

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2023</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p> |
|---|---|---|

**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:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description) \_\_\_\_\_

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

**Part II Basic Plan Information—enter all requested information**

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/><u>PLUMBERS &amp; STEAMFITTERS LOCAL 21 WELFARE FUND</u></p>  | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>BOARD OF TRUSTEES P&amp;S LOCAL 21 WELFARE FUND</u></p> <p><u>1024 MCKINLEY STREET</u><br/><u>PEEKSKILL, NY 10566</u></p> | <p><b>1c</b> Effective date of plan<br/><u>11/01/1998</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>13-4017983</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>914-737-7220</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>238220</u></p> |

**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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 04/11/2025 | AMIR WIRR  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 04/11/2025 | THOMAS O'BRIEN   |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|  |  |      |
|--|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor   | <b>3b</b> Administrator's EIN              |      |
|  | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name   | <b>4b</b> EIN                              |      |
|  | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b>                                   | 997  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 631  |
|  | <b>6a(2)</b>                               | 660  |
|  | <b>6b</b>                                  | 362  |
|  | <b>6c</b>                                  |      |
|  | <b>6d</b>                                  | 1022 |
|  | <b>6e</b>                                  |      |
|  | <b>6f</b>                                  |      |
|  | <b>6g(1)</b>                               |      |
| <b>6g(2)</b>   |  |      |
| <b>6h</b>  |  |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....  | <b>7</b>                                   | 76   |

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4B 4D 4E 4F

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

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

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

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached 4
  - (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)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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**

|   |  |  |            |
|---|--|--|------------|
| <b>A</b> Name of plan<br><b>PLUMBERS &amp; STEAMFITTERS LOCAL 21 WELFARE FUND</b>                                       |  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>501</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES P&amp;S LOCAL 21 WELFARE FUND</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>13-4017983</b> |            |

**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  
**MUTUAL OF OMAHA INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>47-0246511</b> | <b>71412</b>         | <b>G000AKRM</b>                              | <b>662</b>   | <b>01/01/2024</b>              | <b>01/01/2025</b> |

**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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

**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>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

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

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

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

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

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

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

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

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

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

|                |  |
|----------------|--|
| <b>Part II</b> | <b>Investment and Annuity Contract Information</b><br>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. |
|----------------|--|

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1)  individual policies      (2)  group deferred annuity  
(3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration      (2)  immediate participation guarantee  
(3)  guaranteed investment      (4)  other ▶

|   |                            |              |   |
|---|----------------------------|--------------|---|
| <b>b</b> Balance at the end of the previous year .....  |                            | <b>7b</b>    |   |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |              |   |
|   | <b>7c(2)</b>               |              |   |
|   | <b>7c(3)</b>               |              |   |
|   | <b>7c(4)</b>               |              |   |
|   | <b>7c(5)</b>               |              |   |
| (6) Total additions .....   |                            | <b>7c(6)</b> | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   |                            | <b>7d</b>    |   |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |              |   |
|   | <b>7e(2)</b>               |              |   |
|   | <b>7e(3)</b>               |              |   |
|   | <b>7e(4)</b>               |              |   |
|   | (5) Total deductions ..... |              |   |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... |                            | <b>7f</b>    |   |

**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) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|   |            |      |
|---|------------|------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 3268 |
| <b>b</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 ..... | <b>10b</b> |      |

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 A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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**

|   |  |  |            |
|---|--|--|------------|
| <b>A</b> Name of plan<br><b>PLUMBERS &amp; STEAMFITTERS LOCAL 21 WELFARE FUND</b>                                       |  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>501</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES P&amp;S LOCAL 21 WELFARE FUND</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>13-4017983</b> |            |

**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  
**COMPANION LIFE INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>13-1595128</b> | <b>62243</b>         | <b>G000AKRM</b>                              | <b>1075</b>  | <b>01/01/2024</b>              | <b>01/01/2025</b> |

**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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

**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>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

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

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

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

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

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

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

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

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

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

|                |  |
|----------------|--|
| <b>Part II</b> | <b>Investment and Annuity Contract Information</b><br>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. |
|----------------|--|

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1)  individual policies      (2)  group deferred annuity  
(3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration      (2)  immediate participation guarantee  
(3)  guaranteed investment      (4)  other ▶

|   |              |              |   |
|---|--------------|--------------|---|
| <b>b</b> Balance at the end of the previous year .....  |              | <b>7b</b>    |   |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |              |   |
|   | <b>7c(2)</b> |              |   |
|   | <b>7c(3)</b> |              |   |
|   | <b>7c(4)</b> |              |   |
|   | <b>7c(5)</b> |              |   |
| (6) Total additions .....   |              | <b>7c(6)</b> | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   |              | <b>7d</b>    |   |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |              |   |
|   | <b>7e(2)</b> |              |   |
|   | <b>7e(3)</b> |              |   |
|   | <b>7e(4)</b> |              |   |
|   | <b>7e(5)</b> |              |   |
| (5) Total deductions .....  |              | <b>7e(5)</b> | 0 |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... |              | <b>7f</b>    |   |

**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:

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

**10** Nonexperience-rated contracts:

|   |            |        |
|---|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 372481 |
| <b>b</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 ..... | <b>10b</b> |        |

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 A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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**

|   |  |  |            |
|---|--|--|------------|
| <b>A</b> Name of plan<br><b>PLUMBERS &amp; STEAMFITTERS LOCAL 21 WELFARE FUND</b>                                       |  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>501</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES P&amp;S LOCAL 21 WELFARE FUND</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>13-4017983</b> |            |

**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  
**ANTHEM BLUE CROSS BLUE SHIELD**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>35-0781558</b> | <b>28207</b>         | <b>NYEGR030</b>                              | <b>429</b>   | <b>07/01/2023</b>              | <b>06/30/2024</b> |

**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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

**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>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

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

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

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

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

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

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

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

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

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

|                |  |
|----------------|--|
| <b>Part II</b> | <b>Investment and Annuity Contract Information</b><br>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. |
|----------------|--|

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1)  individual policies      (2)  group deferred annuity  
(3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration      (2)  immediate participation guarantee  
(3)  guaranteed investment      (4)  other ▶

|   |                            |              |
|---|----------------------------|--------------|
| <b>b</b> Balance at the end of the previous year .....  | <b>7b</b>                  |              |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |              |
|   | <b>7c(2)</b>               |              |
|   | <b>7c(3)</b>               |              |
|   | <b>7c(4)</b>               |              |
|   | <b>7c(5)</b>               |              |
| (6) Total additions .....   | <b>7c(6)</b>               | 0            |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>                  |              |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |              |
|   | <b>7e(2)</b>               |              |
|   | <b>7e(3)</b>               |              |
|   | <b>7e(4)</b>               |              |
|   | (5) Total deductions ..... | <b>7e(5)</b> |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>                  |              |

**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:

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

**10** Nonexperience-rated contracts:

|   |            |         |
|---|------------|---------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 1018604 |
| <b>b</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 ..... | <b>10b</b> |         |

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 A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information  
pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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**

|   |  |  |
|---|--|--|
| <b>A</b> Name of plan<br><b>PLUMBERS &amp; STEAMFITTERS LOCAL 21 WELFARE FUND</b>                                       |  | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES P&amp;S LOCAL 21 WELFARE FUND</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>13-4017983</b> |

**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  
**ANTHEM BLUE CROSS BLUE SHIELD**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>23-7391136</b> | <b>55093</b>         | <b>721440</b>                                | <b>765</b>   | <b>07/01/2023</b>              | <b>06/30/2024</b> |

**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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

**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>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

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

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

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

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

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

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

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

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

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

|                |  |
|----------------|--|
| <b>Part II</b> | <b>Investment and Annuity Contract Information</b><br>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. |
|----------------|--|

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

|  |           |  |
|--|-----------|--|
| <b>a</b> State the basis of premium rates ▶  |           |  |
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |
| <b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶         |           |  |
| <b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>   |           |  |

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

|  |                            |              |
|--|----------------------------|--------------|
| <b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                            |              |
| <b>b</b> Balance at the end of the previous year .....   | <b>7b</b>                  |              |
| <b>c</b> Additions: (1) Contributions deposited during the year .....  | <b>7c(1)</b>               |              |
|  | <b>7c(2)</b>               |              |
|  | <b>7c(3)</b>               |              |
|  | <b>7c(4)</b>               |              |
|  | <b>7c(5)</b>               |              |
| (6) Total additions .....  | <b>7c(6)</b>               | 0            |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....  | <b>7d</b>                  |              |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b>               |              |
|  | <b>7e(2)</b>               |              |
|  | <b>7e(3)</b>               |              |
|  | <b>7e(4)</b>               |              |
|  | (5) Total deductions ..... | <b>7e(5)</b> |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....  | <b>7f</b>                  |              |

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

**9** Experience-rated contracts:

|   |  |                 |                 |
|---|--|-----------------|-----------------|
| <b>a</b> Premiums: (1) Amount received .....  |  | <b>9a(1)</b>    |                 |
| (2) Increase (decrease) in amount due but unpaid.....   |  | <b>9a(2)</b>    |                 |
| (3) Increase (decrease) in unearned premium reserve .....   |  | <b>9a(3)</b>    |                 |
| (4) Earned ((1) + (2) - (3)).....   |  |                 | <b>9a(4)</b>    |
| <b>b</b> Benefit charges (1) Claims paid.....   |  | <b>9b(1)</b>    |                 |
| (2) Increase (decrease) in claim reserves .....   |  | <b>9b(2)</b>    |                 |
| (3) Incurred claims (add (1) and (2)).....  |  |                 | <b>9b(3)</b>    |
| (4) Claims charged .....  |  |                 | <b>9b(4)</b>    |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --   |  |                 |                 |
| (A) Commissions .....   |  | <b>9c(1)(A)</b> |                 |
| (B) Administrative service or other fees .....  |  | <b>9c(1)(B)</b> |                 |
| (C) Other specific acquisition costs .....  |  | <b>9c(1)(C)</b> |                 |
| (D) Other expenses .....  |  | <b>9c(1)(D)</b> |                 |
| (E) Taxes .....   |  | <b>9c(1)(E)</b> |                 |
| (F) Charges for risks or other contingencies.....   |  | <b>9c(1)(F)</b> |                 |
| (G) Other retention charges.....  |  | <b>9c(1)(G)</b> |                 |
| (H) Total retention .....   |  |                 | <b>9c(1)(H)</b> |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....   |  |                 | <b>9c(2)</b>    |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |  |                 | <b>9d(1)</b>    |
| (2) Claim reserves .....  |  |                 | <b>9d(2)</b>    |
| (3) Other reserves.....   |  |                 | <b>9d(3)</b>    |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |  |                 | <b>9e</b>       |
| <b>10</b> Nonexperience-rated contracts:  |  |                 |                 |
| <b>a</b> Total premiums or subscription charges paid to carrier.....  |  | <b>10a</b>      | 666052          |
| <b>b</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 ..... |  | <b>10b</b>      |                 |
| 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. ▶

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>PLUMBERS &amp; STEAMFITTERS LOCAL 21 WELFARE FUND</b>                                       | <b>B</b> Three-digit plan number (PN) ▶                            | <b>501</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES P&amp;S LOCAL 21 WELFARE FUND</b> | <b>D</b> Employer Identification Number (EIN)<br><b>13-4017983</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

EMPIRE HEALTHCHOICE ASSURANCE, INC

23-7391136

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 13 15<br>49 62 51   | NONE  | 496946   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 49303   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LOCAL 21 ADMINISTRATIVE FUND

1024 MCKINLEY STREET  
PEEKSKILL, NY 10566

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99 50                  | NONE  | 419051   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE SEGAL COMPANY, INC.

13-4835864

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 53                  | NONE  | 65000  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

MSPC

22-2951202

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50                  | NONE  | 33487  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   | 0   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BARNES, IACCARINO, SHEPHERD LLP

13-4212610

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50                  | NONE  | 28020  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LARRY MAGARIK, ESQ.

