

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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>1a Name of plan <u>PLUMBERS & STEAMFITTERS LOCAL 60 HEALTH & WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PLUMBERS & STEAMFITTERS LOCAL 60 HEALTH AND WELFARE FUND</u></p> <p><u>3515 I-10 SERVICE ROAD</u> <u>3515 I-10 SERVICE ROAD</u> <u>METAIRIE, LA 70002</u> <u>METAIRIE, LA 70002</u></p>	<p>1c Effective date of plan <u>05/01/1952</u></p> <p>2b Employer Identification Number (EIN) <u>72-0450650</u></p> <p>2c Plan Sponsor's telephone number <u>504-885-3064</u></p> <p>2d Business code (see instructions) <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.

SIGN HERE	Filed with authorized/valid electronic signature.	04/08/2025	RONALD ROSSER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/08/2025	HENRY G HEIER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1832
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	556
	6a(2)	529
	6b	860
	6c	409
	6d	1798
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	79

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 4F

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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**

A Name of plan PLUMBERS & STEAMFITTERS LOCAL 60 HEALTH & WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL 60 HEALTH AND WELFARE FUND		D Employer Identification Number (EIN) 72-0450650	

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

THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	C-8355	571	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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) ▶ **POOLED AD&D**

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	26237
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan PLUMBERS & STEAMFITTERS LOCAL 60 HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL 60 HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 72-0450650	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BLUE CROSS BLUE SHIELD

36-1236610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	367908	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BRIDGEWAY BENEFIT TECHNOLOGIES

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	SERVICES REL BENEFIT PLAN	100880	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)

MICHAEL EILERS

72-0450650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	89290	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)

JOSHUA MATHERNE

72-0450650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	SERVICES REL BENEFIT PLAN	88840	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)

WEAVER & TIDWELL, LLP

75-0786316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	SERVICES REL BENEFIT PLAN	53000	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)

FFC INVEST. ADV. OF RAYMOND JAMES

59-1237041

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	51674	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)

DEBRA BLACKWELL

72-0450650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	SERVICES REL BENEFIT PLAN	50344	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)

MICHELLE FREGIA

72-0450650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	SERVICES REL BENEFIT PLAN	50344	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)

LISA BECNEL

72-0450650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	44840	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)

MEDCO HEALTH SOLUTIONS, INC.

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	NONE	34745	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)

PEDELAHORE & CO. LLP

72-0535866

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	SERV REL BEN PLAN & UNION	33450	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)

OSBORN CARREIRO & ASSOCIATES INC.

71-0631123

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	SERVICES REL BENEFIT PLAN	23000	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)

VALENZ CARE

36-4869960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	18960	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)

ASMED HEALTH LLC

27-4189010

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	18160	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)

ROBEIN, URANN, SPENCER ET AL

72-0999672

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICES REL PLAN & UNION	17651	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan PLUMBERS & STEAMFITTERS LOCAL 60 HEALTH & WELFARE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL 60 HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 72-0450650

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	474959	438637
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	397785	472300
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	244259	231492
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3423176	5408501
(2) U.S. Government securities	1c(2)	148805	668818
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	547536	825395
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	977790	1133075
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6072654	7156916
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	579725	858500

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	25912	20871
f Total assets (add all amounts in lines 1a through 1e)	1f	12892601	17214505
Liabilities			
g Benefit claims payable	1g	563925	545389
h Operating payables	1h	220154	330588
i Acquisition indebtedness	1i		
j Other liabilities	1j	175355	142745
k Total liabilities (add all amounts in lines 1g through 1j)	1k	959434	1018722
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11933167	16195783

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	10033505	
(B) Participants	2a(1)(B)	214528	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10248033
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	189083	
(B) U.S. Government securities	2b(1)(B)	28058	
(C) Corporate debt instruments	2b(1)(C)	75180	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		292321
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	16800	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	345636	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		362436
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	382402	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	357426	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		24976
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	156034	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1621
c Other income	2c		309021
d Total income. Add all income amounts in column (b) and enter total	2d		11394442

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6013077	
(2) To insurance carriers for the provision of benefits.....	2e(2)	193530	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6206607
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	334112	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	53000	
(5) Investment advisory and investment management fees	2i(5)	51674	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	23000	
(8) Legal fees	2i(8)	17651	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	445782	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		925219
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7131826

