238	\$6,137	\$46,118	\$6,137	10 years
8/1/12 Amendment	\$48,783	\$18,486	\$5,101	\$14,322	\$5,101	3 years
8/1/13 Amendment	\$169,385	\$77,592	\$17,686	\$64,099	\$17,686	4 years
8/1/14 Amendment	\$178,904	\$95,149	\$18,656	\$81,848	\$18,656	5 years
2008/09 Exp. Loss	\$2,770,423	\$291,295	\$291,295	\$0	\$0	0 years
2011/12 Exp. Loss	\$479,131	\$181,557	\$50,094	\$140,665	\$50,094	3 years
2014/15 Exp. Loss	\$3,726,697	\$2,275,428	\$394,592	\$2,012,495	\$394,592	6 years
2015/16 Exp. Loss	\$1,373,509	\$910,841	\$142,557	\$822,064	\$142,557	7 years
2016/17 Exp. Loss	\$1,221,192	\$880,657	\$126,326	\$807,134	\$126,326	8 years
2017/18 Exp. Loss	\$1,006,271	\$779,765	\$103,758	\$723,327	\$103,758	9 years
2018/19 Exp. Loss	\$83,701	\$69,132	\$8,616	\$64,752	\$8,616	10 years
2019/20 Exp. Loss	\$1,848,176	\$1,614,260	\$189,942	\$1,524,020	\$189,942	11 years
2021/22 Exp. Loss	\$1,229,660	\$1,180,726	\$126,178	\$1,128,366	\$126,178	13 years
2022/23 Exp. Loss	\$582,909	\$582,909	\$59,813	\$559,713	\$59,813	14 years
2023/24 Exp. Loss	\$2,467,648			\$2,467,648	\$253,210	15 years
Total		\$21,347,480	\$3,923,353	\$21,111,464	\$3,549,619	

*** Years remaining as of August 1, 2024

EIN: 59-6228172; PN: 001

Plumbers and Pipefitters Local Union No. 803 Pension Plan

Schedule MB, line 9h - Schedule of Funding Standard Account Bases

Description	Original Amount	Outstanding Balance as of August 1, 2023	2023/24 Amortization Payment	Outstanding Balance as of August 1, 2024	2024/25 Amortization Payment	Years Remaining ***
8/1/15 Method Chg.	\$265,415	\$69,509	\$35,930	\$35,930	\$35,930	1 year
8/1/18 Method Chg.	\$2,739,937	\$1,608,528	\$366,641	\$1,328,819	\$366,641	4 years
8/1/96 Assump. Chg.	\$357,923	\$77,485	\$27,594	\$53,383	\$27,594	2 years
8/1/00 Assump. Chg.	\$250,493	\$111,056	\$19,259	\$98,223	\$19,259	6 years
8/1/05 Assump. Chg.	\$2,124,896	\$1,387,949	\$163,314	\$1,310,359	\$163,314	11 years
8/1/07 Assump. Chg.	\$4,381,073	\$3,146,506	\$336,250	\$3,006,974	\$336,250	13 years
8/1/15 Assump. Chg.	\$2,854,639	\$1,714,432	\$297,307	\$1,516,324	\$297,307	6 years
8/1/07 Amendment	\$1,231,917	\$884,766	\$94,550	\$845,531	\$94,550	13 years
2009/10 Exp. Gain	\$1,862,732	\$377,784	\$195,279	\$195,280	\$195,280	1 year
2010/11 Exp. Gain	\$1,767,544	\$519,611	\$185,046	\$357,985	\$185,046	2 years
2012/13 Exp. Gain	\$2,410,823	\$1,104,357	\$251,722	\$912,319	\$251,722	4 years
2013/14 Exp. Gain	\$4,422,135	\$2,351,891	\$461,138	\$2,023,106	\$461,138	5 years
2020/21 Exp. Gain	\$768,752	\$705,426	\$78,883	\$670,401	\$78,883	12 years
Total		\$14,059,300	\$2,512,913	\$12,354,634	\$2,512,914	

*** Years remaining as of August 1, 2024

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

EIN: 59-6228172; PN: 001

Effective August 1, 2024, the interest rate used to determine current liability was increased from 2.50% per annum to 3.50% per annum.