512 RUGBY ROAD  
BROOKLYN, NY 11226

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50                  | NONE  | 15014  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

DMI BOOKKEEPING & ACCOUNTING

20-2400574

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50                  | NONE  | 10500  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

REYNOLDS CONSULTING SERVICES LLC

410 JERICHO TURNPIKE  
JERICHO, NY 11753

11-2558102

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 51                  | NONE  | 8475   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STACEY BRAUN

13-2889432

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 68 51               | NONE  | 5285   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|---|
| EMPIRE HEALTHCHOICE ASSURANCE, INC                      | 22 53 55                             | 45356                                     |

| (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. |
|---|--|
| EMPIRE HEALTH CHOICE ASSURAN<br><br>23-7391136                      | SALES AND BASE COMMISSION PAID   |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|---|
| EMPIRE HEALTHCHOICE ASSURANCE, INC                      | 22 55 56                             | 3947                                      |

| (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. |
|---|--|
| EMPIRE HEALTH CHOICE ASSURAN<br><br>23-7391136                      | FEES PAID  |

| (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.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

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

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>PLUMBERS &amp; STEAMFITTERS LOCAL 21 WELFARE FUND</b>                                       | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES P&amp;S LOCAL 21 WELFARE FUND</b> | <b>D</b> Employer Identification Number (EIN)<br><b>13-4017983</b> |

**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 |
|--|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....  | 9673716               | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                       |                 |
| <b>(1)</b> Employer contributions .....  | 1604836               | 1865111         |
| <b>(2)</b> Participant contributions .....   |                       |                 |
| <b>(3)</b> Other .....   | 30077                 | 80006           |
| <b>c</b> General investments:  |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | 1007206               | 13349989        |
| <b>(2)</b> U.S. Government securities .....  | 499770                | 516752          |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                       |                 |
| <b>(A)</b> Preferred .....   |                       |                 |
| <b>(B)</b> All other .....   | 409974                | 420305          |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                       |                 |
| <b>(A)</b> Preferred .....   |                       |                 |
| <b>(B)</b> Common .....  | 1266763               | 1938043         |
| <b>(5)</b> Partnership/joint venture interests .....   | 1140381               | 1059745         |
| <b>(6)</b> Real estate (other than employer real property) .....                                   |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  |                       |                 |
| <b>(8)</b> Participant loans .....   |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | 1294113               | 1640798         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... |                       |                 |
| <b>(15)</b> Other .....  |                       |                 |

| <b>1d</b> Employer-related investments:                                   |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|---|--------------|------------------------------|------------------------|
| (1) Employer securities .....   | <b>1d(1)</b> |                              |                        |
| (2) Employer real property .....  | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 22126                        | 21169                  |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 16948962                     | 20891918               |
| <b>Liabilities</b>  |              |                              |                        |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 1862300                      | 2020700                |
| <b>h</b> Operating payables .....   | <b>1h</b>    | 28600                        | 130776                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities .....  | <b>1j</b>    | 152837                       | 245325                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 2043737                      | 2396801                |
| <b>Net Assets</b>   |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 14905225                     | 18495117               |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|--|-----------------|-------------------|------------------|
| <b>a Contributions:</b>  |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....  | <b>2a(1)(A)</b> | 20508538          |                  |
| <b>(B)</b> Participants .....  | <b>2a(1)(B)</b> | 893050            |                  |
| <b>(C)</b> Others (including rollovers) .....  | <b>2a(1)(C)</b> |                   |                  |
| (2) Noncash contributions .....  | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 21401588         |
| <b>b Earnings on investments:</b>  |                 |                   |                  |
| <b>(1) Interest:</b>   |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 138604            |                  |
| <b>(B)</b> U.S. Government securities .....  | <b>2b(1)(B)</b> | 23775             |                  |
| <b>(C)</b> Corporate debt instruments .....  | <b>2b(1)(C)</b> | 21081             |                  |
| <b>(D)</b> Loans (other than to participants) .....  | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans .....   | <b>2b(1)(E)</b> |                   |                  |
| <b>(F)</b> Other .....   | <b>2b(1)(F)</b> | 6312              |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 189772           |
| <b>(2) Dividends:</b>  |                 |                   |                  |
| <b>(A)</b> Preferred stock .....   | <b>2b(2)(A)</b> |                   |                  |
| <b>(B)</b> Common stock .....  | <b>2b(2)(B)</b> | 15694             |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 64208             |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   | 79902            |
| <b>(3)</b> Rents .....   | <b>2b(3)</b>    |                   |                  |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |                   |                  |
| <b>(A)</b> Aggregate proceeds .....  | <b>2b(4)(A)</b> | 1739151           |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....  | <b>2b(4)(B)</b> | 1783550           |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |                   | -44399           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |                   |                  |
| <b>(A)</b> Real estate .....   | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other .....   | <b>2b(5)(B)</b> | 419607            |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   |                  |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 18464     |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 2387808   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 24452742  |

**Expenses**

|   |               |          |          |
|---|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 17174198 |          |
| (2) To insurance carriers for the provision of benefits.....                                | <b>2e(2)</b>  | 2492999  |          |
| (3) Other.....  | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 19667197 |
| <b>f</b> Corrective distributions (see instructions).....                                   | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....   | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:   |               |          |          |
| (1) Salaries and allowances.....  | <b>2i(1)</b>  | 221592   |          |
| (2) Contract administrator fees.....  | <b>2i(2)</b>  | 496946   |          |
| (3) Recordkeeping fees.....   | <b>2i(3)</b>  | 10500    |          |
| (4) IQPA audit fees.....  | <b>2i(4)</b>  | 33487    |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 16075    |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....  | <b>2i(7)</b>  | 65000    |          |
| (8) Legal fees .....  | <b>2i(8)</b>  | 43034    |          |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....   | <b>2i(11)</b> | 309019   |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 1195653  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 20862850 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 3589892 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan .....  | <b>2l(1)</b> |  |         |
| (2) From this plan .....  | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **MSPC CERTIFIED PUBLIC ACCOUNTANTS &**

(2) EIN: **22-2951202**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes | No | Amount  |
|--|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 500000  |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   | X   |    | 1059745 |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     |    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |         |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of  
Plumbers and Steamfitters Local 21 Welfare Fund  
Peekskill, New York

### *Opinion*

We have audited the financial statements of Plumbers and Steamfitters Local 21 Welfare 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 and Steamfitters Local 21 Welfare 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 and Steamfitters Local 21 Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### *Responsibilities of Management for the Financial Statements*

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local 21 Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers and Steamfitters Local 21 Welfare 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 and Steamfitters Local 21 Welfare 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.

### ***Other Matter - 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 schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

MSPC

**MSPC**

Certified Public Accountants and Advisors,  
A Professional Corporation

Cranford, New Jersey  
April 9, 2025

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

EIN #13-4017983

PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

| (a)                            | (b)<br><u>Identity of Issue,<br/>Borrower,<br/>Lessor, or<br/>Similar Party</u> | (c)<br><u>Description of Investment,<br/>Including Maturity Date,<br/>Rate of Interest, Collateral<br/>Par or Maturity Value</u> | (d)<br><br><u>Cost</u> | (e)<br><br><u>Current<br/>Value</u> |
|--------------------------------|---|--|------------------------|-------------------------------------|
| <b>Interest-Bearing Cash:</b>  |   |  |                        |                                     |
|                                | Peapack-Gladstone Bank - HRA<br>Checking Account                                | 3,987,007  | \$ 3,987,007           | \$ 3,987,007                        |
|                                | Peapack-Gladstone Bank - HRA<br>Money Market Sweep Account                      | 7,601,043  | 7,601,043              | 7,601,043                           |
|                                | Peapack-Gladstone Bank - Welfare<br>Checking Account                            | 1,683,992  | <u>1,683,992</u>       | <u>1,683,992</u>                    |
|                                | <b>Total Interest-Bearing Cash</b>  |  | <u>13,272,042</u>      | <u>13,272,042</u>                   |
| <b>Short-Term Investments:</b> |   |  |                        |                                     |
|                                | Dreyfus Government Cash Management  | 37,383   | 37,383                 | 37,383                              |
|                                | Dreyfus Treasury & Agency Cash Mgmt   | 27,884   | 27,884                 | 27,884                              |
|                                | JPMorgan 100% US Treasury Money<br>Market                                       | 12,680   | <u>12,680</u>          | <u>12,680</u>                       |
|                                | <b>Total Short-Term Investments</b>   |  | <u>77,947</u>          | <u>77,947</u>                       |
| <b>Common Stock:</b>           |   |  |                        |                                     |
|                                | Alphabet Inc Cap Stk Cl C   | 220  | 10,513                 | 40,352                              |
|                                | Alphabet Inc Class A  | 200  | 16,915                 | 36,430                              |
|                                | Amazon.Com Inc  | 416  | 47,472                 | 80,392                              |
|                                | Ameren Corporation  | 95   | 6,748                  | 6,755                               |
|                                | American Express Co   | 80   | 14,068                 | 18,524                              |
|                                | Amgen Inc   | 55   | 15,814                 | 17,185                              |
|                                | Apple Inc   | 460  | 39,784                 | 96,885                              |
|                                | Applovin Corp Com Cl A  | 235  | 12,270                 | 19,557                              |
|                                | Arch Capital Group Ltd  | 185  | 12,453                 | 18,665                              |
|                                | Arista Networks Inc   | 55   | 7,298                  | 19,276                              |
|                                | AutoZone Inc  | 5  | 12,398                 | 14,821                              |
|                                | Bank Of America Corp  | 475  | 13,428                 | 18,891                              |
|                                | Berkshire Hathaway Inc Cl B   | 60   | 15,581                 | 24,408                              |
|                                | Blackrock Inc   | 25   | 15,864                 | 19,683                              |
|                                | Boston Scientific Corp  | 230  | 16,127                 | 17,712                              |
|                                | Broadcom Inc  | 19   | 10,242                 | 30,505                              |
|                                | Cadence Design Systems Inc  | 50   | 13,495                 | 15,388                              |
|                                | Celsius Holdings Inc  | 460  | 20,727                 | 26,261                              |
|                                | Chevron Corp New  | 128  | 12,959                 | 20,022                              |
|                                | ConocoPhillips  | 140  | 15,133                 | 16,013                              |
|                                | Constellation Brands Inc Cl A   | 80   | 20,971                 | 20,582                              |
|                                | Costco Wholesale Corp   | 25   | 7,612                  | 21,250                              |
|                                | Danaher Corporation Com   | 70   | 12,938                 | 17,490                              |
|                                | DraftKings Inc New Com Cl A   | 260  | 10,961                 | 9,924                               |
|                                | Eaton Corp Plc  | 55   | 16,557                 | 17,245                              |
|                                | Elf Beauty Inc  | 105  | 11,900                 | 22,126                              |
|                                | Eli Lilly & Co Com  | 45   | 17,368                 | 40,742                              |
|                                | Entergy Corp New  | 180  | 19,110                 | 19,260                              |
|                                | Evercore Inc Cl A   | 115  | 20,774                 | 23,969                              |
|                                | Exxon Mobil Corp  | 282  | 18,529                 | 32,464                              |

See Independent Auditors' Report.

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**  
**EIN #13-4017983**  
**PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

| (a) | (b)<br><u>Identity of Issue,<br/>Borrower,<br/>Lessor, or<br/>Similar Party</u> | (c)<br><u>Description of Investment,<br/>Including Maturity Date,<br/>Rate of Interest, Collateral<br/>Par or Maturity Value</u> | (d)<br><br><u>Cost</u> | (e)<br><br><u>Current<br/>Value</u> |
|-----|---|--|------------------------|-------------------------------------|
|     | FedEx Corporation   | 50   | 12,089                 | 14,992                              |
|     | Ge Healthcare Technologies Inc  | 155  | 12,014                 | 12,078                              |
|     | Ge Vernova Inc  | 115  | 16,920                 | 19,724                              |
|     | Howmet Aerospace Inc  | 305  | 11,303                 | 23,677                              |
|     | IQVIA Holdings Inc  | 45   | 11,351                 | 9,515                               |
|     | Itron Inc   | 185  | 12,393                 | 18,308                              |
|     | JPMorgan Chase & Co   | 150  | 17,863                 | 30,339                              |
|     | Lam Research Corp   | 25   | 10,021                 | 26,621                              |
|     | Leidos Holdings Inc   | 120  | 13,005                 | 17,506                              |
|     | Liberty Media Corp Del Com Lbty One   | 280  | 19,696                 | 20,115                              |
|     | Life Time Group Holdings Inc  | 400  | 7,307                  | 7,532                               |
|     | Linde Plc Shs   | 20   | 8,633                  | 8,776                               |
|     | Manhattan Associates Inc  | 80   | 13,024                 | 19,734                              |
|     | Marriott Intl Inc Cl A  | 60   | 10,075                 | 14,506                              |
|     | Mastercard Inc Cl A   | 53   | 13,760                 | 23,381                              |
|     | McKesson Corporation  | 45   | 13,780                 | 26,282                              |
|     | Merck & Co Inc  | 175  | 15,630                 | 21,665                              |
|     | Meta Platforms Inc Cl A   | 130  | 37,708                 | 65,549                              |
|     | Micron Technology Inc   | 200  | 16,913                 | 26,306                              |
|     | Microsoft Corp Com  | 260  | 43,697                 | 116,206                             |
|     | Nasdaq Inc  | 320  | 17,500                 | 19,283                              |
|     | NextEra Energy Inc Com  | 245  | 12,336                 | 17,348                              |
|     | Nucor Corporation   | 110  | 6,414                  | 17,389                              |
|     | Nvidia Corporation  | 1,000  | 31,189                 | 123,540                             |
|     | Palo Alto Networks Inc  | 60   | 11,591                 | 20,341                              |
|     | PepsiCo Inc   | 35   | 3,835                  | 5,773                               |
|     | Procter & Gamble Co   | 90   | 11,792                 | 14,843                              |
|     | Quanta Svcs Inc   | 90   | 11,651                 | 22,868                              |
|     | Regeneron Pharmaceuticals   | 21   | 14,926                 | 22,072                              |
|     | Restaurant Brands Tntl Inc  | 210  | 13,866                 | 14,778                              |
|     | Salesforce Inc Com  | 76   | 15,860                 | 19,540                              |
|     | Sarepta Therapeutics  | 80   | 10,400                 | 12,640                              |
|     | ServiceNow Inc  | 30   | 15,070                 | 23,600                              |
|     | Super Micro Computer Inc  | 31   | 18,327                 | 25,400                              |
|     | T Mobile Us Inc   | 135  | 19,134                 | 23,784                              |
|     | Teck Resources Ltd  | 290  | 12,437                 | 13,891                              |
|     | Texas Roadhouse Inc   | 105  | 10,436                 | 18,030                              |
|     | The Home Depot Inc  | 30   | 9,466                  | 10,327                              |
|     | The Trade Desk Inc  | 190  | 14,222                 | 18,557                              |
|     | Thermo Fisher Scientific Inc Com  | 20   | 10,944                 | 11,060                              |
|     | TJX Companies Inc   | 200  | 18,901                 | 22,020                              |
|     | Travelers Companies Inc   | 100  | 19,002                 | 20,334                              |
|     | Uber Technologies Inc   | 295  | 11,204                 | 21,441                              |
|     | UnitedHealth Group Inc  | 17   | 4,105                  | 8,657                               |
|     | Verra Mobility Corp   | 90   | 1,813                  | 2,448                               |
|     | Vertex Pharmaceuticals  | 45   | 13,211                 | 21,092                              |
|     | Vertiv Holdings Co  | 265  | 6,076                  | 22,941                              |
|     | Vici Pptys Inc Com  | 600  | 19,493                 | 17,184                              |
|     | Wells Fargo & Co  | 300  | 15,540                 | 17,817                              |

See Independent Auditors' Report.

