Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PLUMBERS & PIPEFITTERS LOCAL 9 SURETY PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1981

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PLUMBERS AND PIPEFITTERS LOCAL 9 SURETY FUND

IE SHAFFER & CO

830 BEAR TAVERN ROAD
PO BOX 1028
WEST TRENTON, NJ 08628

2b Employer Identification Number (EIN) 22-2383293

2c Plan Sponsor's telephone number 609-883-6688

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.	03/26/2025	MICHAEL TRANBERG, TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/26/2025	PHILLIP PETILLO, TRUSTEE
	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

IE SHAFFER & CO

PO BOX 1028
WEST TRENTON, NJ 08628

3b Administrator's EIN
22-1750854

3c Administrator's telephone number
609-883-6688

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**	2678
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)**	2179
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2205
b	Retired or separated participants receiving benefits	**6b**	233
c	Other retired or separated participants entitled to future benefits	**6c**	200
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2638
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	59
f	Total. Add lines **6d** and **6e**.	**6f**	2697
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)**	226
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	2596
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**	147

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

2C 2G

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan	**B** Three-digit plan number (PN) ▶
PLUMBERS & PIPEFITTERS LOCAL 9 SURETY PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
PLUMBERS AND PIPEFITTERS LOCAL 9 SURETY FUND	22-2383293

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
04-1590850	65935	781373-01	1086	07/01/2023	06/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	135789525
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year		7b	141962066
c	Additions: (1) Contributions deposited during the year	7c(1)	4330750	
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	5124639	
	(4) Transferred from separate account	7c(4)	7017483	
	(5) Other (specify below) ▶	7c(5)		
	(6)Total additions		7c(6)	16472872
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	158434938
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	11829467	
	(2) Administration charge made by carrier	7e(2)	34247	
	(3) Transferred to separate account	7e(3)	10781699	
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	22645413
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	135789525

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2023
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan
PLUMBERS & PIPEFITTERS LOCAL 9 SURETY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLUMBERS AND PIPEFITTERS LOCAL 9 SURETY FUND

D Employer Identification Number (EIN)
22-2383293

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(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?
64	RECORDKEEPER	45297	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

IE SHAFFER & CO.

22-1750854

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	204980	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GERSON & ASSOCIATES CPAS AND ADV PC

22-3163246

(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	46142	Yes [ ] No [X]	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)

LINDABURY, MCCORMICK, ESTABROOK, CO

22-1943351

(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	11152	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PELLETTIERI, RABSTEIN, & ALTMAN

21-0533765

(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	21377	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REYNOLDS CONSULTING SERVICES, LLC

25 NEWBRIDGE ROAD
SUITE 205
HICKSVILLE, NY 11801

20-1899564

(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?
50 27	NONE	23500	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

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(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 H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan
PLUMBERS & PIPEFITTERS LOCAL 9 SURETY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLUMBERS AND PIPEFITTERS LOCAL 9 SURETY FUND

D Employer Identification Number (EIN)
22-2383293

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1385006	1537361
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	46902	108488
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1684938	1597695
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(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)	112252607	148542209
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	141962066	135678991
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	257331519	287464744
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	69341	49556
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	69341	49556
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	257262178	287415188

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)	19110709	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	89	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		19110798
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	5142114	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5142114
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4760731	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4760731
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	19062911	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		19062911

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		912423
c Other income	2c		183421
d Total income. Add all **income** amounts in column (b) and enter total	2d		49172398
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18634635	
(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)		18634635
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)	204980	
(3) Recordkeeping fees	2i(3)	45297	
(4) IQPA audit fees	2i(4)	46142	
(5) Investment advisory and investment management fees	2i(5)	23500	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	32529	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	32305	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		384753
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		19019388
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		30153010
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) [X] 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)** [X] 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: GERSON & ASSOC. CPAS & ADVISORS PC **(2)** EIN: 22-3163246

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan
PLUMBERS & PIPEFITTERS LOCAL 9 SURETY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLUMBERS AND PIPEFITTERS LOCAL 9 SURETY FUND

D Employer Identification Number (EIN)
22-2383293

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**	19110798
b Enter the amount contributed by the employer to the plan for this plan year	**6b**	19110798
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**	0

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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): _____

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): _____

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): _____

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**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 9
SURETY FUND