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4262616
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WEAVER AND TIDWELL, LLP**

(2) EIN: **75-0786316**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

**Plumbers and Steamfitters Local 60
Health and Welfare Fund**

Financial Report
June 30, 2024



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ERISA-Required Supplementary Information

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the Board of Trustees of
Plumbers and Steamfitters Local 60 Health and Welfare Fund

Opinion

We have audited the financial statements of Plumbers and Steamfitters Local 60 Health and Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statements of benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in benefit obligations 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, information regarding the net assets available for benefits as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the benefit obligations as of June 30, 2024 and 2023 and the changes in benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Basis of Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US 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 the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with US GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

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.

Supplementary Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents as of and for the year ended June 30, 2024 is presented for purposes of additional analysis and are not a required part of the financial statements but certain supplementary information is required by the Department of Labor's (DOL) 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 US GAAS.

In forming our opinion on the supplementary information, we evaluated whether the supplementary information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

The Board of Trustees of
Plumbers and Steamfitters Local 60 Health and Welfare Fund

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

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Jericho, New York
April 11, 2025

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Statements of Net Assets Available for Benefits

June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at fair value		
U.S. government and governmental agencies obligations	\$ 668,818	\$ 148,805
Corporate and other bonds and notes	825,395	547,536
Exchange-traded funds	7,156,916	6,072,654
Common stocks	1,133,075	977,790
Market-linked certificates of deposit	858,500	579,725
Money market funds	4,926,797	2,873,682
Interest-bearing cash	481,704	549,494
	<hr/>	<hr/>
Total investments	16,051,205	11,749,686
Receivables		
Employers' contributions	472,300	397,785
Interest	18,643	1,917
	<hr/>	<hr/>
Total receivables	490,943	399,702
Cash	438,637	474,959
Prepaid expenses	70,975	67,422
Property Assets, at cost		
Furniture, equipment and transportation equipment	63,404	63,404
Less: accumulated depreciation	42,533	37,492
	<hr/>	<hr/>
Net property assets	20,871	25,912
Computer software, at cost	176,299	176,299
Less: accumulated depreciation	176,299	176,299
	<hr/>	<hr/>
Net computer software	-	-
Right-of-use asset - operating lease	141,874	174,920
	<hr/>	<hr/>
Total assets	17,214,505	12,892,601
LIABILITIES		
Due to related entities - net	219,453	83,451
Lease liability - operating lease	142,745	175,355
Accounts payable and accrued expenses	111,135	136,703
	<hr/>	<hr/>
Total liabilities	473,333	395,509
	<hr/>	<hr/>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 16,741,172</u>	<u>\$ 12,497,092</u>

The Notes to Financial Statements are an integral part of these statements.

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 177,157	\$ 56,700
Interest and dividends	671,786	318,907
	<u>848,943</u>	<u>375,607</u>
Less investment expenses	<u>(51,674)</u>	<u>(26,707)</u>
Net investment income	797,269	348,900
Contributions		
Employers	10,033,505	9,314,332
Participants	214,528	233,174
Total contributions	<u>10,248,033</u>	<u>9,547,506</u>
Prescription drug rebates	<u>297,466</u>	<u>9,499</u>
Total additions	11,342,768	9,905,905
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO		
Benefits paid to or for participants, beneficiaries and dependents		
Health claims	4,150,287	5,062,979
Life insurance premiums	26,332	26,746
Stop loss insurance premiums	167,198	166,269
Prescription drug	1,881,326	1,963,124
Total benefits and premiums paid	<u>6,225,143</u>	<u>7,219,118</u>
Medical management and access fees	367,908	354,424
PCORI fees	4,112	3,906
Administrative expenses	<u>501,525</u>	<u>563,786</u>
Total deductions	<u>7,098,688</u>	<u>8,141,234</u>
Net increase	4,244,080	1,764,671
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>12,497,092</u>	<u>10,732,421</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u>\$ 16,741,172</u>	<u>\$ 12,497,092</u>

The Notes to Financial Statements are an integral part of these statements.