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

**EIN #13-4017983**

**PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

| (a)                                | (b)<br><u>Identity of Issue,<br/>Borrower,<br/>Lessor, or<br/>Similar Party</u> | (c)<br><u>Description of Investment,<br/>Including Maturity Date,<br/>Rate of Interest, Collateral<br/>Par or Maturity Value</u> | (d)<br><br><u>Cost</u> | (e)<br><br><u>Current<br/>Value</u> |
|------------------------------------|---|--|------------------------|-------------------------------------|
|                                    | Welltower Inc Com   | 225  | 22,133                 | 23,456                              |
|                                    | <b>Total Common Stock</b>   |  | <b>1,206,065</b>       | <b>1,938,043</b>                    |
| <b>U.S. Government Securities:</b> |   |  |                        |                                     |
|                                    | FFCB  | 15,000 6.040% 04/17/34   | 5,005                  | 14,985                              |
|                                    | FFCB  | 20,000 6.050% 06/24/39   | 20,000                 | 19,895                              |
|                                    | FFCB  | 15,000 6.080% 06/03/39   | 15,015                 | 14,944                              |
|                                    | FFCB  | 10,000 6.150% 12/21/38   | 10,000                 | 10,000                              |
|                                    | FFCB  | 20,000 6.220% 04/25/39   | 20,032                 | 20,000                              |
|                                    | FFCB  | 20,000 6.250% 05/06/39   | 20,036                 | 19,962                              |
|                                    | FHCB  | 20,000 6.450% 10/03/33   | 19,986                 | 20,001                              |
|                                    | FHLB  | 10,000 5.250% 02/13/34   | 10,000                 | 10,060                              |
|                                    | FHLB  | 20,000 5.920% 05/23/34   | 20,010                 | 19,821                              |
|                                    | FHLMC   | 8,000 6.000% 02/18/39  | 8,004                  | 7,987                               |
|                                    | FHLMC Gld Pl #A97294  | 6,490 4.000% 02/01/41  | 6,884                  | 6,132                               |
|                                    | FHLMC Gld Pl #G03499  | 4,945 5.000% 09/01/35  | 5,233                  | 4,885                               |
|                                    | FHLMC Gld Pl #G61019  | 5,983 4.500% 07/01/45  | 6,452                  | 5,819                               |
|                                    | FHLMC Pool #SD2200  | 8,854 6.000% 01/01/53  | 9,056                  | 9,035                               |
|                                    | FHLMC Pool #SD2559  | 19,061 5.000% 09/01/53   | 18,989                 | 18,620                              |
|                                    | FHLMC Pool #SD2737  | 39,814 5.500% 04/01/53   | 38,591                 | 37,675                              |
|                                    | FHLMC Pool #SD5034  | 24,558 6.000% 03/01/54   | 25,034                 | 24,903                              |
|                                    | FHLMC Pool #SD5483  | 14,990 6.000% 05/01/54   | 14,990                 | 15,025                              |
|                                    | FNMA Pl #AL7306   | 6,927 4.500% 09/01/42  | 7,494                  | 6,660                               |
|                                    | FNMA Pl #BM5328   | 4,429 4.000% 11/01/48  | 4,699                  | 4,133                               |
|                                    | FNMA Pl #FS7744   | 14,668 6.500% 04/01/54   | 15,300                 | 15,238                              |
|                                    | FNMA UMBS Pool  | 18,567 6.000% 10/01/53   | 18,880                 | 18,622                              |
|                                    | GNMA Pl. #574671  | 480 5.000% 04/15/34  | 10,396                 | 481                                 |
|                                    | GNMA Pl. #579488  | 303 6.000% 02/15/32  | 3,270                  | 307                                 |
|                                    | GNMA Pl. #579632  | 397 6.000% 02/15/32  | 10,232                 | 402                                 |
|                                    | GNMA Pl. #581144  | 205 6.000% 03/15/32  | 7,377                  | 207                                 |
|                                    | GNMA Pl. #582062  | 248 6.500% 03/15/32  | 4,450                  | 255                                 |
|                                    | GNMA Pl. #584411  | 401 6.500% 05/15/32  | 4,451                  | 411                                 |
|                                    | GNMA Pl. #590371  | 78 6.500% 07/15/32   | 3,545                  | 80                                  |
|                                    | GNMA Pl #445627   | 314 5.500% 02/15/33  | 3,271                  | 320                                 |
|                                    | GNMA Pl #497394   | 50 6.000% 01/15/29   | 403                    | 50                                  |
|                                    | GNMA Pl #510766   | 1,678 4.500% 02/15/35  | 21,208                 | 1,626                               |
|                                    | GNMA Pl #520826   | 741 5.500% 03/15/35  | 11,884                 | 755                                 |
|                                    | GNMA Pl #544477   | 94 6.500% 04/15/31   | 425                    | 97                                  |
|                                    | GNMA Pl #545212   | 144 7.000% 12/15/30  | 601                    | 145                                 |
|                                    | GNMA Pl #548251   | 122 6.500% 08/15/31  | 5,635                  | 125                                 |
|                                    | GNMA Pl #550046   | 27 6.500% 06/15/31   | 907                    | 27                                  |
|                                    | GNMA Pl #553167   | 426 6.000% 04/15/33  | 10,526                 | 442                                 |
|                                    | GNMA Pl #555610   | 645 6.500% 11/15/31  | 810                    | 663                                 |
|                                    | GNMA Pl #561487   | 52 6.500% 06/15/31   | 209                    | 53                                  |
|                                    | GNMA Pl #569238   | 63 6.500% 03/15/32   | 2,109                  | 64                                  |
|                                    | GNMA Pl #569548   | 148 6.000% 01/15/32  | 2,046                  | 152                                 |
|                                    | GNMA Pl #569801   | 216 6.000% 05/15/32  | 4,416                  | 225                                 |
|                                    | GNMA Pl #570767   | 371 6.000% 02/15/32  | 7,762                  | 376                                 |

See Independent Auditors' Report.

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

EIN #13-4017983

PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

| (a) | (b)  | (c)   | (d)         | (e)                      |
|-----|--|---|-------------|--------------------------|
|     | <u>Identity of Issue,<br/>Borrower,<br/>Lessor, or<br/>Similar Party</u> | <u>Description of Investment,<br/>Including Maturity Date,<br/>Rate of Interest, Collateral<br/>Par or Maturity Value</u> | <u>Cost</u> | <u>Current<br/>Value</u> |
|     | GNMA Pl #582097  | 109 6.000% 04/15/32   | 2,763       | 111                      |
|     | GNMA Pl #593946  | 351 5.000% 04/16/33   | 4,906       | 351                      |
|     | GNMA Pl #595077  | 209 6.000% 10/15/32   | 4,899       | 217                      |
|     | GNMA Pl #596652  | 860 5.500% 10/15/32   | 12,978      | 868                      |
|     | GNMA Pl #597962  | 546 5.000% 06/15/33   | 6,835       | 546                      |
|     | GNMA Pl #603323  | 304 5.500% 12/15/33   | 5,312       | 311                      |
|     | GNMA Pl #603349  | 347 6.000% 01/15/33   | 13,429      | 354                      |
|     | GNMA Pl #603391  | 206 5.500% 01/15/33   | 3,415       | 210                      |
|     | GNMA Pl #605460  | 1,234 4.500% 06/15/34   | 10,158      | 1,195                    |
|     | GNMA Pl #614932  | 728 5.000% 08/15/33   | 10,740      | 719                      |
|     | GNMA Pl #616832  | 2,329 5.000% 01/15/35   | 38,984      | 2,299                    |
|     | GNMA Pl #618033  | 213 4.500% 05/15/40   | 757         | 206                      |
|     | GNMA Pl #619189X   | 23,949 5.000% 01/15/35  | 5,421       | 365                      |
|     | GNMA Pl #628129  | 338 5.000% 05/15/34   | 17,665      | 838                      |
|     | GNMA Pl #630147  | 1,842 5.000% 07/15/34   | 4,851       | 334                      |
|     | GNMA Pl #630164  | 1,160 5.500% 07/15/34   | 26,556      | 1,843                    |
|     | GNMA Pl #630722  | 372 5.000% 02/15/35   | 5,163       | 1,162                    |
|     | GNMA Pl #631530  | 1,316 5.000% 07/15/34   | 5,332       | 371                      |
|     | GNMA Pl #668613  | 1,871 5.000% 05/15/38   | 22,155      | 1,320                    |
|     | GNMA Pl #753515  | 367 4.000% 11/15/40   | 5,219       | 1,136                    |
|     | GNMA Pl #781120  | 214 7.000% 12/15/29   | 173         | 56                       |
|     | GNMA Pl #781485  | 983 6.000% 08/15/32   | 3,725       | 218                      |
|     | GNMA Pl #781811  | 1,248 5.000% 10/15/34   | 11,018      | 974                      |
|     | GNMA Pl #782162  | 1,283 5.000% 03/15/36   | 9,294       | 1,250                    |
|     | GNMA Pl #782524  | 1,212 5.000% 12/15/38   | 21,293      | 1,279                    |
|     | GNMA Pl #513722  | 10 7.000% 07/15/29  | 44          | 10                       |
|     | GNMA Pl #538299  | 71 6.000% 01/15/32  | 1,189       | 73                       |
|     | GNMA Pl #552311  | 128 6.000% 01/15/32   | 2,519       | 131                      |
|     | GNMA Pl #553128  | 681 6.000% 03/15/33   | 11,303      | 685                      |
|     | GNMA Pl #565112  | 236 6.000% 11/15/32   | 5,424       | 239                      |
|     | GNMA Pl #569572  | 37 6.500% 01/15/32  | 133         | 38                       |
|     | GNMA Pl #587069  | 269 6.000% 05/15/32   | 2,679       | 275                      |
|     | GNMA Pl #599830  | 981 6.000% 01/15/33   | 10,218      | 1,010                    |
|     | GNMA Pl #612200  | 1,010 6.000% 06/15/33   | 42,629      | 1,045                    |
|     | GNMA Pl #616013  | 1,359 5.000% 10/15/33   | 16,455      | 1,368                    |
|     | GNMA Pl #617437  | 440 5.000% 03/15/37   | 5,031       | 442                      |
|     | GNMA Pl #617518  | 468 5.500% 05/15/37   | 6,656       | 472                      |
|     | GNMA Pl #618952  | 732 5.500% 04/15/34   | 17,303      | 747                      |
|     | GNMA Pl #675381  | 728 5.500% 05/15/38   | 5,688       | 1,905                    |
|     | GNMA Pl #686738  | 1,070 5.000% 05/15/38   | 10,491      | 726                      |
|     | GNMA Pl #690950  | 166 5.000% 06/15/38   | 22,219      | 1,388                    |
|     | GNMA Pl #696009  | 2,077 5.000% 07/15/36   | 2,840       | 167                      |
|     | GNMA Pl #704200  | 55 5.500% 01/15/39  | 4,189       | 225                      |
|     | GNMA Pl #688083  | 1,406 5.000% 11/15/38   | 3,958       | 1,075                    |
|     | GNMA Pl #698766  | 556 5.500% 11/15/38   | 35,383      | 2,115                    |
|     | GNMA Pl #699128  | 221 5.500% 09/15/38   | 13,166      | 561                      |
|     | US Treasury Notex 91282Cep2  | 15,000 2.875% 05/15/32  | 15,122      | 13,515                   |
|     | US Treasury Notex 91282Cfv8  | 30,000 4.125% 11/15/32  | 30,520      | 29,495                   |
|     | US Treasury Notex 91282Cgc9  | 40,000 3.875% 12/31/27  | 40,134      | 39,233                   |

See Independent Auditors' Report.