FINANCIAL STATEMENTS

YEARS ENDED:
JUNE 30, 2024 AND 2023

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 9 SURETY FUND

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GERSON & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS, P.C.
MEMBER: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
NEW JERSEY SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Board of Trustees of:
Plumbers & Pipefitters Local Union No. 9
Surety Fund

Opinion

We have audited the financial statements of **Plumbers & Pipefitters Local Union No. 9 Surety Fund,** an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of **Plumbers & Pipefitters Local Union No. 9 Surety Fund** as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of **Plumbers & Pipefitters Local Union No. 9 Surety Fund** and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis of our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about **Plumbers & Pipefitters Local Union No. 9 Surety Fund's** ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

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Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of **Plumbers & Pipefitters Local Union No. 9 Surety Fund's** internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about **Plumbers & Pipefitters Local Union No. 9 Surety Fund's** ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules "1" and "2" are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule of assets (held at end of year) is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Gerson + Associates

Certified Public Accountants
and Advisors, P.C.

Rochelle Park, NJ
January 14, 2025

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 9 SURETY FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2024 AND 2023

ASSETS		2024	2023
INVESTMENTS AT FAIR VALUE			
Empower Investments	(Page 5)	$ 148,542,209	$ 112,335,861
INVESTMENTS AT CONTRACT VALUE			
Empower Fixed Interest Fund	(Page 5)	135,678,991	141,878,812
		284,221,200	254,214,673
RECEIVABLES			
Employer contributions		1,537,361	1,385,006
Expense reimbursements		73,289	46,902
Other		35,199	0
		1,645,849	1,431,908
CASH			
Fund checking account		1,048,159	1,461,473
I.E. Shaffer distribution account		549,536	223,465
I.E. Shaffer benefit payment account		0	0
		1,597,695	1,684,938
TOTAL ASSETS		287,464,744	257,331,519
LIABILITIES			
Accounts payable & accrued expenses		49,556	69,341
NET ASSETS AVAILABLE FOR BENEFITS		$ 287,415,188	$ 257,262,178

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

Exhibit "A"

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 9 SURETY FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2024 AND 2023

INVESTMENTS	2024	2023
Investments at fair value		
Empower		
American Century Growth Fund	$ 8,669,905	$ 5,382,553
Fidelity Contrafund	35,161,857	25,322,796
Mass Mutual Select TRP Retirement Fund	52,990,517	46,556,855
Vanguard Mid Cap Index Fund	2,085,591	1,780,740
Vanguard Small Cap Index Fund	2,117,886	1,662,168
Vanguard Target 2015	0	0
Vanguard Target 2020	1,005,345	994,877
Vanguard Target 2025	1,613,916	1,366,707
Vanguard Target 2030	4,665,741	3,144,029
Vanguard Target 2035	1,335,417	328,739
Vanguard Target 2040	757,532	271,343
Vanguard Target 2045	1,372,154	920,134
Vanguard Target 2050	2,263,047	616,713
Vanguard Target 2055	960,866	407,442
Vanguard Target 2060	790,400	255,846
Vanguard Target 2065	1,072,128	890,344
Vanguard Target Retirement Income Fund	1,880,527	1,657,617
AmerFunds EuroPacific Gowth Fund	1,459,916	1,238,151
Blackrock iShares S&P 500 Index Fund	17,021,313	12,141,752
Columbia Dividend Income Fund	2,541,068	1,745,332
T Rowe Price Growth Stock Fund	8,666,490	5,562,432
Holding Account	110,593	89,291
	148,542,209	112,335,861
Investments at contract value		
Empower		
Fixed Interest Fund	135,678,991	141,878,812
TOTAL INVESTMENTS	$ 284,221,200	$ 254,214,673

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

Exhibit "A"

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 9 SURETY FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2024 AND 2023