This change was made to keep the current liability interest rate within the range allowed under IRC.

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

EIN: 59-6228172; PN: 001

NOTE: Because the plan covers a limited number of participants, we have not conducted an experience study for the purpose of establishing the actuarial assumptions. Instead, we have relied on generally applicable assumptions for this purpose.

1. Actuarial Cost Method

Individual entry age normal cost method

2. Decrements

• Pre-Retirement Mortality

Sex-distinct mortality rates set forth in the RP-2014 Blue Collar Mortality Table, with full generational improvements in mortality using Scale MP-2020

• Post-Retirement Mortality

Sex-distinct mortality rates set forth in the RP-2014 Blue Collar Mortality Table, with full generational improvements in mortality using Scale MP-2020

• Disability

Sex-distinct disability rates set forth in the Wyatt 1985 Disability Study (Class 4)

(The Wyatt 1985 Disability Study provides disability rates for four classes of participants. Class 1 rates are applicable to “white collar” workers and reflect the lowest incidence of disability and the disability rates increase progressively for Classes 2 through 4. We selected the Class 4 rates as being the most appropriate for the group of participants covered by this plan.)

• Permanent Withdrawal from Active Status

Sex-distinct withdrawal rates set forth in the Scale 155 table

• Retirement*

Retirement has been assumed to occur in accordance with the rates shown in the following table:

Age	Rate	Age	Rate	Age	Rate	Age	Rate
55	5%	59	5%	63	30%	67	50%
56	5%	60	5%	64	30%	68	50%
57	5%	61	5%	65	70%	69	50%
58	5%	62	50%	66	50%	70	100%

* Average assumed retirement age is 62

(The retirement rates were developed based on actual plan experience.)

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

EIN: 59-6228172; PN: 001

(continued)

3. Interest Rates

- **Used for Calculating Current Liability**
3.50% per annum
- **Used for Calculating All Other Liabilities**
7.00% per annum

(The Trustees' investment policy reflects a 60% target allocation to equities and a 40% target allocation to fixed income investments. Based on historical average returns, we have assumed that the equity portion of the portfolio will return 9.00% per year on average and that the fixed income portion of the portfolio will return 4.00% per year on average, giving an assumed long-term investment return of 7.00% per year for the portfolio as a whole.)

4. Marriage Assumptions

- **Percent Married**
85% of males and 50% of females are assumed married.
- **Age Difference Between Spouses**
Male spouses are assumed to be three years older than female spouses.

5. Future Benefit Accruals

- **Hours Worked**
Hours worked in each future year of service have been assumed to correspond to the actual hours worked in the preceding plan year.
- **Contributions**
The contribution rate with respect to future hours worked is assumed to be equal to the actual contribution rate that applied with respect to each active participant during the prior year.

6. Contributions

Contributions are assumed to be made monthly throughout the plan year as of the end of each month. The amount of contributions assumed is equal to the total individual contributions assumed for benefit accrual purposes as set forth in item 5. above.

7. Expenses

All costs and liabilities have been loaded by 4.75% to account for administrative expenses. In addition, the interest rates set forth in item 3. above are assumed to be net of investment expenses and commissions.

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

EIN: 59-6228172; PN: 001

(continued)

8. Assets

Actuarial value of assets is equal to the market value of assets, adjusted to reflect a five-year phase-in of the unexpected investment appreciation (or depreciation).

9. Incomplete Data Records

For those participants whose date of birth is unknown, a date of birth has been assumed to correspond with an age at entry of 35.

Schedule MB – Statement of Enrolled Actuary

Name of Plan: Plumbers and Pipefitters Local Union No. 803 Pension Plan
EIN: 59-6228172
PN: 001

Line 3

The contributions set forth are those actually received by the fund on a cash basis during the 2024/25 plan year as reported by the fund's auditor. This basis of reporting the contributions to the fund is consistent with prior Schedule MB's and future Schedule MB's will also be completed on a consistent basis. In addition, contributions are made on various dates throughout the plan year. For purposes of the funding standard account, all contributions were assumed to have been made on February 1, 2025.