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**  
**EIN #13-4017983**  
**PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

| (a) | (b)<br><u>Identity of Issue,<br/>Borrower,<br/>Lessor, or<br/>Similar Party</u> | (c)<br><u>Description of Investment,<br/>Including Maturity Date,<br/>Rate of Interest, Collateral<br/>Par or Maturity Value</u> | (d)<br><br><u>Cost</u> | (e)<br><br><u>Current<br/>Value</u> |
|-----|---|--|------------------------|-------------------------------------|
|     | US Treasury Notex 91282Cgl9   | 15,000 4.000% 02/15/26   | 15,045                 | 14,797                              |
|     | US Treasury Notex 91282Cgp0   | 15,000 4.000% 02/29/28   | 15,016                 | 14,772                              |
|     | US Treasury Notex 9128Cff3  | 45,000 2.750% 08/15/32   | 44,089                 | 40,045                              |
|     | <b>Total U.S. Government Securities</b>   |  | <u>1,068,107</u>       | <u>516,752</u>                      |
|     | <b>Corporate Bonds:</b>   |  |                        |                                     |
|     | Abbie Inc Sr  | 10,000 4.800% 03/15/27   | 9,989                  | 9,955                               |
|     | Alleghany Corp  | 25,000 3.625% 05/15/30   | 24,967                 | 23,234                              |
|     | American Tower  | 25,000 4% 03/23/48   | 26,328                 | 23,496                              |
|     | Bank of America Corp  | 30,000 Var 02/07/30  | 34,987                 | 28,412                              |
|     | Bank of New York Mellon Corp  | 15,000 Var 10/25/28  | 15,000                 | 15,283                              |
|     | Bristol-Myers Squibb  | 5,000 5.750% 02/01/30  | 4,990                  | 5,191                               |
|     | Brooklyn Union Gas Co   | 15,000 4.632% 08/05/27   | 15,000                 | 14,535                              |
|     | Capital One Finl Corp   | 15,000 Var 02/01/34  | 15,000                 | 14,846                              |
|     | Deere John Capital Corp   | 10,000 4.900% 03/03/28   | 9,999                  | 9,996                               |
|     | Duke Energy Fla   | 15,000 6.750% 02/01/28   | 15,712                 | 15,693                              |
|     | Eversource Energy   | 15,000 5.450% 03/01/28   | 14,970                 | 15,044                              |
|     | Globe Life Inc  | 20,000 2.150% 08/15/30   | 20,000                 | 16,057                              |
|     | Goldman Sachs Roup Inc  | 10,000 Var 04/22/32  | 10,000                 | 8,408                               |
|     | Intuit Sr Nt  | 15,000 5.125% 09/15/28   | 14,984                 | 15,138                              |
|     | JPMorgan Chase & Co   | 15,000 Var 12/15/25  | 15,000                 | 14,985                              |
|     | Kansas City Pwr & Lt  | 14,000 6.050% 11/15/35   | 16,227                 | 14,475                              |
|     | Legg Mason Inc  | 9,000 4.750% 03/15/26  | 9,625                  | 8,943                               |
|     | Morgan Stanley  | 10,000 3.772% 01/24/29   | 9,270                  | 9,519                               |
|     | National Rural Util   | 14,000 Var 04/30/43  | 14,749                 | 14,000                              |
|     | National Rural Utils  | 10,000 3.900% 11/01/28   | 9,900                  | 9,531                               |
|     | Pacific Life Global   | 10,000 4.900% 04/04/28   | 9,961                  | 9,908                               |
|     | Pfizer Invt Enterprises   | 25,000 4.500% 05/19/28   | 24,970                 | 24,562                              |
|     | Ross Stores Inc   | 17,000 3.375% 09/15/24   | 17,333                 | 16,905                              |
|     | RTX Corporation   | 10,000 5.750% 11/08/26   | 9,991                  | 10,107                              |
|     | State Street Corp   | 20,000 Var 11/01/34  | 20,128                 | 17,704                              |
|     | Synchrony Financial Sr  | 20,000 2.875% 10/28/31   | 20,000                 | 16,038                              |
|     | Truist Finl Corp  | 15,000 Var 10/28/26  | 15,011                 | 15,038                              |
|     | Wells Fargo & Co  | 30,000 3.000% 06/12/35   | 31,200                 | 23,302                              |
|     | <b>Total Corporate Bonds</b>  |  | <u>455,291</u>         | <u>420,305</u>                      |
|     | <b>Mutual Fund:</b>   |  |                        |                                     |
|     | Neuberger Berman Strategic Income Fund  | 149,765  | 1,855,130              | 1,455,714                           |
|     | <b>Exchange Traded Fund:</b>  |  |                        |                                     |
|     | iShares Russell 2000  | 705  | 124,608                | 185,084                             |
|     | <b>Partnership/Joint Venture:</b>   |  |                        |                                     |
|     | Boyd Watterson  | 1,010  | 650,000                | 1,059,745                           |
|     | <b>Grand Total</b>  |  | <u>\$ 18,709,190</u>   | <u>\$ 18,925,632</u>                |

See Independent Auditors' Report.

**PLUMBERS AND STEAMFITTERS**  
**LOCAL 21 WELFARE FUND**

**FINANCIAL STATEMENTS**

**FOR THE YEARS ENDED**  
**JUNE 30, 2024 AND 2023**

**MSPC**  
Certified Public  
Accountants and Advisors, P.C.



An independent firm associated with  
Moore Global Network Limited

PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND

Index to Financial Statements

---

|  | <u>Pages</u> |
|--|--------------|
| Independent Auditors' Report                                   | 1-3          |
| <b>Financial Statements:</b>                                   |              |
| Statements of Net Assets Available for Benefits                | 4            |
| Statements of Changes in Net Assets Available for Benefits     | 5-6          |
| Notes to Financial Statements                                  | 7-17         |
| <b>Supplementary Information:</b>                              |              |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) | 19-23        |

## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of  
Plumbers and Steamfitters Local 21 Welfare Fund  
Peekskill, New York

### *Opinion*

We have audited the financial statements of Plumbers and Steamfitters Local 21 Welfare 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 and Steamfitters Local 21 Welfare 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 and Steamfitters Local 21 Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### *Responsibilities of Management for the Financial Statements*

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local 21 Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers and Steamfitters Local 21 Welfare 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 and Steamfitters Local 21 Welfare 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.

### ***Other Matter - 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 schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

MSPC

**MSPC**

Certified Public Accountants and Advisors,  
A Professional Corporation

Cranford, New Jersey  
April 9, 2025

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

**Statements of Net Assets Available for Benefits**

|   | <b>June 30,</b>      |                      |
|---|----------------------|----------------------|
|   | <b><u>2024</u></b>   | <b><u>2023</u></b>   |
| <b>Assets:</b>                                |                      |                      |
| <b>Investments at Fair Value:</b>             |                      |                      |
| Interest Bearing Cash-Welfare                 | \$ 1,683,992         | \$ 745               |
| Interest Bearing Cash-HRA                     | 11,588,050           | 982,531              |
| Short-Term Investments                        | 77,947               | 23,930               |
| Common Stock                                  | 1,938,043            | 1,266,763            |
| U.S. Government Securities                    | 516,752              | 499,770              |
| Corporate Bonds                               | 420,305              | 409,974              |
| Mutual Funds                                  | 1,455,714            | 1,123,038            |
| Exchange Traded Funds                         | 185,084              | 171,075              |
| Partnership/Joint Venture                     | <u>1,059,745</u>     | <u>1,140,381</u>     |
| <b>Total Investments at Fair Value</b>        | <u>18,925,632</u>    | <u>5,618,207</u>     |
| <b>Receivables:</b>                           |                      |                      |
| Employers' Contributions                      | 1,865,111            | 1,604,836            |
| Accrued Interest                              | <u>10,001</u>        | <u>8,070</u>         |
| <b>Total Receivables</b>                      | <u>1,875,112</u>     | <u>1,612,906</u>     |
| <b>Property and Equipment - Net</b>           | <u>21,169</u>        | <u>22,126</u>        |
| <b>Right-of-Use Assets - Operating Leases</b> | <u>70,005</u>        | <u>22,007</u>        |
| <b>Cash:</b>                                  |                      |                      |
| Cash - Welfare                                | --                   | 578,648              |
| Cash - HRA                                    | <u>--</u>            | <u>9,095,068</u>     |
| <b>Total Cash</b>                             | <u>--</u>            | <u>9,673,716</u>     |
| <b>Total Assets</b>                           | <u>20,891,918</u>    | <u>16,948,962</u>    |
| <b>Liabilities:</b>                           |                      |                      |
| Accrued Expenses                              | 130,776              | 28,600               |
| Due to Related Funds                          | 175,320              | 130,830              |
| Operating Lease Liabilities                   | <u>70,005</u>        | <u>22,007</u>        |
| <b>Total Liabilities</b>                      | <u>376,101</u>       | <u>181,437</u>       |
| <b>Net Assets Available for Benefits</b>      | <u>\$ 20,515,817</u> | <u>\$ 16,767,525</u> |

See Accompanying Notes to Financial Statements.

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

**Statements of Changes in Net Assets Available for Benefits**

|  | <u>Years ended</u> |                   |
|--|--------------------|-------------------|
|  | <u>June 30,</u>    |                   |
|  | <u>2 0 2 4</u>     | <u>2 0 2 3</u>    |
| <b>Additions to Net Assets Attributed to:</b>    |                    |                   |
| <b>Investment Income:</b>                        |                    |                   |
| Net Appreciation in Fair Value of Investments    | \$ 393,672         | \$ 212,731        |
| Interest and Dividends                           | <u>269,674</u>     | <u>128,255</u>    |
| Totals   | 663,346            | 340,986           |
| Less: Investment Manager Fees                    | <u>7,600</u>       | <u>8,436</u>      |
| <b>Net Investment Income</b>                     | <u>655,746</u>     | <u>332,550</u>    |
| <b>Employers' Contributions</b>                  | <u>20,508,538</u>  | <u>18,064,087</u> |
| <b>Other Income:</b>                             |                    |                   |
| Retiree Premiums                                 | 852,318            | 715,737           |
| COBRA Fees                                       | 40,732             | 93,283            |
| Miscellaneous                                    | <u>450</u>         | <u>12,910</u>     |
| <b>Total Other Income</b>                        | <u>893,500</u>     | <u>821,930</u>    |
| <b>Total Additions - Forward</b>                 | <u>22,057,784</u>  | <u>19,218,567</u> |
| <b>Deductions from Net Assets Attributed to:</b> |                    |                   |
| <b>Benefits Paid for:</b>                        |                    |                   |
| Health Claims                                    | 13,390,813         | 13,051,335        |
| Prescriptions                                    | 1,736,747          | 1,756,483         |
| HRA Benefits                                     | 1,539,989          | 1,450,435         |
| Retiree Premium                                  | 969,949            | 1,005,100         |
| Stop Loss Premiums                               | 1,151,306          | 1,018,785         |
| Medicare Premium Reimbursements                  | 348,249            | 349,241           |
| Life Insurance                                   | <u>371,744</u>     | <u>357,420</u>    |
| Totals   | 19,508,797         | 18,988,799        |
| Less: Stop Loss Reimbursements                   | <u>2,387,358</u>   | <u>1,446,159</u>  |
| <b>Total Benefits Paid - Forward</b>             | <u>17,121,439</u>  | <u>17,542,640</u> |
| <b>Administrative Expenses:</b>                  |                    |                   |
| Health Administrative                            | 496,946            | 465,463           |
| Salaries   | 221,592            | 174,173           |
| Employee Benefits                                | 153,772            | 105,028           |
| Actuarial  | 65,000             | 68,156            |
| Computer   | 51,551             | 39,123            |
| Legal  | 43,034             | 28,020            |
| Depreciation                                     | 18,606             | 22,801            |
| Payroll Taxes                                    | 18,244             | 14,396            |
| Equipment Rental                                 | 18,153             | 14,323            |
| Accounting                                       | <u>18,000</u>      | <u>17,500</u>     |
| Totals - Forward                                 | \$ 1,104,898       | \$ 948,983        |

See Accompanying Notes to Financial Statements.

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

**Statements of Changes in Net Assets Available for Benefits**

|   | <u>Years ended</u>   |                      |
|---|----------------------|----------------------|
|   | <u>June 30,</u>      |                      |
|   | <u>2 0 2 4</u>       | <u>2 0 2 3</u>       |
| <b>Total Additions - Forwarded</b>                            | \$ <u>22,057,784</u> | \$ <u>19,218,567</u> |
| <b>Deductions from Net Assets Attributed to:</b>              |                      |                      |
| <b>Total Benefits Paid - Forwarded</b>                        | <u>17,121,439</u>    | <u>17,542,640</u>    |
| <b>Administrative Expenses (Continued):</b>                   |                      |                      |
| Totals - Forwarded  | 1,104,898            | 948,983              |
| Payroll Audit Compliance                                      | 15,487               | 3,822                |
| Rent  | 13,343               | 29,440               |
| Bookkeeping   | 10,500               | 10,500               |
| Office  | 9,831                | 8,816                |
| Investment Consultant   | 8,475                | 8,200                |
| Conferences and Meetings                                      | 8,057                | 4,625                |
| PCORI Fee   | 6,466                | 6,057                |
| Printing, Stationery and Postage                              | 4,465                | 3,313                |
| Insurance   | 3,461                | 4,186                |
| Telephone   | 3,070                | 3,946                |
| Interim Third Party Administrator                             | <u>--</u>            | <u>9,883</u>         |
| <b>Total Administrative Expenses - Net</b>                    | <u>1,188,053</u>     | <u>1,041,771</u>     |
| <b>Total Deductions</b>                                       | <u>18,309,492</u>    | <u>18,584,411</u>    |
| <b>Net Increase in Net Assets Available for Benefits</b>      | 3,748,292            | 634,156              |
| <b>Net Assets Available for Benefits - Beginning of Years</b> | <u>16,767,525</u>    | <u>16,133,369</u>    |
| <b>Net Assets Available for Benefits - End of Years</b>       | \$ <u>20,515,817</u> | \$ <u>16,767,525</u> |

See Accompanying Notes to Financial Statements.

# PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND

## Notes to Financial Statements

---

### *(1) Description of the Plan*

The following brief description of the Plumbers and Steamfitters Local 21 Welfare Fund (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General** - The Plan is a multiemployer, defined benefit health and welfare fund which was established in accordance with an agreement and declaration of trust, as amended, between Plumbers and Steamfitters Local 21 (the "Local") and the Plumbing and Mechanical Contractors' Association of The Hudson Valley, Inc. (the "Association"). The Association is comprised of various employers who participate in the Collective Bargaining Agreement with the Local. The Plan is administered by a Board of Trustees, comprised of representatives of the Local and the Association. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**Eligibility** - Participants must accumulate at least 500 hours of service during a designated 6-month Work Period or at least 1,000 hours of service during a designated 12-month Work Period to qualify for health and welfare benefits.

**Benefits** - The Plan provides health benefits (medical, hospital, surgical, major medical, vision and prescription drug), life insurance coverage, and other benefits to eligible participants and to their beneficiaries and covered dependents. Retired employees are entitled to similar health benefits (in excess of Medicare coverage) provided they have attained at least age sixty-five and have 10 years of service with participating employers before retirement. In addition, upon the death or disability of a participant, the participant or beneficiaries, as appropriate, are entitled to receive three months of free coverage before becoming eligible for COBRA.

The Plan also offers a health reimbursement arrangement (HRA) to eligible participants who have contributions made on their behalf. An HRA is an account that the Plan establishes and maintains on behalf of participants to keep track of contributions, claims paid and a participant's available balance. Each HRA is funded exclusively through contributions made on a participant's behalf by an employer that contributes to the Plan under a collective bargaining or participation agreement. The amount of contributions is determined by the employers' collective bargaining agreements and is subject to change or discontinuance by the Board of Trustees at any time. Eligible participants who cease to be employed by a participating employer and no longer have contributions made to the Plan on their behalf will be ineligible to have contributions made to the HRA, but they will continue to be entitled to benefits from the HRA to the extent that can be provided from their account. The remaining balance in an individual's HRA at the end of the calendar year carries forward into the following calendar year. Funds in the HRA are available to be used for the payment of certain healthcare expenses for participants and their dependents. No earnings are credited to a participant's HRA.

**Funding** - All contributions to the Plan are made by participating employers in accordance with their collective bargaining agreements with the Local. The collective bargaining agreements require monthly contributions to the Plan at fixed rates based upon hours worked and employee classification.

### *(2) Summary of Significant Accounting Policies*

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

# PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND

## Notes to Financial Statements

---

### ***(2) Summary of Significant Accounting Policies (Continued)***

***Adoption of New Accounting Standard*** - Effective July 1, 2022, the Plan adopted ASC 842, Leases. The new standard establishes a right of use (ROU) model that requires a lessee to record an ROU asset and a lease liability on the statement of financial position for all leases with terms longer than 12 months. Leases are classified as either finance or operating, with classification affecting the pattern of expense recognition in the income statement. Leases with a term of less than 12 months will not record a right of use asset and lease liability and the payments will be recognized into profit or loss on a straight-line basis over the lease term.

The Plan elected to adopt the package of practical expedients available under the transition guidance with the new standard. This package includes the following: relief from determination of lease contracts included in existing or expiring leases at the point of adoption, relief from having to reevaluate the classification of leases in effect at the point of adoption, and relief from reevaluation of existing leases that have initial direct costs associated with the execution of the lease contract. The Plan also elected to adopt the practical expedient to determine the lease term and assess any potential impairment of the right of use assets. The adoption of ASC 842 resulted in the recognition of right-of-use-assets, net of prepaid lease payments and lease incentives, of \$48,725 and operating lease liabilities of \$48,725 as of July 1, 2022.

Effective July 1, 2023, the Plan adopted ASC 326 which changed how entities will measure credit losses for certain financial assets that aren't measured at fair value through changes in net assets available to benefits. The most significant change in this standard is a shift from the incurred loss model to the expected loss model. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing the Plan's exposure to credit risk and the measurement of credit losses. The primary financial asset held by the Plan that is subject to the guidance in ASC 326 is employers' contributions receivable. The impact of the adoption was not considered material to the financial statements and primarily resulted solely in enhanced disclosures.

***Use of Estimates*** - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported ("IBNR"), eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

***Investment Valuation and Income Recognition*** - Certain investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information principally provided by the Plans custodian. 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.

***Employers Contributions Receivable*** - The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on an agreed upon hourly rate and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. The Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of June 30, 2024 and 2023, the Plan did not record a credit loss allowance for employers' contributions receivable.

# PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND

## Notes to Financial Statements

---

### ***(2) Summary of Significant Accounting Policies (Continued)***

***Employers Contributions Receivable (Continued)*** - The Board of Trustees has established a program to review participating employer records in order to determine compliance with contribution provisions of the collective bargaining agreement. As a result of this program, previously unreported contributions are identified related to current and prior fiscal years. However, due to the collection efforts required by the Plan, including litigation, the ultimate realization of any additional contribution receivable cannot be reasonably estimated until the collection process is completed. Accordingly, the Plan primarily recognizes these previously unreported contributions in the fiscal year in which the settlement proceeds are received.

***Property and Equipment*** - Property and equipment are carried at cost, less accumulated depreciation. Major additions are capitalized, whereas replacements, maintenance, and repairs that do not improve or extend the lives of the respective assets are expensed.

***Long-Lived Asset Impairment*** - The Plan reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than the carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends, and prospects, as well as the effects of obsolescence and other economic factors. For the years ended June 30, 2024 and 2023, the Plan recorded no impairment charges against the carrying value of property and equipment.

***Payments of Benefits*** - Premiums paid are recorded as premium payments in the accompanying statement of changes in net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement.

***Stop Loss Reimbursement*** - Claims paid that exceeded the stop-loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits as of June 30, 2024 and 2023. Stop-loss refunds totaling \$2,387,358 and \$1,446,159 have been netted against benefits paid in the accompanying statements of changes in net assets available for benefits, respectively.

***Health Reimbursement Arrangement (HRA)*** - Included in the accompanying statements of Net Assets Available for Benefits are amounts available for qualifying medical expenses, as of June 30, 2024 and 2023. Participants individual HRA account balances were \$11,433,597 and \$10,093,864, respectively.

***Administrative Expenses*** - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related ERISA plans. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plan.

Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

***Subsequent Events*** - The Plan has evaluated subsequent events through April 9, 2025, the date on which the financial statements were available to be issued.

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

**Notes to Financial Statements**

---

**(3) Benefit Obligations**

**Postretirement Benefits** - The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to participants' service rendered through June 30, 2024. Postretirement benefits include future benefits expected to be paid to or for: (1) currently retired or terminated participants and their beneficiaries and dependents and (2) active participants and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets. Prior to an active employees' full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following are the significant assumptions used in the valuations as of June 30, 2024 and 2023.

| <u>Assumption</u>                | <u>2 0 2 4</u>   | <u>2 0 2 3</u>   |
|----------------------------------|--|--|
| Discount Rate                    | 5.25%  | 5.00%  |
| Health Trend Rates:              |  |  |
| Health Trend Rate                | 7% in 2025 graded to 4.5%<br>over 5 years  | 6.5% in 2024 graded to 4.5%<br>over 5 years  |
| Post Retirement Mortality Rates: |  |  |
| Healthy                          | 120% of the Headcount-weighted<br>RP-2006 Employee Mortality<br>Table with Blue Collar adjustment<br>with generational projection under<br>Scale MP-2019 from 2006 | 120% of the Headcount-weighted<br>RP-2006 Employee Mortality<br>Table with Blue Collar adjustment<br>with generational projection under<br>Scale MP-2019 from 2006 |
| Disabled                         | Headcount-weighted RP-2006<br>Disabled Retiree Mortality Table<br>with Blue Collar adjustment with<br>generational projection under<br>Scale MP-2019 from 2006     | Headcount-weighted RP-2006<br>Disabled Retiree Mortality Table<br>with Blue Collar adjustment with<br>generational projection under<br>Scale MP-2019 from 2006     |

If the medical cost inflation assumption is increased by 1%, the benefit obligations would increase by \$6,046,636 as of June 30, 2024.

The following tables present the components of the Plan's benefit obligations and the related changes in the Plan's benefit obligations.

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

**Notes to Financial Statements**

**(3) Benefit Obligations (Continued)**

Benefit Obligations:

|   | <u>June 30,</u>             |                             |
|---|-----------------------------|-----------------------------|
|   | <u>2 0 2 4</u>              | <u>2 0 2 3</u>              |
| Amounts Currently Payable to or for Participants,<br>Beneficiaries and Dependents:        |                             |                             |
| Health Claims Payable, Claims Incurred but not Reported                                   | \$ 2,020,700                | \$ 1,862,300                |
| Other Obligations for Current Benefit Coverage, at Present<br>Value of Estimated Amounts: |                             |                             |
| Accumulated Eligibility Credits   | <u>1,147,252</u>            | <u>1,214,542</u>            |
| Total Obligations Other Than Postretirement Benefit Obligations                           | <u>3,167,952</u>            | <u>3,076,842</u>            |
| Postretirement Benefit Obligations:   |                             |                             |
| Current Retirees, Spouses and Beneficiaries   | 27,164,484                  | 27,304,287                  |
| Other Participants Fully Eligible for Benefits  | 18,800,689                  | 15,945,871                  |
| Other Participants Not Yet Fully Eligible for Benefits                                    | <u>15,508,975</u>           | <u>14,730,738</u>           |
| Totals  | <u>61,474,148</u>           | <u>57,980,896</u>           |
| <b><u>Total Benefit Obligations</u></b>   | <b><u>\$ 64,642,100</u></b> | <b><u>\$ 61,057,738</u></b> |

Changes in Benefit Obligations:

|   | <u>Years ended</u>          |                             |
|---|-----------------------------|-----------------------------|
|   | <u>June 30,</u>             |                             |
|   | <u>2 0 2 4</u>              | <u>2 0 2 3</u>              |
| Amounts Currently Payable to or for Participants,<br>Beneficiaries and Dependents:        |                             |                             |
| Balance - Beginning of Years  | \$ 1,862,300                | \$ 1,977,100                |
| Claims Reported and Approved for Payment  | 19,626,561                  | 18,873,999                  |
| Claims Paid   | <u>(19,468,161)</u>         | <u>(18,988,799)</u>         |
| Balance - End of Years  | <u>2,020,700</u>            | <u>1,862,300</u>            |
| Other Obligations for Current Benefit Coverage,<br>at Present Value of Estimated Amounts: |                             |                             |
| Balance - Beginning of Years  | 1,214,542                   | 1,028,041                   |
| Net Change During Years   | <u>(67,290)</u>             | <u>186,501</u>              |
| Balance - End of Years  | <u>1,147,252</u>            | <u>1,214,542</u>            |
| Total Obligations Other Than Postretirement Benefit<br>Obligation                         | <u>3,167,952</u>            | <u>3,076,842</u>            |
| Postretirement Benefit Obligations:   |                             |                             |
| Balance - Beginning of Years  | 57,980,896                  | 54,942,329                  |
| Service Cost  | 1,121,969                   | 1,007,855                   |
| Expected benefits paid  | (4,039,806)                 | (3,437,756)                 |
| Interest  | 2,799,283                   | 2,262,757                   |
| Changes in Actuarial Assumptions (a)  | 3,611,806                   | (1,758,039)                 |
| Actuarial Experience Gain   | <u>--</u>                   | <u>4,963,750</u>            |
| Balance - End of Years  | <u>61,474,148</u>           | <u>57,980,896</u>           |
| <b><u>Total Benefit Obligations - End of Years</u></b>                                    | <b><u>\$ 64,642,100</u></b> | <b><u>\$ 61,057,738</u></b> |

# PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND

## Notes to Financial Statements

---

### **(3) Benefit Obligations (Continued)**

(a) An increase in postretirement obligations in 2024 is due to revising the valuation-year per capita health costs and the future trend on such costs, and raising the discount rate. A decrease in postretirement obligations in 2023 is due to revising the valuation-year per capita health costs and the future trend on such costs, and raising the discount rate. The discount rate is reset each year based on the rates of return on high quality fixed income investments currently available as of the valuation measurement date whose cash flows match the timing and amount of expected benefit payments.