ADDITIONS:	2024	2023
CONTRIBUTIONS		
Employer contributions	$ 19,080,090	$ 14,230,343
Rollover contributions	30,619	26,723
	19,110,709	14,257,066
Less: Reciprocal payments	89	0
	19,110,798	14,257,066
INVESTMENT INCOME		
Net appreciation/(depreciation) in fair value of investments	19,975,334	7,405,188
Interest & dividends	9,902,845	10,474,066
	29,878,179	17,879,254
OTHER INCOME		
Empower investment expense reimbursement	172,343	(3,210)
Empower participant fee reimbursement	100,524	89,868
Participant fees	(97,356)	(89,890)
Late fees - contractors	7,910	6,925
	183,421	3,693
TOTAL ADDITIONS	49,172,398	32,140,013
DEDUCTIONS:		
Benefits paid to participants	18,634,635	18,215,135
ADMINISTRATIVE EXPENSES		
Administrator fees	204,980	155,302
Audit fees	27,000	27,000
Agreed upon procedures - employer payroll compliance audits	19,142	17,550
Legal fees	32,529	60,510
Investment consulting fees	23,500	23,500
Empower recordkeping fees	45,297	0
Fiduciary bond	23,639	23,663
Office, printing, insurance & misc.	8,666	7,834
	384,753	315,359
TOTAL DEDUCTIONS	19,019,388	18,530,494
NET INCREASE DURING THE YEAR	30,153,010	13,609,519
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	257,262,178	243,652,659
END OF YEAR	$ 287,415,188	$ 257,262,178

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

Exhibit "B"

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 9 SURETY FUND

NOTES TO FINANCIAL STATEMENTS

1. **DESCRIPTION OF PLAN**

The following brief description of the **Plumbers & Pipefitters Local Union No. 9 Surety Fund** (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

a) **General**
The Plan is a defined contribution plan, covering all employees under the collective bargaining agreement between Plumbers & Pipefitters Local Union No. 9 of the Plumbing and Pipefitting Industry of the United States and Canada, AFL-CIO (The Union) and the Mechanical Contractors Association of New Jersey, Inc. The Fund complies with the Employee Retirement Income Security Act of 1974 (ERISA).

b) **Directed Investment Accounts**
Effective February 1, 1995 the Plan has been amended to include directed investment accounts. Directed investment account shall mean that portion of the individual account established for each employee pursuant to this Surety plan over which he/she retains independent investment control pursuant to section 404(c) of the Employment Retirement Income Security Act of 1974 and the regulations promulgated thereunder.

c) **Participant Accounts**
Each participant will have an identifiable individual account. In general, it will be: the sum of all contributions made on the participant's behalf, plus all actual investment earnings (realized and unrealized) credited to the participant's account, minus all withdrawals made by the participant, minus the participant's share of expenses of operating the Fund.

d) **Vesting**
Participants are vested immediately in the contributions plus actual earnings thereon. All amounts including interest credited by the Trustees to the participants individual account shall fully vest upon being credited, subject only to the charge for expenses of operating the Fund.

e) **Benefits**
- Eligibility: Benefits will be available if the participants are in receipt of a pension from the Plumbers & Pipefitters Local Union No. 9 Pension Fund or the participant is totally and permanently disabled from working in the industry.
- Termination: If no contributions were made to an individual's account for a three consecutive month period.
- Payments After Death: Payable upon the death of the participant.
- Financial Hardship: Distributions are available if the participant had an account for at least one year but not more than the contributions to their account since 1/1/1993. Distributions are available up to 3 times every 24 months for the following purposes: Medical expenses for the member and immediate family; tuition and board for the member and dependents for college; purchase of a principal residence; threat of foreclosure on member's home; funeral expenses for a spouse, child or parent; exhausted state unemployment benefits; disabled for at least 26 weeks; and legal fees for you, spouse or dependent children for civil or criminal litigation.

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

a) **Basis of Accounting** - The accompanying financial statements are prepared on the accrual basis of accounting.

b) **Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

c) **Investment Valuation and Income Recognition** - Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See note 3 for discussion of fair value measurements.

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

d) **Payment of Benefits** - Benefit payments to participants are recorded when paid.

e) **Net Appreciation/(Depreciation) in Fair Value** - Net appreciation or depreciation includes realized gains and losses on investments that were both purchased and sold during the period as well as unrealized appreciation or depreciation of the investments held at year end.

f) **Contributions Receivable** - Employer contributions due and not paid prior to the year-end are recorded as contributions receivable. Allowance for uncollectable accounts is not considered necessary. Contributions due from employer payroll compliance audits are recorded when received because collectability is uncertain.

3. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Guaranteed Deposit Account: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Mutual Funds: Valued at daily closing price as reported by the fund. Mutual funds held by the Plan are open end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023:

Assets at Fair Value as of June 30, 2024

	Total	Level 1	Level 2	Level 3
Pooled Separate Accounts - Mutual Funds	$ 57,616,183	$ 0	$ 57,616,183	0
Registered Investment Co. - Mutual Funds	3,577,802	3,577,802	0	0
Total assets in the fair value hierarchy	61,193,985	3,577,802	57,616,183	0
Investments measured at net asset value:				
Pooled Separate Account - Mutual Fund	87,348,224			
Total Investments at Fair Value	148,542,209			
Investments measured at contract value:				
Fixed Interest Account	135,678,991			
Total Investments	$ 284,221,200			

Assets at Fair Value as of June 30, 2023

	Total	Level 1	Level 2	Level 3
Pooled Separate Accounts - Mutual Funds	$ 39,791,951	$ 0	$ 39,791,951	0
Registered Investment Co. - Mutual Funds	2,900,319	2,900,319	0	0
Total assets in the fair value hierarchy	42,692,270	2,900,319	39,791,951	0
Investments measured at net asset value:				
Pooled Separate Account - Mutual Fund	69,943,591			
Total Investments at Fair Value	112,335,861			
Investments measured at contract value:				
Fixed Interest Account	141,878,812			
Total Investments	$ 254,214,673			

Changes in Fair Value Levels: The availability of observable market data is monitored to assess the appropriate classification of the financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instruments and size of the transfer relative to total net assets available for benefits. For the years ended June 30, 2024 and 2023 there were no significant transfers in or out of levels 1, 2 or 3.

Fair Value of Investments that Calculate Net Asset Value
The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of June 30, 2024 and 2023, respectively.

Year Ended June 30, 2024

Instrument	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
PSA – T Rowe Price Bld	$ 52,990,517	0	Daily	Daily
PSA – Blackrock iShares	17,021,312	0	Daily	Daily
PSA – Amer Cen Growth	8,669,905	0	Daily	Daily
PSA – T Rowe Price Grth	8,666,490	0	Daily	Daily
	$ 87,348,224			

Year Ended June 30, 2023

Instrument	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
PSA – T Rowe Price Bld	$ 46,556,855	0	Daily	Daily
PSA – Blackrock iShares	12,141,752	0	Daily	Daily
PSA – Amer Cen Growth	5,382,553	0	Daily	Daily
PSA – T Rowe Price Grth	5,562,432	0	Daily	Daily
	$ 69,643,592			

PSA Funds are all direct filing entities with the Department of Labor; therefore, the investments' strategy is not disclosed.

4. GUARANTEED INTEREST ACCOUNT

The Plan entered into a traditional fully benefit-responsive guaranteed interest contract with Empower Retirement Financial Services, totaling $135,678,991 for 2024 and $141,878,812 for 2023. The Empower Guaranteed Interest Account (or "GIA") is a stable value investment with a guaranteed rate of return and a guarantee of principal that is backed by the Empower general investment account. The GIA is provided through a group annuity contract issued by Empower to a retirement plan. Under the contract, a crediting rate is established for a six-month period of time (a "rate period") and all assets invested in the GIA are credited with that rate. At the expiration of each rate period, a new crediting rate is declared. Empower assumes market, credit, and interest rate risks for the assets supporting the GIA. The GIA offers participants these stable value features -guarantee of principal; guaranteed credited rate that is set in advance for six-month period; guarantee of principal and crediting rate are backed by the financial strength of Empower; safeguard against potential adverse market volatility; investment management expertise of Empower; full liquidity at book value for participant-directed benefit payments and transfers to non-competing investments.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Empower, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

5. FUNDING POLICY

The Plan is funded by the employer contractors for the participants under a collective bargaining agreement.

Employer contributions in these financial statements:

	6/30/2024	6/30/2023
Contributions collected	$ 18,927,735	$ 13,959,077
Receivable, end of period	1,537,361	1,385,006
Receivable, beginning of period	(1,385,006)	(1,113,740)
	$ 19,080,090	$ 14,230,343
Journeymen hourly contribution rate	$ 12.00	$ 11.70

The contribution rate for apprentices range from $4.20 to $9.00 per hour for the years ended June 30, 2024 and $4.10 to $8.78 for the year ended June 30, 2023.

6. TAX STATUS

The Plan obtained its latest determination letter on January 12, 2016, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

7. TERMINATION

The Plan may be terminated by the Board of Trustees and, in such event, all of the funds of the Plan shall be used for the exclusive benefit of the Participants as of the date of termination of the Plan and to defray the expenses of termination. In the event of discontinuance of the Plan, the net value of the participant's individual accounts shall be determined as of the date of discontinuance. Expenses of terminating the Plan shall be deducted pro-rata from the net value of the participant's individual accounts, and the balance shall be paid to the participant in one lump sum or applied to purchase an annuity under a group annuity contract as the Trustees shall in their sole discretion determine.