SCHEDULE C

OTHER SERVICE PROVIDER SERVICE CODES

STATEMENT 1

NAME	SERVICE CODES
NATIONAL EMPLOYEE BENEFITS ADMIN.	12
NATIONAL EMPLOYEE BENEFITS ADMIN.	13
NATIONAL EMPLOYEE BENEFITS ADMIN.	14
NATIONAL EMPLOYEE BENEFITS ADMIN.	36
NATIONAL EMPLOYEE BENEFITS ADMIN.	49
MORGAN STANLEY SMITH BARNEY, LLC	15
MORGAN STANLEY SMITH BARNEY, LLC	19
MORGAN STANLEY SMITH BARNEY, LLC	27
MORGAN STANLEY SMITH BARNEY, LLC	33
MORGAN STANLEY SMITH BARNEY, LLC	49
MORGAN STANLEY SMITH BARNEY, LLC	50
MORGAN STANLEY SMITH BARNEY, LLC	55
MORGAN STANLEY SMITH BARNEY, LLC	64
MORGAN STANLEY SMITH BARNEY, LLC	71
MORGAN STANLEY SMITH BARNEY, LLC	72
MORGAN STANLEY SMITH BARNEY, LLC	99
MY BENEFITS ADMINISTRATOR, LLC	12
MY BENEFITS ADMINISTRATOR, LLC	13
MY BENEFITS ADMINISTRATOR, LLC	14
MY BENEFITS ADMINISTRATOR, LLC	36
MY BENEFITS ADMINISTRATOR, LLC	49

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H

OTHER RECEIVABLES

STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	70,170.	59,650.
DUE FROM BROKER	12,213.	8,183.
TOTAL TO SCHEDULE H, LINE 1B(3)	82,383.	67,833.

SCHEDULE H

OTHER GENERAL INVESTMENTS

STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
HEDGE FUND	2,161,173.	2,416,094.
TOTAL TO SCHEDULE H, LINE 1C(15)	2,161,173.	2,416,094.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
MEETING AND CONFERENCE EXPENSE		259.
INSURANCE EXPENSE		12,012.
PBGC FEES		35,039.
POSTAGE		3,257.
PRINTING AND STATIONERY		6,948.
RECIPROCAL TRANSFER FEES		1,061.
MISCELLANEOUS		4,868.
TOTAL TO SCHEDULE H, LINE 2I(11)		63,444.

All covered hours also require a 75 cent contribution to the participants' Section 414K individual accounts, with the exception of Walt Disney World, who does not contribute to the Annuity Fund.

Schedule R, line 13e - Information on Contribution Rates and Base Units

Plumbers & Pipefitters Local Union No. 803 Pension Fund
EIN: 59-6228172
Plan Number: 001
Year Ended 07/31/2025

Name of Employer

Contribution Rates

Mechanical Services, Inc.:

1st - 3rd year apprentices - \$ 2.61 per covered hour
4th - 5th year apprentices - \$ 4.16 per covered hour
Journeyman \$ 4.16 per covered hour

WW Gay Mechanical Contractors:

1st - 3rd year apprentices - \$ 2.76 per covered hour
4th - 5th year apprentices - \$ 4.16 per covered hour
Journeyman \$ 4.16 per covered hour

Walt Disney World:

1st - 3rd year apprentices - \$ 3.98 per covered hour
4th - 5th year apprentices - \$ 3.98 per covered hour
Journeyman \$ 3.98 per covered hour

Irvine Mechanical, Inc.:

1st - 3rd year apprentices - \$ 2.61 per covered hour
4th - 5th year apprentices - \$ 4.16 per covered hour
Journeyman \$ 4.16 per covered hour

Carrier Corporation:

1st - 3rd year apprentices - \$ 2.61 per covered hour
4th - 5th year apprentices - \$ 4.16 per covered hour
Journeyman \$ 4.16 per covered hour

Shaw Mechanical Services:

1st - 3rd year apprentices - \$ 2.61 per covered hour
4th - 5th year apprentices - \$ 4.16 per covered hour
Journeyman \$ 4.16 per covered hour

Florida Mechanical:

1st - 3rd year apprentices - \$ 2.61 per covered hour
4th - 5th year apprentices - \$ 4.16 per covered hour
Journeyman \$ 4.16 per covered hour

Johnson Controls Inc:

1st - 3rd year apprentices - \$ 2.61 per covered hour
4th - 5th year apprentices - \$ 4.16 per covered hour
Journeyman \$ 4.16 per covered hour

Thermetrics Corp:

1st - 3rd year apprentices - \$ 2.61 per covered hour
4th - 5th year apprentices - \$ 4.16 per covered hour
Journeyman \$ 4.16 per covered hour

McCloskey Mechanical Contractors, Inc.:

1st - 3rd year apprentices - \$ 2.61 per covered hour
4th - 5th year apprentices - \$ 4.16 per covered hour
Journeyman \$ 4.16 per covered hour

All covered hours also require a 75 cent contribution to the participants' Section 414K individual accounts, with the exception of Walt Disney World, who does not contribute to the Annuity Fund.

Schedule R, line 13e - Information on Contribution Rates and Base Units

Plumbers & Pipefitters Local Union No. 803 Pension Fund
EIN: 59-6228172
Plan Number: 001
Year Ended 07/31/2025

<u>Name of Employer</u>	<u>Contribution Rates</u>
Mechanical Services, Inc.:	
1st - 3rd year apprentices -	\$ 2.61 per covered hour
4th - 5th year apprentices -	\$ 4.16 per covered hour
Journeyman	\$ 4.16 per covered hour
WW Gay Mechanical Contractors:	
1st - 3rd year apprentices -	\$ 2.76 per covered hour
4th - 5th year apprentices -	\$ 4.16 per covered hour
Journeyman	\$ 4.16 per covered hour
Walt Disney World:	
1st - 3rd year apprentices -	\$ 3.98 per covered hour
4th - 5th year apprentices -	\$ 3.98 per covered hour
Journeyman	\$ 3.98 per covered hour
Irvine Mechanical, Inc.:	
1st - 3rd year apprentices -	\$ 2.61 per covered hour
4th - 5th year apprentices -	\$ 4.16 per covered hour
Journeyman	\$ 4.16 per covered hour
Carrier Corporation:	
1st - 3rd year apprentices -	\$ 2.61 per covered hour
4th - 5th year apprentices -	\$ 4.16 per covered hour
Journeyman	\$ 4.16 per covered hour
Shaw Mechanical Services:	
1st - 3rd year apprentices -	\$ 2.61 per covered hour
4th - 5th year apprentices -	\$ 4.16 per covered hour
Journeyman	\$ 4.16 per covered hour
Florida Mechanical:	
1st - 3rd year apprentices -	\$ 2.61 per covered hour
4th - 5th year apprentices -	\$ 4.16 per covered hour
Journeyman	\$ 4.16 per covered hour
Johnson Controls Inc:	
1st - 3rd year apprentices -	\$ 2.61 per covered hour
4th - 5th year apprentices -	\$ 4.16 per covered hour
Journeyman	\$ 4.16 per covered hour
Thermetrics Corp:	
1st - 3rd year apprentices -	\$ 2.61 per covered hour
4th - 5th year apprentices -	\$ 4.16 per covered hour
Journeyman	\$ 4.16 per covered hour
McCloskey Mechanical Contractors, Inc.:	
1st - 3rd year apprentices -	\$ 2.61 per covered hour
4th - 5th year apprentices -	\$ 4.16 per covered hour
Journeyman	\$ 4.16 per covered hour

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

EIN: 59-6228172; PN: 001

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments	
Plan Year	Expected Annual Benefit Payments
Current Plan Year	\$2,524,178
Current Plan Year +1	\$2,746,174
Current Plan Year +2	\$2,914,917
Current Plan Year +3	\$3,100,837
Current Plan Year +4	\$3,241,533
Current Plan Year +5	\$3,350,263
Current Plan Year +6	\$3,470,233
Current Plan Year +7	\$3,577,904
Current Plan Year +8	\$3,675,182
Current Plan Year +9	\$3,787,956