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Statements of Plan's Benefit Obligations

Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
AMOUNT CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Benefit claims payable	\$ 467,330	\$ 472,874
Other obligations for current benefit coverage, at present value of estimated amounts		
Claims incurred but not reported	78,059	91,051
Future benefits based on participants' accumulated eligibility	<u>4,816,719</u>	<u>4,533,793</u>
 Total obligations for current benefit coverage	 <u>4,894,778</u>	 <u>4,624,844</u>
 Total obligations other than postretirement benefit obligations	 5,362,108	 5,097,718
 POSTRETIREMENT BENEFIT OBLIGATIONS		
Retired participants	1,427,788	1,280,790
Other participants fully eligible for benefits	419,026	546,380
Participants not yet fully eligible for benefits	<u>5,238,094</u>	<u>5,287,399</u>
	7,084,908	7,114,569
 Less amount expected to be funded by participants' future contributions	 <u>2,006,916</u>	 <u>1,620,988</u>
 Total postretirement benefit obligations	 <u>5,077,992</u>	 <u>5,493,581</u>
 TOTAL BENEFIT OBLIGATIONS	 <u>\$ 10,440,100</u>	 <u>\$ 10,591,299</u>

The Notes to Financial Statements are an integral part of these statements.

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Statements of Changes in Plan's Benefit Obligations

Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
AMOUNT CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at beginning of year	\$ 472,874	\$ 279,639
Claims and premiums reported and approved for payment	6,219,599	7,412,353
Benefits and premiums paid	<u>(6,225,143)</u>	<u>(7,219,118)</u>
Balance at end of year	467,330	472,874
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at beginning of year	4,624,844	4,563,750
Net change during the year		
Claims incurred but not reported	(12,992)	(392,904)
Future benefits based on participants' accumulated eligibility	<u>282,926</u>	<u>453,998</u>
Balance at end of year	4,894,778	4,624,844
POSTRETIREMENT BENEFIT OBLIGATIONS		
Balance at beginning of year	5,493,581	5,979,397
Benefits earned, net of (loss) gain, benefits paid, contributions receivable	(359,276)	(872,097)
Interest	329,615	388,661
Changes in assumptions	-	48,070
Change in retiree premiums	(270,167)	-
(Increase) in benefits expected to be funded by participant contributions	<u>(115,761)</u>	<u>(50,450)</u>
Balance at end of year	<u>5,077,992</u>	<u>5,493,581</u>
TOTAL BENEFIT OBLIGATIONS	<u>\$ 10,440,100</u>	<u>\$ 10,591,299</u>

The Notes to Financial Statements are an integral part of these statements.

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Notes to Financial Statements

Note 1. Description of the Plan

The following brief description of Plumbers and Steamfitters Local 60 Health and Welfare Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a multi-employer benefit plan established under the provisions of an agreement and declaration of trust made as of May 10, 1952, between the Plumbers and Steamfitters Local Union No. 60, AFL-CIO, New Orleans, Louisiana (the Union), as amended, and the various employers in the plumbing, heating, piping and refrigeration industries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits

The Plan provides health benefits (medical and prescription drugs), life insurance and accidental death and dismemberment benefits. Retired employees are entitled to similar health benefits (in excess of Medicare coverage). The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Insured Benefits

The Plan fully insures the life insurance benefits and accidental death and dismemberment benefits premiums for basic life insurance and basic accidental death and dismemberment insurance programs are paid to the insurance company from the general assets of the Plan.

Self-Insured Benefits

All other Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processor under an administrative service only (ASO) arrangement. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the general assets of the Plan. Despite the Plan's utilization of a third-party claim's processor, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Stop Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Notes to Financial Statements

Participation

All employees who wish to have benefits must enroll upon hire or during the enrollment periods set by the Plan Administrator. An employee who has elected to participate in the Plan (or to waive such participation) may not change election during the Plan year unless there is a qualified change in status and the participant makes an election change that is consistent with the change in status.

Coverage under the Plan begins on the day after the day and employee is credited with at least 700 hours in covered employment during a period of six or fewer consecutive calendar months.

Third-Party Administrators

The Plan utilizes third-party administrators for the administration of the Plan's self-insured medical and prescription drug arrangements under the terms of the applicable administrative service agreement. However, the responsibility for payment of benefits is retained by the Plan and Trust.

Contributions

Contributions to provide the benefits are made by the employers as provided in the applicable prevailing Collective Bargaining Agreement with the Union.