8. RISKS AND UNCERTAINTIES

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

Contributions from two participating employers accounted for approximately 27 percent of the total contributions collected for the year. In the event these participating employers were to suspend contributions, the Plan would retain the risk of meeting current benefits, unfunded obligations and administrative expenses until the appropriate adjustments were made, such as additional funding from participating employers, and benefit and expense reductions. Additionally, if a contributing company stops contributing to the Plan, and continues in business, the company could be required to pay an amount, referred to as withdrawal liability, based on the unfunded status of the Plan.

The Plan maintains its cash balances in one financial institution located in New Jersey. The balances are insured by the Federal Deposit Insurance Corporation up to $250,000. The Plan from time to time may have balances that exceed the insured limits.

CARES Act: In response to the COVID-19 pandemic the United States government passed the Coronavirus Aid, Relief and Economic Security Act (CARES). Among other things, the CARES Act allows hardship distributions from defined contribution plans thru December 31, 2020. The Trustees approved a 2020 coronavirus hardship distribution to eligible plan participants. The CARES Act allows special provisions for coronavirus hardship distributions.

- The ten percent (10%) federal early distribution penalty has been waived.
- The distributions are taxable, but the federal income tax can be paid over a three-year period.
- Participants have the option to repay the coronavirus hardship distribution within a three-year period. Repaid amounts will be treated as roll over contributions.

9. ADMINISTRATION COMMITMENT

The Plan has an agreement with I.E. Shaffer & Co., to serve as the third party administrator of the Fund. The third party administrator fees during the years June 30, 2024 and 2023 amounted to $204,980 and $155,302, respectively.

10. SUBSEQUENT EVENTS

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through January 14, 2025, the date the financial statements were available to be issued.

Attachment to Form 5500
Schedule H - Part IV - Item 4i
Plan #001
ID #22-2383293

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 9 SURETY FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPOWER
YEAR ENDED JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
	IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE		6/30/2024 FAIR VALUE
	Empower	Fixed Interest Fund ***	**	$ 135,678,991
	Empower	American Century Growth Fund	*	8,669,905
	Empower	Fidelity Contrafund	*	35,161,857
	Empower	Mass Mutual Select TRP Retirement Fund	*	52,990,517
	Empower	Vanguard Mid Cap Index Fund	*	2,085,591
	Empower	Vanguard Small Cap Index Fund	*	2,117,886
	Empower	Vanguard Target 2015	*	0
	Empower	Vanguard Target 2020	*	1,005,345
	Empower	Vanguard Target 2025	*	1,613,916
	Empower	Vanguard Target 2030	*	4,665,741
	Empower	Vanguard Target 2035	*	1,335,417
	Empower	Vanguard Target 2040	*	757,532
	Empower	Vanguard Target 2045	*	1,372,154
	Empower	Vanguard Target 2050	*	2,263,047
	Empower	Vanguard Target 2055	*	960,866
	Empower	Vanguard Target 2060	*	790,400
	Empower	Vanguard Target 2065	*	1,072,128
	Empower	Vanguard Target Retirement Income Fund	*	1,880,527
	Empower	AmerFunds EuroPacific Gowth Fund	*	1,459,916
	Empower	Blackrock iShares S&P 500 Index Fund	*	17,021,313
	Empower	Columbia Dividend Income Fund	*	2,541,068
	Empower	T Rowe Price Growth Stock Fund	*	8,666,490
	Empower	Holding Account	*	110,593
				$ 284,221,200

* Cost omitted for participant directed investments.
** Fair value is reported at contract value due to fully-benefit responsive investment contract.
*** Represents a party-in-interest to the Plan, as defined by ERISA.

See Independent Auditors' Report.