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

EIN: 59-6228172; PN: 001

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments			
Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
Current Plan Year	\$2,273,051	\$0	\$2,273,051
Current Plan Year +1	\$2,273,051	\$0	\$2,273,051
Current Plan Year +2	\$2,273,051	\$0	\$2,273,051
Current Plan Year +3	\$2,273,051	\$0	\$2,273,051
Current Plan Year +4	\$2,273,051	\$0	\$2,273,051
Current Plan Year +5	\$2,273,051	\$0	\$2,273,051
Current Plan Year +6	\$2,273,051	\$0	\$2,273,051
Current Plan Year +7	\$2,273,051	\$0	\$2,273,051
Current Plan Year +8	\$2,273,051	\$0	\$2,273,051
Current Plan Year +9	\$2,273,051	\$0	\$2,273,051

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089**2024****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2024 or fiscal plan year beginning **08/01/2024** and ending **07/31/2025**

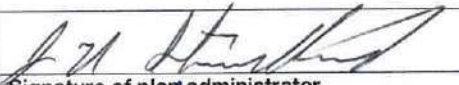
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ 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 PIPEFITTERS LOCAL UNION NO. 803 PENSION FUND	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 08/01/1969
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF PLUMBERS LOCAL UNION NO. 803 P 1880 EAST WEST PKWY #10132 FLEMING ISLAND FL 32006	2b Employer Identification Number (EIN) 59-6228172 2c Plan Sponsor's telephone number 904-902-7174 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		2/11/26	JASON STRICKLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		2/11/26	PAUL V. JONES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**Form 5500 (2024)
v. 240311**

3a Plan administrator's name and address ☒ 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	947
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)	376
a (2) Total number of active participants at the end of the plan year	6a(2)	416
b Retired or separated participants receiving benefits	6b	236
c Other retired or separated participants entitled to future benefits	6c	267
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	919
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	64
f Total. Add lines 6d and 6e	6f	983
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)	
(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	32

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

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 08/01/2024 and ending 07/31/2025

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

A Name of plan PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 803 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 Trustees of the Plumbers and Pipefitters L.U. No. 803 P.F.	D Employer Identification Number (EIN) 59-6228172

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

1a Enter the valuation date: Month 08 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 47,469,870
(2) Actuarial value of assets for funding standard account.....	1b(2) 47,897,825
c (1) Accrued liability for plan using immediate gain methods	1c(1) 54,480,182
(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) 48,763,676
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) 84,321,202
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2,655,964
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 0
(3) Expected plan disbursements for the plan year	1d(3) 2,524,178

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 CHARLES T. CARR Type or print name of actuary SOUTHERN ACTUARIAL SERVICES COMPANY Firm name P.O. BOX 888343 ATLANTA GA 30356-0343 Address of the firm	02/23/2026 Date 2304927 Most recent enrollment number 770-392-0980 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

a Current value of assets (see instructions)		2a	47,469,870
b "RPA '94" current liability/participant count breakdown:			
	(1) Number of participants	(2) Current liability	
(1) For retired participants and beneficiaries receiving payment	305	33,468,907	
(2) For terminated vested participants	269	24,176,328	
(3) For active participants:			
(a) Non-vested benefits		1,383,749	
(b) Vested benefits		25,292,218	
(c) Total active	575	26,675,967	
(4) Total	1,149	84,321,202	
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	56.29 %

(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
02/02/2025	3,039,035	0			
			Totals ►	3(b)	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total				3,039,035	0
					3(d)

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	98.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ 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: • 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."	4f	

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	
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- 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	3.50 %
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)	6
(2) Females	6c(2)	6F
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	0.00 % ☐ 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)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.9 %
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)	4.8 %
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	
(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	2,467,648	253,210

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	
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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	872,356

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)	21,111,464
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c	9d	309,538
e Total charges. Add lines 9a through 9d.....	9e	4,731,513

Credits to funding standard account:		
f Prior year credit balance, if any	9f	2,174,473
g Employer contributions. Total from column (b) of line 3.....	9g	3,039,035

h Amortization credits as of valuation date.....	Outstanding balance	
	9h	12,354,634

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	432,684
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j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	10,761,141
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	30,068,413
(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	8,159,106
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	3,427,593
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
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