Contributions are allocated between the Plan and the Plumbers and Steamfitters Local 60 Pension Fund based on the recommendation of the Plan's actuary, and approved by the Trustees of the respective plans.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, benefit obligations and changes therein, claims incurred but not reported (IBNR), eligibility credits, postretirement benefit obligations, claims payable, liabilities and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Notes to Financial Statements

Depreciation and Amortization

Property assets are depreciated by the straight-line method at rates calculated to depreciate the cost of the assets over their respective estimated useful lives. Computer software costs are amortized by the straight-line method over a period of three to five years. Depreciation and amortization expense amounted to \$5,041 and \$3,664 for the years ended June 30, 2024 and 2023, respectively.

Benefit Obligations

Benefit claims payable represents those claims incurred on or prior to June 30, but unpaid at that date. Plan obligations at June 30 for IBNR and accumulated eligibility credits are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statements of net assets available for benefits and plan's benefit obligations.

Cash and Cash Equivalents

The Plan considers all non-interest-bearing cash deposits to be cash or cash equivalents.

Lease Accounting

The Plan determines if an arrangement is a lease or contains a lease at inception of a contract. A contract is determined to be a lease or contain a lease if the contract conveys the right to control the use of the identified property, plant, or equipment (an identified asset) in exchange for consideration. The Plan determines these assets are leased because the Plan has the right to obtain substantially all of the economic benefit from and the right to direct the use of the identified asset. The Plan's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

In evaluating its contracts, the Plan separately identifies lease and non-lease components, such as common area and other maintenance costs, in calculating the right of use (ROU) assets and lease liabilities for its office space. The Plan has elected the practical expedient to not separate lease and non-lease components and classifies the contract as a lease if consideration in the contract allocated to the lease is greater than the consideration allocated to the non-lease component.

Leases result in the recognition of ROU assets and lease liabilities on the balance sheet. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Plan determines lease classification as operating or finance at the lease commencement date.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent and lease incentives. The Plan has elected to use the risk-free rate as a practical expedient for its discount rate in order to determine present value.

The lease term may include options to extend or to terminate the lease that the Plan is reasonably certain to exercise. Lease expense is generally recognized on a straight-line basis over the lease term.

The Plan has elected not to record leases with an initial term of 12 months or less on the balance sheet. Lease expense on such leases is recognized on a straight-line basis of the lease term.

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Notes to Financial Statements

Reclassifications

Certain reclassifications have been made to the 2023 financial statements to conform to the 2024 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

Management’s Review of Subsequent Events

Management has evaluated subsequent events for the Plan through April 11, 2025, the date the financial statements were available to be issued.

Note 3. Postretirement Benefit Obligations

A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. This benefit obligation represents the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the plan to employee service rendered to the date of the financial statements. The obligation represents the amounts that are expected to be funded by employers’ contributions and from existing assets of the Plan. Postretirement benefits include future benefits expected to be paid to (a) currently retired or terminated employees and their beneficiaries and dependents, and (b) active employees and their beneficiaries and dependents after retirement from service.

The actuarial present value of expected postretirement benefit obligation is determined by the Plan’s actuary, and is that 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 for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used to determine the postretirement benefit obligations as of June 30, 2024 and 2023 were as follows:

Interest Rate: 6.0%

Post-retirement Mortality: Deaths have been projected using the Pri-2012 Blue Collar Mortality Table with generation projection using Scale MP-2020. The life expectancy according to this table is as follows:

Age	Males	Females
55	29.26 years	31.47 years
65	19.78 years	21.79 years
75	12.14 years	13.75 years

Voluntary Termination: Voluntary terminations were assumed to be in accordance with the Plan’s experience from 2009 through 2018. Termination rates were assumed to be:

280 per 1,000 in the first year
 160 per 1,000 in the second year
 130 per 1,000 in the third year
 100 per 1,000 in the fourth year
 100 per 1,000 in the fifth year

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Notes to Financial Statements

For those with five or more years in the Plan, the following termination rates were used:

Age	Termination Rate Per 1,000
20	30
25	30
30	30
35	40
40	40
45	35
50	30
55	30
60	30

Disabilities: Total and permanent disability rates at some sample ages are:

Age	Disability Rate Per 1,000
25	5.1
30	6.6
35	8.8
40	13.2
45	21.6
50	36.4
55	60.5
60	97.6
64	121.6

Expected Retirement Pattern: We have assumed the following retirement rates as shown below.