Schedule "1"

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 9 SURETY FUND

SCHEDULE OF EMPLOYER CONTRIBUTIONS COLLECTED
YEAR ENDED JUNE 30, 2024

A & A Industrial Piping Inc, Fairfield, NJ	$	259,865.40
AAA Refrigeration Service, Bronx, NY		21,988.80
Accubuild Construction Inc, Beltsville, MD		23,827.43
Advanced Mechanical Corp, Passaic, NJ		1,406.40
AGP & Sons Inc, Toms River, NJ		112,919.39
All Trades Distribution, Bensalem, PA		284,209.89
Allied Power Services LLC, Wilmington, IL		24,432.00
AMCO Enterprises Inc, Kenilworth, NJ		32,171.90
American Coring & Supply, Toms River, NJ		5,488.80
Annese Mechanical Inc, Toms River, NJ		38,097.88
Armistead Mechanical Inc, Waldwick, NJ		22,242.30
B Wagner Contracting, Allentown, NJ		50,926.40
Kevin J Bailey and Sons LLC, Cherry Hill, NJ		7,296.00
The Barham Group LLC, Tinton Falls, NJ		1,718,271.83
Barham Mechanical Group LLC, Tinton Falls, NJ		827,657.51
Bayshore Mechanical Contractors LLC, Colts Neck, NJ		77,567.20
Benmar Air Conditioning LLC, Clifton, NJ		513.60
Bennett Bros Mechanical Inc, Clarksburg, NJ		219,506.70
Big B Contracting Inc, Forked River, NJ		1,310.40
Binsky & Snyder LLC, Piscataway, NJ	*	2,880,813.74
Binsky & Snyder Service Inc, Piscataway, NJ		24,377.77
Brayco Inc, Cream Ridge, NJ		148,315.79
Breakwater Plumbing, Manahawkin, NJ		8,227.82
Brooks Mechanical Consultants Inc, Paterson, NJ		143,794.80
Brummer the Plumber LLC, Manahawkin, NJ		6,639.24
Buist Incorporated, Monmouth Junction, NJ		432,745.35
C-K Control Temp Inc, Green Brook, NJ		2,016.00
Capitol Refrigeration Inc, Hamilton, NJ		7,780.65
A J Celiano Inc, Cranford, NJ		1,219.20
Central Jersey Mechanical Inc, Long Branch, NJ		329,213.78
Centralpack Engineering Corp, Hibernia, NJ		6,220.80
CFM / V R Tesco LLC, Elgin, IL		2,892.00
Chappelle Mechanical Inc, Toms River, NJ		57,491.40
Cherne Contracting Corp, Omaha, NE		7,200.00
Classic Piping Systems LLC, Manville, NJ		11,116.80
Climate Pros, Huntingdon Valley, PA		87,141.54
Competitive Plumbing & Heating Inc, Middlesex, NJ		164,873.10
Cooper Plumbing and Mechanical LLC, Hamilton, NJ		97,114.57

See Independent Auditors' Report.

Schedule "2"

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 9 SURETY FUND

SCHEDULE OF EMPLOYER CONTRIBUTIONS COLLECTED
YEAR ENDED JUNE 30, 2024

D.G.M. LLC (Dominic Garofolo Mech), Barrington, NJ	$	3,576.00
Danmor Mechanical Inc, Hamilton, NJ		7,421.60
Darby Development LLC, Oceanport, NJ		24,698.59
Day & Zimmerman NPS Inc, Philadelphia, PA		27,168.00
De Sesa Engineering Company, Livingston, NJ		61,044.75
Distefano Plumbing Inc, Trenton, NJ		97,439.24
DJ's Mechanical, Inc, Millstone Twp, NJ		26,019.30
Driscoll Plumbing, South Plainfield, NJ		23,066.48
Dumont Mechanical Inc, Glen Gardner, NJ		3,057.60
DWD Mechanical Contractor Inc, Morton, PA		168,128.92
Environmental Climate Control Inc, Wallington, NJ		2,376.00
Epic Mechanical Inc, Neptune, NJ		77,103.93
ESI Inc of Tennessee, Kennesaw, GA		19,457.70
Estock Piping Co, Chesterfield, NJ		33,064.40
F & G Mechanical Corp, Secaucus, NJ		589,084.00
Falasca Mechanical Inc, Vineland, NJ		443,603.60
1st Choice Htg & Air Conditioning, Howell, NJ		8,413.01
Flemington Instrument Co Inc, Ringoes, NJ		29,447.06
Fluidics Inc, Philadelphia, PA		79,303.45
Folgore Mobile Welding, Carteret, NJ		330,300.40
Framan Mechanical Inc, Fords, NJ		20,912.70
Furino & Son Inc, Branchburg, NJ		128,656.85
Galdi Mechanicals Inc, Hawthorne, NJ		212,770.32
GBI Inc T/A Thermal Piping, Wrightstown, NJ		179,064.38
J Givoo Consultants Corp, Cherry Hill, NJ		960.00
Global Scaffold Services Inc, Hanover, MA		23,383.68
Gravity Construction, Brown Mills, NJ		10,573.50
Hammond Contracting Co Inc, Lebanon, NJ		51,929.40
Fred Hart Plumbing Inc, Lambertville, NJ		5,016.68
Honeywell Inc, Charlotte, NC		26,051.40
Industrial Cooling Corp, Metuchen, NJ		48,760.95
IPC Lydon LLC, Avon, MA		37,422.44
Jersey Mechanical Contractors Inc, Farmingdale, NJ		62,695.20
JJM Plumbing Co, Glendora, NJ		22,384.00

See Independent Auditors' Report.