### **(4) Fair Value Measurements**

Financial Accounting Standards Board ("FASB") Accounting Standards Codifications ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes 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 market prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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; and
- 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.

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

Interest-Bearing Cash and Short-Term Investments: Valued at amortized cost which approximates fair value.

Common Stock: Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded (Level 1). Those U.S. government securities without quoted market prices are valued using pricing models maximizing the use of observable inputs for similar securities (Level 2).

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

**Notes to Financial Statements**

---

**(4) Fair Value Measurements (Continued)**

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

Exchange Traded Fund: Valued at the daily closing price as reported by the fund. Exchange traded funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The exchange traded fund held by the Plan is deemed to be actively traded.

Partnership/Joint Venture: Valued at the net asset value (NAV) of shares held or ownership percentage of the Plan at the year end. The NAV is used as a practical expedient to estimate fair value and is based on the value of all assets of the Partnerships, less its liabilities.

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

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

|   | <u>Assets at Fair Value as of June 30, 2024</u> |                   |                |                             |
|---|---|-------------------|----------------|-----------------------------|
|   | <u>Level 1</u>                                  | <u>Level 2</u>    | <u>Level 3</u> | <u>Total</u>                |
| Interest-Bearing Cash                       | \$ 13,272,042                                   | \$ --             | \$ --          | \$ 13,272,042               |
| Short-Term Investments                      | 77,947  | --                | --             | 77,947                      |
| Common Stock                                | 1,938,043                                       | --                | --             | 1,938,043                   |
| U.S. Government Securities                  | 151,856   | 364,896           | --             | 516,752                     |
| Corporate Bonds                             | --  | 420,305           | --             | 420,305                     |
| Mutual Funds                                | 1,455,714                                       | --                | --             | 1,455,714                   |
| Exchange Traded Fund                        | <u>185,084</u>                                  | <u>--</u>         | <u>--</u>      | <u>185,084</u>              |
| Total Assets in Fair Value Hierarchy        | <u>\$ 17,080,686</u>                            | <u>\$ 785,201</u> | <u>\$ --</u>   | 17,865,887                  |
| Investments Measured at Net Asset Value (a) |   |                   |                | <u>1,059,745</u>            |
| <b><u>Total Assets at Fair Value</u></b>    |   |                   |                | <b><u>\$ 18,925,632</u></b> |

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

**Notes to Financial Statements**

**(4) Fair Value Measurements (Continued)**

|   | <u>Assets at Fair Value as of June 30, 2023</u> |                       |                  | <u>Total</u>                   |
|---|---|-----------------------|------------------|--------------------------------|
|   | <u>Level 1</u>                                  | <u>Level 2</u>        | <u>Level 3</u>   |                                |
| Interest-Bearing Cash                           | \$ 983,276                                      | \$ --                 | \$ --            | \$ 983,276                     |
| Short-Term Investments                          | 23,930  | --                    | --               | 23,930                         |
| Common Stock                                    | 1,266,763                                       | --                    | --               | 1,266,763                      |
| U.S. Government Securities                      | 154,916   | 344,854               | --               | 499,770                        |
| Corporate Bonds                                 | --  | 409,974               | --               | 409,974                        |
| Mutual Funds                                    | 1,123,038                                       | --                    | --               | 1,123,038                      |
| Exchange Traded Fund                            | <u>171,075</u>                                  | <u>--</u>             | <u>--</u>        | <u>171,075</u>                 |
| <br>Total Assets in Fair Value Hierarchy        | <br><u>\$ 3,722,998</u>                         | <br><u>\$ 754,828</u> | <br><u>\$ --</u> | <br>4,477,826                  |
| <br>Investments Measured at Net Asset Value (a) |   |                       |                  | <br><u>1,140,381</u>           |
| <br><b><u>Total Assets at Fair Value</u></b>    |   |                       |                  | <br><b><u>\$ 5,618,207</u></b> |

(a) In accordance with FASB Accounting Standards Codification Subtopic 820-10 Fair Value Measurement - Overall, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table sets forth additional disclosures of Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of June 30, 2024 and 2023:

|                                      | <u>June 30, 2024</u> |                            |                             |                                 |
|--------------------------------------|----------------------|----------------------------|-----------------------------|---------------------------------|
|                                      | <u>Fair Value</u>    | <u>Unfunded Commitment</u> | <u>Redemption Frequency</u> | <u>Redemption Notice Period</u> |
| Partnership/Joint Venture Interests: |                      |                            |                             |                                 |
| Boyd Watterson GSA Fund, L.P. (a)    | \$ 1,059,745         | None                       | Quarterly                   | 60 days                         |
|                                      |                      |                            |                             |                                 |
|                                      | <u>June 30, 2023</u> |                            |                             |                                 |
|                                      | <u>Fair Value</u>    | <u>Unfunded Commitment</u> | <u>Redemption Frequency</u> | <u>Redemption Notice Period</u> |
| Partnership/Joint Venture Interests: |                      |                            |                             |                                 |
| Boyd Watterson GSA Fund, L.P. (a)    | \$ 1,140,381         | None                       | Quarterly                   | 60 days                         |

(a) Boyd Watterson GSA Fund, L.P. and Subsidiary ("Boyd"), a Delaware limited partnership, was formed on August 16, 2013 to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. Boyd was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration ("GSA") or other federal government agencies.

**Transfers Between Levels** - The availability of observable market data is monitored to assess the appropriate classification of 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.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

**Notes to Financial Statements**

***(5) Property and Equipment***

Property and equipment consist of the following at June 30, 2024 and 2023:

|  | <u>2024</u>             | <u>2023</u>             | <u>Useful Life</u> |
|--|-------------------------|-------------------------|--------------------|
| Computers and Computer Software            | \$ 214,695              | \$ 197,046              | 5 Years            |
| Less: Accumulated Depreciation             | <u>193,526</u>          | <u>174,920</u>          |                    |
| <b><u>Property and Equipment - Net</u></b> | <b><u>\$ 21,169</u></b> | <b><u>\$ 22,126</u></b> |                    |

Depreciation expense for the years ended June 30, 2024 and 2023 was \$18,606 and \$22,801, respectively.

***(6) Operating Leases***

The Plan leases office facilities under an executed operating lease with 1024 McKinley Street LLC. The lease terminated in March 2024 and was renewed in April 2024, extending the term through April 2029. The lease agreement does not contain a renewal option and does not contain a guarantee of the residual value at the end of the lease term or restrictive financial or other covenants.

The Plan has made an accounting policy election not to separate lease components from non-lease components in contracts when determining its lease payments. Monthly minimum rental payments of \$2,453 through March 2024 and \$1,340 thereafter until the lease term ends in April 2029 are based on the contractual lease agreements. There are no variable lease payments required for real estate taxes, common areas expenses, or other variable payments required by the provisions of the lease agreement. Annual contractual rental payments for the plans during the years ended June 30, 2024 and 2023 were \$13,343 and \$29,440, respectively.

Because the initial term of this lease is greater than a year, the Plan records the related right-of-use assets and liabilities at the present value of the lease payments to be paid over the life of the related lease. The present value of lease payments is calculated by utilizing the discount rate stated in the lease when readily determinable.

Because the Plan does not have access to the rate implicit in the leases, the Plan utilizes the risk free interest rate as the discount rate. The weighted average discount rate for the leases was 0.8%. In determining that rate, the Plan considers prevailing economic conditions at the commencement date and factors such as credit risk, term of lease and options, and the effect of collateralization based on the nature of and quality of the underlying asset.

At June 30, 2024, the Plan's future minimum lease payments under the leases reconciled to the lease liability is as follows:

| <u>Year ended</u>                               |                         |
|---|-------------------------|
| <u>June 30,</u>                                 |                         |
| 2025  | \$ 16,082               |
| 2026  | 16,082                  |
| 2027  | 16,082                  |
| 2028  | 16,082                  |
| 2029  | <u>13,402</u>           |
| Total Lease Payments                            | 77,730                  |
| Less: Imputed Interest                          | <u>(7,725)</u>          |
| <b><u>Total Operating Lease Liabilities</u></b> | <b><u>\$ 70,005</u></b> |

## PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND

### Notes to Financial Statements

---

#### ***(7) Transactions with Related Parties***

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party in interest transactions under ERISA.

The Plan operates in a jointly administered office with related Plans. The expenses are paid by the Steamfitters and Plumbers Local Union 21 Admin Fund and are allocated between the related Plans. The Plan's allocated share of salaries, employee benefits and other administrative expenses amounted to \$419,051 and \$323,605 for the years ended June 30, 2024 and 2023, respectively. As of June 30, 2024 and 2023, the Plan had a payable due to the Steamfitters and Plumbers Local Union 21 Admin Fund of \$175,320 and \$132,330, respectively, arising from allocated administrative expenses. The Plan had a receivable from the Steamfitters and Plumbers Local Union 21 of \$1,500 as of June 30, 2023.

#### ***(8) Reciprocity Agreements***

The Plan follows reciprocity agreements and in accordance with these agreements, the Plan is required to remit funds received and is entitled to receive funds from participating employers on behalf of temporary employees to and from the employees' participating local unions.

For the years ended June 30, 2024 and 2023, the Plan remitted reciprocal payments of \$1,292,591 and \$458,439, respectively, and received reciprocal contributions of \$196,478 and \$476,769, respectively, in accordance with these agreements with the participating local unions. Reciprocal contributions and payments are included in employer's contributions in the statements of changes in net assets available for benefits. No allowance for credit losses as of June 30, 2024 or 2023, was necessary for reciprocal payments due to the Plan.

#### ***(9) Tax Status***

The Plan has received an exemption letter from the IRS dated September 30, 1999, stating that the VEBA trust established under the Plan was in compliance with the applicable requirements of the provisions of Section 501(c)(9) of the IRC. No federal or state income taxes have been recorded in 2023 for unrelated business taxable income. The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust was tax-exempt as of the financial statement date.

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

#### ***(10) Termination of the Plan***

Although it has not expressed any intention to do so, the Plan may be terminated by the Board of Trustees, by unanimous vote, subject to collective bargaining agreements and applicable law. Upon termination of the trust, it shall be divided in accordance with the Board of Trustees determination and applicable law. In no event shall any assets of the Trust revert to any employer or union.

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

**Notes to Financial Statements**

---

***(11) Risks and Uncertainties***

***Investment Risk*** - 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 investments securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

***Actuarial Assumptions*** - Plan benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, healthcare cost trend rate and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

***Concentration of Credit Risk*** - The Plan maintains its cash balances in high credit quality financial institutions. Accounts at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 for each participant's non-contingent interest. At June 30, 2024 and 2023, the Plan's cash exceeded federally insured limits by approximately \$13,081,000 and \$9,950,000, respectively.

***(12) Reconciliation of Financial Statements to Form 5500***

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

|   | <u>June 30,</u>             |                             |
|---|-----------------------------|-----------------------------|
|   | <u>2024</u>                 | <u>2023</u>                 |
| Net Assets Available for Benefits per the Financial Statements    | \$ 20,515,817               | \$ 16,767,525               |
| Less: Benefit Obligations Currently Payable                       | <u>2,020,700</u>            | <u>1,862,300</u>            |
| <b><u>Net Assets Available for Benefits per the Form 5500</u></b> | <b><u>\$ 18,495,117</u></b> | <b><u>\$ 14,905,225</u></b> |

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500:

|   | <u>June 30,</u>             |
|---|-----------------------------|
|   | <u>2024</u>                 |
| Benefits Paid to Participants per the Financial Statements    | \$ 19,508,797               |
| Add: Amounts Currently Payable at June 30, 2024               | 2,020,700                   |
| Less: Amounts Currently Payable at June 30, 2023              | <u>(1,862,300)</u>          |
| <b><u>Benefits Paid to Participants per the Form 5500</u></b> | <b><u>\$ 19,667,197</u></b> |

. . . . .