Age	Retirement Rate
50 - 59	0.15
60 - 61	0.35
62	0.35
63 - 64	0.2
65 and over	1

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Notes to Financial Statements

A person was assumed eligible for retirement at (a) the earlier of 35 years of service, or (b) the later of age 62 or 5 years of service.

Family Composition:	80% of the group was assumed to be married, with the wife being three years younger than the husband.
Coverage:	It is assumed that 30% of those eligible would elect to be covered.
Unknown Birth Date:	Actives with an unknown birth date were assumed to be age 40. Retirees with an unknown birth date were assumed to be age 65.
Health Care Cost trend Rate:	"Medical inflation" was assumed to be 7.00% in 2025, 6.50% in 2026, and 6.00% in 2027, with the rate decreasing by 0.50% each year to an ultimate rate of 4.25%.

The above inflation rate was assumed to apply to claim costs and reinsurance premiums. Administrative costs were assumed to increase 5.00% per year.

Changes Since Last Year: The retiree self pay amount was increased for those who retire on or after March 1, 2024.

Benefits: A person who retires (while still covered as an active member) can self-pay for retiree coverage until they are eligible for Medicare. A retiree who is eligible for Medicare can self-pay for a spouse who is not yet eligible for Medicare.

Base Claim Costs: The following monthly base claim costs (including reinsurance premiums and PPO fees) were assumed:

Retirees not covered by Medicare	\$ 1,853
Retirees covered by Medicare, with a spouse not covered by Medicare	\$ 751
Administrative costs	\$ 77

Premiums: For those retiring on or after March 1, 2024:

(a) \$400.00 if retire at age 62 or later, or who retire on disability, or who have 40 or more years of service.

(b) \$800.00 if retire early or on "35 & out"

The health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation by approximately \$780,000 and \$790,000, as of June 30, 2024 and 2023, respectively.

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Notes to Financial Statements

Note 4. Claims Incurred but not Reported

Plan obligations at June 30 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Note 5. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate and other bonds and notes: 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. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments from certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Notes to Financial Statements

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

Exchange-traded funds: Valued at the daily closing price as reported by the fund. Exchange-traded funds held by the Plan are open-end exchange-traded 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 exchange-traded funds held by the Plan are deemed to be actively traded.

Market-linked certificates of deposit: Market-linked certificates of deposit are valued using the banks' internal funding rate that is based on certain market inputs and assumptions intended to approximate the prevailing market replacement funding rate.

Money market funds: Valued at the daily closing price as reported by the funds. The money market funds are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The money market funds are deemed to be actively traded.

Interest-bearing cash: Held primarily in short-term money market funds, which are valued at cost plus accrued interest.

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

	2024	2023
Level 1:		
Exchange-traded funds	\$ 7,156,916	\$ 6,072,654
Common stocks	1,133,075	977,790
Money market funds	4,926,797	2,873,682
	13,216,788	9,924,126
Level 2:		
U.S. government securities	668,818	148,805
Corporate and other bonds and notes	825,395	547,536
Market-linked certificates of deposit	858,500	579,725
Interest-bearing cash	481,704	549,494
	2,834,417	1,825,560
Investments at fair value	\$ 16,051,205	\$ 11,749,686

Note 6. Lease

The Plan conducts its operations in the premises located at 3515 I-10 Service Road, Metairie, Louisiana under a non-cancellable operating lease with the Union that expires on June 30, 2025. The lease contains a tenant option to renew for an additional three-year term, ending June 30, 2028. The Plan elected to adopt the practical expedient and use a risk-free rate to discount the operating lease payments.

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Notes to Financial Statements

Future minimum lease payments and reconciliation to the statement of net assets available for benefits and plan's benefit obligations at June 30, 2024, are as follows:

Years Ending June 30,	Amount
2025	\$ 37,409
2026	38,280
2027	38,280
2028	38,280
Total future undisclosed lease payments	152,249
Less present value discount	(9,504)
Lease liability	\$ 142,745

Rent expense under the operating lease for the years ended June 30, 2024 and 2023 were both \$37,844.