Schedule "2"

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 9 SURETY FUND

SCHEDULE OF EMPLOYER CONTRIBUTIONS COLLECTED
YEAR ENDED JUNE 30, 2024

JMG Mechanical, Cream Ridge, NJ	$	3,632.82
Kaser Mechanical LLC, Burlington, NJ		62,055.20
KF Mechanical LLC, Fairfield, NJ		1,317.90
L & D Mechanical LLC, Garfield, NJ		1,426.50
L.S. Mechanical Corp, Carteret, NJ		96.00
Bill Leary A/C and Htg, Metuchen, NJ		66,364.14
Lima Company, Philadelphia, PA		7,904.28
Limbach (Willard) Company, Warrington, PA		24,143.10
Local 9 Plumbers & Pipefitters, Englishtown, NJ		218,042.38
Local 9 Surety Fund, Trenton, NJ		2,804.52
Local 9 Pen /Plumbers & Pipefitters, Trenton, NJ		864.00
Local 9 Wel /Plumbers & Pipefitters, Trenton, NJ		1,478.13
Local 9 Education Fund, Englishtown, NJ		114,728.80
H T Lyons Inc, Allentown, PA		48,060.00
F.R. Maddalon Plumbing & Heating, Hamilton, NJ		7,070.16
Manders Plumbing & Heating Co, Kenilworth, NJ		7,726.40
McCloskey Mechanical Contrs Inc, Blackwood, NJ		69,960.15
McDonald Hvac Refrig Contracting, Jackson, NJ		62,258.54
Meridian Services Group Inc, Hamilton, NJ		190,412.13
Michael Messick Plumbing & HTG, Lambertville, NJ		38,610.32
Mid-Atlantic Mechanical Inc, Millstone Township, NJ	*	2,155,016.82
Mid-Atlantic Service 360 Inc, Millstone Township, NJ		66,508.08
Don E Miller Septic Service Inc, Wrightstown, NJ		14,298.57
J Moore & Co, Livingston, NJ		72,843.30
NJ State Association of Pipe Trades, Englishtown, NJ		10,080.00
Northeast Plumbing Services LLC, Williamstown, NJ		608.40
Omni Instrumentation Services Inc, S Plainfield, NJ		14,096.40
Pelicano Plumbing, Trenton, NJ		1,931.01
Performance Mechanical Corp, Wall, NJ		17,375.40
Timothy Peters Plumb & Htg, Toms River, NJ		20,160.00
Pipe Craft Inc, Belle Mead, NJ		628,464.93
PMC Mechanical LLC, Toms River, NJ		12,493.11
PMM Facilities Inc, Rockville, MD		31,409.70
J W Poole Inc, Hightstown, NJ		86,318.92

See Independent Auditors' Report.

Schedule "2"