**SUPPLEMENTARY INFORMATION**

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

EIN #13-4017983

PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

| (a)                            | (b)<br><u>Identity of Issue,<br/>Borrower,<br/>Lessor, or<br/>Similar Party</u> | (c)<br><u>Description of Investment,<br/>Including Maturity Date,<br/>Rate of Interest, Collateral<br/>Par or Maturity Value</u> | (d)<br><br><u>Cost</u> | (e)<br><br><u>Current<br/>Value</u> |
|--------------------------------|---|--|------------------------|-------------------------------------|
| <b>Interest-Bearing Cash:</b>  |   |  |                        |                                     |
|                                | Peapack-Gladstone Bank - HRA<br>Checking Account                                | 3,987,007  | \$ 3,987,007           | \$ 3,987,007                        |
|                                | Peapack-Gladstone Bank - HRA<br>Money Market Sweep Account                      | 7,601,043  | 7,601,043              | 7,601,043                           |
|                                | Peapack-Gladstone Bank - Welfare<br>Checking Account                            | 1,683,992  | <u>1,683,992</u>       | <u>1,683,992</u>                    |
|                                | <b>Total Interest-Bearing Cash</b>  |  | <u>13,272,042</u>      | <u>13,272,042</u>                   |
| <b>Short-Term Investments:</b> |   |  |                        |                                     |
|                                | Dreyfus Government Cash Management  | 37,383   | 37,383                 | 37,383                              |
|                                | Dreyfus Treasury & Agency Cash Mgmt   | 27,884   | 27,884                 | 27,884                              |
|                                | JPMorgan 100% US Treasury Money<br>Market                                       | 12,680   | <u>12,680</u>          | <u>12,680</u>                       |
|                                | <b>Total Short-Term Investments</b>   |  | <u>77,947</u>          | <u>77,947</u>                       |
| <b>Common Stock:</b>           |   |  |                        |                                     |
|                                | Alphabet Inc Cap Stk Cl C   | 220  | 10,513                 | 40,352                              |
|                                | Alphabet Inc Class A  | 200  | 16,915                 | 36,430                              |
|                                | Amazon.Com Inc  | 416  | 47,472                 | 80,392                              |
|                                | Ameren Corporation  | 95   | 6,748                  | 6,755                               |
|                                | American Express Co   | 80   | 14,068                 | 18,524                              |
|                                | Amgen Inc   | 55   | 15,814                 | 17,185                              |
|                                | Apple Inc   | 460  | 39,784                 | 96,885                              |
|                                | Applovin Corp Com Cl A  | 235  | 12,270                 | 19,557                              |
|                                | Arch Capital Group Ltd  | 185  | 12,453                 | 18,665                              |
|                                | Arista Networks Inc   | 55   | 7,298                  | 19,276                              |
|                                | AutoZone Inc  | 5  | 12,398                 | 14,821                              |
|                                | Bank Of America Corp  | 475  | 13,428                 | 18,891                              |
|                                | Berkshire Hathaway Inc Cl B   | 60   | 15,581                 | 24,408                              |
|                                | Blackrock Inc   | 25   | 15,864                 | 19,683                              |
|                                | Boston Scientific Corp  | 230  | 16,127                 | 17,712                              |
|                                | Broadcom Inc  | 19   | 10,242                 | 30,505                              |
|                                | Cadence Design Systems Inc  | 50   | 13,495                 | 15,388                              |
|                                | Celsius Holdings Inc  | 460  | 20,727                 | 26,261                              |
|                                | Chevron Corp New  | 128  | 12,959                 | 20,022                              |
|                                | ConocoPhillips  | 140  | 15,133                 | 16,013                              |
|                                | Constellation Brands Inc Cl A   | 80   | 20,971                 | 20,582                              |
|                                | Costco Wholesale Corp   | 25   | 7,612                  | 21,250                              |
|                                | Danaher Corporation Com   | 70   | 12,938                 | 17,490                              |
|                                | DraftKings Inc New Com Cl A   | 260  | 10,961                 | 9,924                               |
|                                | Eaton Corp Plc  | 55   | 16,557                 | 17,245                              |
|                                | Elf Beauty Inc  | 105  | 11,900                 | 22,126                              |
|                                | Eli Lilly & Co Com  | 45   | 17,368                 | 40,742                              |
|                                | Entergy Corp New  | 180  | 19,110                 | 19,260                              |
|                                | Evercore Inc Cl A   | 115  | 20,774                 | 23,969                              |
|                                | Exxon Mobil Corp  | 282  | 18,529                 | 32,464                              |

See Independent Auditors' Report.

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**  
**EIN #13-4017983**  
**PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

| (a) | (b)<br><u>Identity of Issue,<br/>Borrower,<br/>Lessor, or<br/>Similar Party</u> | (c)<br><u>Description of Investment,<br/>Including Maturity Date,<br/>Rate of Interest, Collateral<br/>Par or Maturity Value</u> | (d)<br><br><u>Cost</u> | (e)<br><br><u>Current<br/>Value</u> |
|-----|---|--|------------------------|-------------------------------------|
|     | FedEx Corporation   | 50   | 12,089                 | 14,992                              |
|     | Ge Healthcare Technologies Inc  | 155  | 12,014                 | 12,078                              |
|     | Ge Vernova Inc  | 115  | 16,920                 | 19,724                              |
|     | Howmet Aerospace Inc  | 305  | 11,303                 | 23,677                              |
|     | IQVIA Holdings Inc  | 45   | 11,351                 | 9,515                               |
|     | Itron Inc   | 185  | 12,393                 | 18,308                              |
|     | JPMorgan Chase & Co   | 150  | 17,863                 | 30,339                              |
|     | Lam Research Corp   | 25   | 10,021                 | 26,621                              |
|     | Leidos Holdings Inc   | 120  | 13,005                 | 17,506                              |
|     | Liberty Media Corp Del Com Lbty One   | 280  | 19,696                 | 20,115                              |
|     | Life Time Group Holdings Inc  | 400  | 7,307                  | 7,532                               |
|     | Linde Plc Shs   | 20   | 8,633                  | 8,776                               |
|     | Manhattan Associates Inc  | 80   | 13,024                 | 19,734                              |
|     | Marriott Intl Inc Cl A  | 60   | 10,075                 | 14,506                              |
|     | Mastercard Inc Cl A   | 53   | 13,760                 | 23,381                              |
|     | McKesson Corporation  | 45   | 13,780                 | 26,282                              |
|     | Merck & Co Inc  | 175  | 15,630                 | 21,665                              |
|     | Meta Platforms Inc Cl A   | 130  | 37,708                 | 65,549                              |
|     | Micron Technology Inc   | 200  | 16,913                 | 26,306                              |
|     | Microsoft Corp Com  | 260  | 43,697                 | 116,206                             |
|     | Nasdaq Inc  | 320  | 17,500                 | 19,283                              |
|     | NextEra Energy Inc Com  | 245  | 12,336                 | 17,348                              |
|     | Nucor Corporation   | 110  | 6,414                  | 17,389                              |
|     | Nvidia Corporation  | 1,000  | 31,189                 | 123,540                             |
|     | Palo Alto Networks Inc  | 60   | 11,591                 | 20,341                              |
|     | PepsiCo Inc   | 35   | 3,835                  | 5,773                               |
|     | Procter & Gamble Co   | 90   | 11,792                 | 14,843                              |
|     | Quanta Svcs Inc   | 90   | 11,651                 | 22,868                              |
|     | Regeneron Pharmaceuticals   | 21   | 14,926                 | 22,072                              |
|     | Restaurant Brands Tntl Inc  | 210  | 13,866                 | 14,778                              |
|     | Salesforce Inc Com  | 76   | 15,860                 | 19,540                              |
|     | Sarepta Therapeutics  | 80   | 10,400                 | 12,640                              |
|     | ServiceNow Inc  | 30   | 15,070                 | 23,600                              |
|     | Super Micro Computer Inc  | 31   | 18,327                 | 25,400                              |
|     | T Mobile Us Inc   | 135  | 19,134                 | 23,784                              |
|     | Teck Resources Ltd  | 290  | 12,437                 | 13,891                              |
|     | Texas Roadhouse Inc   | 105  | 10,436                 | 18,030                              |
|     | The Home Depot Inc  | 30   | 9,466                  | 10,327                              |
|     | The Trade Desk Inc  | 190  | 14,222                 | 18,557                              |
|     | Thermo Fisher Scientific Inc Com  | 20   | 10,944                 | 11,060                              |
|     | TJX Companies Inc   | 200  | 18,901                 | 22,020                              |
|     | Travelers Companies Inc   | 100  | 19,002                 | 20,334                              |
|     | Uber Technologies Inc   | 295  | 11,204                 | 21,441                              |
|     | UnitedHealth Group Inc  | 17   | 4,105                  | 8,657                               |
|     | Verra Mobility Corp   | 90   | 1,813                  | 2,448                               |
|     | Vertex Pharmaceuticals  | 45   | 13,211                 | 21,092                              |
|     | Vertiv Holdings Co  | 265  | 6,076                  | 22,941                              |
|     | Vici Pptys Inc Com  | 600  | 19,493                 | 17,184                              |
|     | Wells Fargo & Co  | 300  | 15,540                 | 17,817                              |

See Independent Auditors' Report.

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

EIN #13-4017983

PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

| (a)                                | (b)<br><u>Identity of Issue,<br/>Borrower,<br/>Lessor, or<br/>Similar Party</u> | (c)<br><u>Description of Investment,<br/>Including Maturity Date,<br/>Rate of Interest, Collateral<br/>Par or Maturity Value</u> | (d)<br><br><u>Cost</u> | (e)<br><br><u>Current<br/>Value</u> |
|------------------------------------|---|--|------------------------|-------------------------------------|
|                                    | Welltower Inc Com   | 225  | 22,133                 | 23,456                              |
|                                    | <b>Total Common Stock</b>   |  | <b>1,206,065</b>       | <b>1,938,043</b>                    |
| <b>U.S. Government Securities:</b> |   |  |                        |                                     |
|                                    | FFCB  | 15,000 6.040% 04/17/34   | 5,005                  | 14,985                              |
|                                    | FFCB  | 20,000 6.050% 06/24/39   | 20,000                 | 19,895                              |
|                                    | FFCB  | 15,000 6.080% 06/03/39   | 15,015                 | 14,944                              |
|                                    | FFCB  | 10,000 6.150% 12/21/38   | 10,000                 | 10,000                              |
|                                    | FFCB  | 20,000 6.220% 04/25/39   | 20,032                 | 20,000                              |
|                                    | FFCB  | 20,000 6.250% 05/06/39   | 20,036                 | 19,962                              |
|                                    | FHCB  | 20,000 6.450% 10/03/33   | 19,986                 | 20,001                              |
|                                    | FHLB  | 10,000 5.250% 02/13/34   | 10,000                 | 10,060                              |
|                                    | FHLB  | 20,000 5.920% 05/23/34   | 20,010                 | 19,821                              |
|                                    | FHLMC   | 8,000 6.000% 02/18/39  | 8,004                  | 7,987                               |
|                                    | FHLMC Gld Pl #A97294  | 6,490 4.000% 02/01/41  | 6,884                  | 6,132                               |
|                                    | FHLMC Gld Pl #G03499  | 4,945 5.000% 09/01/35  | 5,233                  | 4,885                               |
|                                    | FHLMC Gld Pl #G61019  | 5,983 4.500% 07/01/45  | 6,452                  | 5,819                               |
|                                    | FHLMC Pool #SD2200  | 8,854 6.000% 01/01/53  | 9,056                  | 9,035                               |
|                                    | FHLMC Pool #SD2559  | 19,061 5.000% 09/01/53   | 18,989                 | 18,620                              |
|                                    | FHLMC Pool #SD2737  | 39,814 5.500% 04/01/53   | 38,591                 | 37,675                              |
|                                    | FHLMC Pool #SD5034  | 24,558 6.000% 03/01/54   | 25,034                 | 24,903                              |
|                                    | FHLMC Pool #SD5483  | 14,990 6.000% 05/01/54   | 14,990                 | 15,025                              |
|                                    | FNMA Pl #AL7306   | 6,927 4.500% 09/01/42  | 7,494                  | 6,660                               |
|                                    | FNMA Pl #BM5328   | 4,429 4.000% 11/01/48  | 4,699                  | 4,133                               |
|                                    | FNMA Pl #FS7744   | 14,668 6.500% 04/01/54   | 15,300                 | 15,238                              |
|                                    | FNMA UMBS Pool  | 18,567 6.000% 10/01/53   | 18,880                 | 18,622                              |
|                                    | GNMA Pl. #574671  | 480 5.000% 04/15/34  | 10,396                 | 481                                 |
|                                    | GNMA Pl. #579488  | 303 6.000% 02/15/32  | 3,270                  | 307                                 |
|                                    | GNMA Pl. #579632  | 397 6.000% 02/15/32  | 10,232                 | 402                                 |
|                                    | GNMA Pl. #581144  | 205 6.000% 03/15/32  | 7,377                  | 207                                 |
|                                    | GNMA Pl. #582062  | 248 6.500% 03/15/32  | 4,450                  | 255                                 |
|                                    | GNMA Pl. #584411  | 401 6.500% 05/15/32  | 4,451                  | 411                                 |
|                                    | GNMA Pl. #590371  | 78 6.500% 07/15/32   | 3,545                  | 80                                  |
|                                    | GNMA Pl #445627   | 314 5.500% 02/15/33  | 3,271                  | 320                                 |
|                                    | GNMA Pl #497394   | 50 6.000% 01/15/29   | 403                    | 50                                  |
|                                    | GNMA Pl #510766   | 1,678 4.500% 02/15/35  | 21,208                 | 1,626                               |
|                                    | GNMA Pl #520826   | 741 5.500% 03/15/35  | 11,884                 | 755                                 |
|                                    | GNMA Pl #544477   | 94 6.500% 04/15/31   | 425                    | 97                                  |
|                                    | GNMA Pl #545212   | 144 7.000% 12/15/30  | 601                    | 145                                 |
|                                    | GNMA Pl #548251   | 122 6.500% 08/15/31  | 5,635                  | 125                                 |
|                                    | GNMA Pl #550046   | 27 6.500% 06/15/31   | 907                    | 27                                  |
|                                    | GNMA Pl #553167   | 426 6.000% 04/15/33  | 10,526                 | 442                                 |
|                                    | GNMA Pl #555610   | 645 6.500% 11/15/31  | 810                    | 663                                 |
|                                    | GNMA Pl #561487   | 52 6.500% 06/15/31   | 209                    | 53                                  |
|                                    | GNMA Pl #569238   | 63 6.500% 03/15/32   | 2,109                  | 64                                  |
|                                    | GNMA Pl #569548   | 148 6.000% 01/15/32  | 2,046                  | 152                                 |
|                                    | GNMA Pl #569801   | 216 6.000% 05/15/32  | 4,416                  | 225                                 |
|                                    | GNMA Pl #570767   | 371 6.000% 02/15/32  | 7,762                  | 376                                 |

See Independent Auditors' Report.