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 9 SURETY FUND

SCHEDULE OF EMPLOYER CONTRIBUTIONS COLLECTED
YEAR ENDED JUNE 30, 2024

W J Post Inc, Riverdale, NJ	$	2,059.20
Postler & Jaeckle Corp, Rochester, NY		43,563.00
Preferred Plumbing LLC, Keyport, NJ		34,603.20
Preferred Mechanical Inc, Keyport, NJ		272,474.06
Prince Plumbing and Heating Inc, Hightstown, NJ		1,282.37
Princeton University, Princeton, NJ		322,188.04
Proper Plumbing, Tinton Falls, NJ		1,915.47
Purdy Mechanical Inc, Absecon, NJ		66,108.90
Quaker Mechanical, Cinnaminson, NJ		22,177.80
Quick Response Fire Protection Inc, Freehold, NJ		1,166.40
J B Redding & Son Inc, Princeton, NJ		129,034.36
Riggs Distler & Company Inc, Cherry Hill, NJ		397,637.74
Rutgers The State University, Piscataway, NJ		346,674.87
C J Schmidt & Sons Inc, Pennsauken, NJ		1,161.60
Six Flags Great Adventure LLC, Jackson, NJ		125,097.27
Southland Industries, Garden Grove, CA		478,097.70
Sparks Cleaning Services LLC, Baldwin, NY		7,738.35
SRJ Mechanical LLC, Hillsborough, NJ		14,175.80
Manny Stein Inc, Livingston, NJ		4,125.60
Neil S Sullivan Assoc, Orange, NJ		2,779.20
Sunnyfield Corp, Ocean, NJ		36,030.60
Surety Mechanical Services of NJ, Williamstown, NJ		96.00
FM Sylvan Inc, Perth Amboy, NJ		692,367.33
T.L.P. Climate Control Systems Inc, Millstone Township, NJ		1,430.40
Tardio Plumbing LLC, Atlantic Highlands, NJ		1,515.32
Three G's Plumbing & Heating Inc, Manasquan, NJ		111,642.20
Tindall & Ranson Plmb Heat & A/C, Windsor, NJ		106,133.82
TKA Construction LLC, Elmwood Park, NJ		301.00
Tomar Construction Services Inc, East Brunswick, NJ		2,277.00
Total Pipe Connection, Freehold, NJ		99,873.61
Brian Trematore Plbg & Htg Inc, Fairfield, NJ		38,189.71
Triangle Plumbing Co, Mountainside, NJ		81,299.10
U.S. Piping Inc, North Wales, PA		7,704.00
Unicon Inc, Perth Amboy, NJ		110,999.10
Unitemp Mechanical Degrees LLC, Somerset, NJ		67,567.20

See Independent Auditors' Report.

Schedule "2"

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 9 SURETY FUND

SCHEDULE OF EMPLOYER CONTRIBUTIONS COLLECTED
YEAR ENDED JUNE 30, 2024

The Uptown LLC, Lawrenceville, NJ	$	24,936.00
Van Demark Plumbing & Heating Inc, Jamesburg, NJ		5,500.80
Whitfield Schneider Enterprises Inc, W Long Branch, NJ		2,175.49
J J White Inc, Philadelphia, PA		62,386.80
The Yetka Corporation, Shrewsbury, NJ		56,613.60
Zabransky Mechanical Corporation, Little Ferry, NJ		50,824.86
	$	18,927,734.69

* Represents an employer that contributed over 10% of total contributions.

See Independent Auditors' Report.

Schedule "2"

Attachment to Form 5500
Schedule H - Part IV - Item 4i
Plan #001
ID #22-2383293

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 9 SURETY FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPOWER
YEAR ENDED JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
	IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE		6/30/2024 FAIR VALUE
	Empower	Fixed Interest Fund ***	**	$ 135,678,991
	Empower	American Century Growth Fund	*	8,669,905
	Empower	Fidelity Contrafund	*	35,161,857
	Empower	Mass Mutual Select TRP Retirement Fund	*	52,990,517
	Empower	Vanguard Mid Cap Index Fund	*	2,085,591
	Empower	Vanguard Small Cap Index Fund	*	2,117,886
	Empower	Vanguard Target 2015	*	0
	Empower	Vanguard Target 2020	*	1,005,345
	Empower	Vanguard Target 2025	*	1,613,916
	Empower	Vanguard Target 2030	*	4,665,741
	Empower	Vanguard Target 2035	*	1,335,417
	Empower	Vanguard Target 2040	*	757,532
	Empower	Vanguard Target 2045	*	1,372,154
	Empower	Vanguard Target 2050	*	2,263,047
	Empower	Vanguard Target 2055	*	960,866
	Empower	Vanguard Target 2060	*	790,400
	Empower	Vanguard Target 2065	*	1,072,128
	Empower	Vanguard Target Retirement Income Fund	*	1,880,527
	Empower	AmerFunds EuroPacific Gowth Fund	*	1,459,916
	Empower	Blackrock iShares S&P 500 Index Fund	*	17,021,313
	Empower	Columbia Dividend Income Fund	*	2,541,068
	Empower	T Rowe Price Growth Stock Fund	*	8,666,490
	Empower	Holding Account	*	110,593
				$ 284,221,200

* Cost omitted for participant directed investments.
** Fair value is reported at contract value due to fully-benefit responsive investment contract.
*** Represents a party-in-interest to the Plan, as defined by ERISA.

See Independent Auditors' Report.

Schedule "1"