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

EIN #13-4017983

PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

| (a) | (b)<br><u>Identity of Issue,<br/>Borrower,<br/>Lessor, or<br/>Similar Party</u> | (c)<br><u>Description of Investment,<br/>Including Maturity Date,<br/>Rate of Interest, Collateral<br/>Par or Maturity Value</u> | (d)<br><br><u>Cost</u> | (e)<br><br><u>Current<br/>Value</u> |
|-----|---|--|------------------------|-------------------------------------|
|     | GNMA Pl #582097   | 109 6.000% 04/15/32  | 2,763                  | 111                                 |
|     | GNMA Pl #593946   | 351 5.000% 04/16/33  | 4,906                  | 351                                 |
|     | GNMA Pl #595077   | 209 6.000% 10/15/32  | 4,899                  | 217                                 |
|     | GNMA Pl #596652   | 860 5.500% 10/15/32  | 12,978                 | 868                                 |
|     | GNMA Pl #597962   | 546 5.000% 06/15/33  | 6,835                  | 546                                 |
|     | GNMA Pl #603323   | 304 5.500% 12/15/33  | 5,312                  | 311                                 |
|     | GNMA Pl #603349   | 347 6.000% 01/15/33  | 13,429                 | 354                                 |
|     | GNMA Pl #603391   | 206 5.500% 01/15/33  | 3,415                  | 210                                 |
|     | GNMA Pl #605460   | 1,234 4.500% 06/15/34  | 10,158                 | 1,195                               |
|     | GNMA Pl #614932   | 728 5.000% 08/15/33  | 10,740                 | 719                                 |
|     | GNMA Pl #616832   | 2,329 5.000% 01/15/35  | 38,984                 | 2,299                               |
|     | GNMA Pl #618033   | 213 4.500% 05/15/40  | 757                    | 206                                 |
|     | GNMA Pl #619189X  | 23,949 5.000% 01/15/35   | 5,421                  | 365                                 |
|     | GNMA Pl #628129   | 338 5.000% 05/15/34  | 17,665                 | 838                                 |
|     | GNMA Pl #630147   | 1,842 5.000% 07/15/34  | 4,851                  | 334                                 |
|     | GNMA Pl #630164   | 1,160 5.500% 07/15/34  | 26,556                 | 1,843                               |
|     | GNMA Pl #630722   | 372 5.000% 02/15/35  | 5,163                  | 1,162                               |
|     | GNMA Pl #631530   | 1,316 5.000% 07/15/34  | 5,332                  | 371                                 |
|     | GNMA Pl #668613   | 1,871 5.000% 05/15/38  | 22,155                 | 1,320                               |
|     | GNMA Pl #753515   | 367 4.000% 11/15/40  | 5,219                  | 1,136                               |
|     | GNMA Pl #781120   | 214 7.000% 12/15/29  | 173                    | 56                                  |
|     | GNMA Pl #781485   | 983 6.000% 08/15/32  | 3,725                  | 218                                 |
|     | GNMA Pl #781811   | 1,248 5.000% 10/15/34  | 11,018                 | 974                                 |
|     | GNMA Pl #782162   | 1,283 5.000% 03/15/36  | 9,294                  | 1,250                               |
|     | GNMA Pl #782524   | 1,212 5.000% 12/15/38  | 21,293                 | 1,279                               |
|     | GNMA Pl #513722   | 10 7.000% 07/15/29   | 44                     | 10                                  |
|     | GNMA Pl #538299   | 71 6.000% 01/15/32   | 1,189                  | 73                                  |
|     | GNMA Pl #552311   | 128 6.000% 01/15/32  | 2,519                  | 131                                 |
|     | GNMA Pl #553128   | 681 6.000% 03/15/33  | 11,303                 | 685                                 |
|     | GNMA Pl #565112   | 236 6.000% 11/15/32  | 5,424                  | 239                                 |
|     | GNMA Pl #569572   | 37 6.500% 01/15/32   | 133                    | 38                                  |
|     | GNMA Pl #587069   | 269 6.000% 05/15/32  | 2,679                  | 275                                 |
|     | GNMA Pl #599830   | 981 6.000% 01/15/33  | 10,218                 | 1,010                               |
|     | GNMA Pl #612200   | 1,010 6.000% 06/15/33  | 42,629                 | 1,045                               |
|     | GNMA Pl #616013   | 1,359 5.000% 10/15/33  | 16,455                 | 1,368                               |
|     | GNMA Pl #617437   | 440 5.000% 03/15/37  | 5,031                  | 442                                 |
|     | GNMA Pl #617518   | 468 5.500% 05/15/37  | 6,656                  | 472                                 |
|     | GNMA Pl #618952   | 732 5.500% 04/15/34  | 17,303                 | 747                                 |
|     | GNMA Pl #675381   | 728 5.500% 05/15/38  | 5,688                  | 1,905                               |
|     | GNMA Pl #686738   | 1,070 5.000% 05/15/38  | 10,491                 | 726                                 |
|     | GNMA Pl #690950   | 166 5.000% 06/15/38  | 22,219                 | 1,388                               |
|     | GNMA Pl #696009   | 2,077 5.000% 07/15/36  | 2,840                  | 167                                 |
|     | GNMA Pl #704200   | 55 5.500% 01/15/39   | 4,189                  | 225                                 |
|     | GNMA Pl #688083   | 1,406 5.000% 11/15/38  | 3,958                  | 1,075                               |
|     | GNMA Pl #698766   | 556 5.500% 11/15/38  | 35,383                 | 2,115                               |
|     | GNMA Pl #699128   | 221 5.500% 09/15/38  | 13,166                 | 561                                 |
|     | US Treasury Notex 91282Cep2   | 15,000 2.875% 05/15/32   | 15,122                 | 13,515                              |
|     | US Treasury Notex 91282Cfv8   | 30,000 4.125% 11/15/32   | 30,520                 | 29,495                              |
|     | US Treasury Notex 91282Cgc9   | 40,000 3.875% 12/31/27   | 40,134                 | 39,233                              |

See Independent Auditors' Report.

**PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**  
**EIN #13-4017983**  
**PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

| (a) | (b)<br><u>Identity of Issue,<br/>Borrower,<br/>Lessor, or<br/>Similar Party</u> | (c)<br><u>Description of Investment,<br/>Including Maturity Date,<br/>Rate of Interest, Collateral<br/>Par or Maturity Value</u> | (d)<br><br><u>Cost</u> | (e)<br><br><u>Current<br/>Value</u> |
|-----|---|--|------------------------|-------------------------------------|
|     | US Treasury Notex 91282Cgl9   | 15,000 4.000% 02/15/26   | 15,045                 | 14,797                              |
|     | US Treasury Notex 91282Cgp0   | 15,000 4.000% 02/29/28   | 15,016                 | 14,772                              |
|     | US Treasury Notex 9128Cff3  | 45,000 2.750% 08/15/32   | 44,089                 | 40,045                              |
|     | <b>Total U.S. Government Securities</b>   |  | <u>1,068,107</u>       | <u>516,752</u>                      |
|     | <b>Corporate Bonds:</b>   |  |                        |                                     |
|     | Abbie Inc Sr  | 10,000 4.800% 03/15/27   | 9,989                  | 9,955                               |
|     | Alleghany Corp  | 25,000 3.625% 05/15/30   | 24,967                 | 23,234                              |
|     | American Tower  | 25,000 4% 03/23/48   | 26,328                 | 23,496                              |
|     | Bank of America Corp  | 30,000 Var 02/07/30  | 34,987                 | 28,412                              |
|     | Bank of New York Mellon Corp  | 15,000 Var 10/25/28  | 15,000                 | 15,283                              |
|     | Bristol-Myers Squibb  | 5,000 5.750% 02/01/30  | 4,990                  | 5,191                               |
|     | Brooklyn Union Gas Co   | 15,000 4.632% 08/05/27   | 15,000                 | 14,535                              |
|     | Capital One Finl Corp   | 15,000 Var 02/01/34  | 15,000                 | 14,846                              |
|     | Deere John Capital Corp   | 10,000 4.900% 03/03/28   | 9,999                  | 9,996                               |
|     | Duke Energy Fla   | 15,000 6.750% 02/01/28   | 15,712                 | 15,693                              |
|     | Eversource Energy   | 15,000 5.450% 03/01/28   | 14,970                 | 15,044                              |
|     | Globe Life Inc  | 20,000 2.150% 08/15/30   | 20,000                 | 16,057                              |
|     | Goldman Sachs Roup Inc  | 10,000 Var 04/22/32  | 10,000                 | 8,408                               |
|     | Intuit Sr Nt  | 15,000 5.125% 09/15/28   | 14,984                 | 15,138                              |
|     | JPMorgan Chase & Co   | 15,000 Var 12/15/25  | 15,000                 | 14,985                              |
|     | Kansas City Pwr & Lt  | 14,000 6.050% 11/15/35   | 16,227                 | 14,475                              |
|     | Legg Mason Inc  | 9,000 4.750% 03/15/26  | 9,625                  | 8,943                               |
|     | Morgan Stanley  | 10,000 3.772% 01/24/29   | 9,270                  | 9,519                               |
|     | National Rural Util   | 14,000 Var 04/30/43  | 14,749                 | 14,000                              |
|     | National Rural Utils  | 10,000 3.900% 11/01/28   | 9,900                  | 9,531                               |
|     | Pacific Life Global   | 10,000 4.900% 04/04/28   | 9,961                  | 9,908                               |
|     | Pfizer Invt Enterprises   | 25,000 4.500% 05/19/28   | 24,970                 | 24,562                              |
|     | Ross Stores Inc   | 17,000 3.375% 09/15/24   | 17,333                 | 16,905                              |
|     | RTX Corporation   | 10,000 5.750% 11/08/26   | 9,991                  | 10,107                              |
|     | State Street Corp   | 20,000 Var 11/01/34  | 20,128                 | 17,704                              |
|     | Synchrony Financial Sr  | 20,000 2.875% 10/28/31   | 20,000                 | 16,038                              |
|     | Truist Finl Corp  | 15,000 Var 10/28/26  | 15,011                 | 15,038                              |
|     | Wells Fargo & Co  | 30,000 3.000% 06/12/35   | 31,200                 | 23,302                              |
|     | <b>Total Corporate Bonds</b>  |  | <u>455,291</u>         | <u>420,305</u>                      |
|     | <b>Mutual Fund:</b>   |  |                        |                                     |
|     | Neuberger Berman Strategic Income Fund  | 149,765  | 1,855,130              | 1,455,714                           |
|     | <b>Exchange Traded Fund:</b>  |  |                        |                                     |
|     | iShares Russell 2000  | 705  | 124,608                | 185,084                             |
|     | <b>Partnership/Joint Venture:</b>   |  |                        |                                     |
|     | Boyd Watterson  | 1,010  | 650,000                | 1,059,745                           |
|     | <b>Grand Total</b>  |  | <u>\$ 18,709,190</u>   | <u>\$ 18,925,632</u>                |

See Independent Auditors' Report.

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

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110  
1210 - 0089**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**


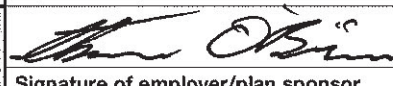
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ..... ▶
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description) \_\_\_\_\_
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ..... ▶

**Part II Basic Plan Information** - enter all requested information

|   |  |
|---|--|
| <b>1a</b> Name of plan<br><b>PLUMBERS &amp; STEAMFITTERS LOCAL 21 WELFARE FUND</b>  | <b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>  |
|   | <b>1c</b> Effective date of plan<br><b>11/01/1998</b>  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><b>BOARD OF TRUSTEES P&amp;S LOCAL 21 WELFARE FUND</b><br><br><b>1024 MCKINLEY STREET</b><br><br><b>PEEKSKILL NY 10566</b> | <b>2b</b> Employer Identification Number (EIN)<br><b>13-4017983</b><br><b>2c</b> Plan Sponsor's telephone number<br><b>914-737-7220</b><br><b>2d</b> Business code (see instructions)<br><b>238220</b> |

**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.

|  |                   |  |
|--|-------------------|--|
| <b>SIGN HERE</b>  | <b>04/04/2025</b> | <b>AMIR WIRR</b>   |
| Signature of plan administrator  | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>  | <b>04/04/2025</b> | <b>THOMAS O'BRIEN</b>  |
| Signature of employer/plan sponsor   | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>   |                   |  |
| Signature of DFE   | Date              | Enter name of individual signing as DFE                      |

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

**Form 5500 (2023)**  
v. 230728