Note 7. Employee Benefit Plans

The Plan participates in the Plumbers and Steamfitters Local 60 Pension Fund (the Multiemployer Plan), a defined benefit multiemployer pension plan which covers its employees. The risks of participating in Multiemployer Plans are different from single-employer plans in the following aspects:

- Assets contributed to the Multiemployer Plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the Multiemployer Plan, the unfunded obligations of the Multiemployer Plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in the Multiemployer Plan, the Plan may be required to pay the Multiemployer Plan an amount based on the underfunded status of the Plan, referred to as a withdrawal liability.

The Plan's participation in the Multiemployer Plan for the years ended June 30, 2024 and 2023 is outlined in the table below. The "EIN/Pension Plan Number" row provides the Multiemployer Plan's Employee Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for the Multiemployer Plan's year end at June 30, 2023 and June 30, 2022. The zone status is based on information that the Plan received from the Multiemployer Plan and is certified by the Multiemployer Plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" row indicates whether a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The "Surcharge imposed" row indicates whether a surcharge was imposed by the Multiemployer Plan. The last row lists the expiration date of the collective-bargaining agreement to which the Plan is subject.

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Notes to Financial Statements

Pension Fund	Plumbers and Steamfitters	
	Local 60 Pension Fund	
EIN/Pension plan number	72-6025640/001	
	2024	2023
Pension Protection Act zone status	Green	Green
FIP/RP Status Pending/Implemented	No	No
Total Fund contributions	\$ 50,460	\$ 49,934
Plan's contributions are more than 5% of total plan contributions	No	No
Surcharge imposed	No	No
Expiration date of collective bargaining agreement	May 31, 2025	May 31, 2024

The Plan also contributes to the Plumbers and Steamfitters Local 60 401(k) Plan, a defined contribution pension plan for the eligible employees. Pension expense for the years ended June 30, 2024 and 2023 amounted to \$52,852 and \$52,326, respectively.

Note 8. Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, the trustee, and actuary. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses.

Note 9. Tax Status

The Plan is exempt from federal income tax under Section 501(c)(9) of the Internal Revenue Code (the IRC). The Plan has obtained a favorable tax determination letter from the Internal Revenue Service (the IRS), and the Plan Sponsor believes that the Plan, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

In addition, the Plan and related trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. Plan management believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore believes that the related trust is tax-exempt.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan 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.

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Notes to Financial Statements

Note 10. Plan Termination

Although it has not expressed any intent to do so, the Plan has the to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the plan sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants.

Note 11. Related Party Transactions

The Plan is related to jointly-administered, collectively-bargained employee benefit plans connected to the Union. Since these plans and the Union exist in the same premises utilizing mutual resources and personnel to effectuate cost-savings and to minimize duplication of efforts, relationships have been established on a continuing basis. Total amounts allocated to related parties amounted to \$465,260 and \$461,027 for the years ended June 30, 2024 and 2023, respectively.

The Plan reimbursed the Union for administrative services amounting to \$111,958 and \$122,136 for the years ended June 30, 2024 and 2023, respectively.

Note 12. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and plan benefit obligations.

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

Note 13. Concentrations of Credit Risk

Financial instruments that subject the Plan to concentrations of credit risk include cash and contributions receivable. The Plan maintains accounts at high quality financial institutions. While the Plan attempts to limit any financial exposure by maintaining accounts at high quality financial institutions, its deposit balances may, at times, exceed federally insured limits. The Plan has not experienced any losses on such accounts. Contributions receivable are from various employers in the plumbing, heating, piping and refrigeration industries.

Of the participating employers, three employers represent approximately 57% and 54% of contribution income for the years ended June 30, 2024 and 2023, respectively, and both four employers represent approximately 64% and 56% of contributions receivable at June 30, 2024 and 2023, respectively.

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Notes to Financial Statements

Note 14. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at June 30, 2024 and 2023, to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 16,741,172	\$ 12,497,092
Benefit obligations currently payable		
Benefit claims payable	(467,330)	(472,874)
Claims incurred but not reported	<u>(78,059)</u>	<u>(91,051)</u>
Net assets available for benefits per Form 5500	<u>\$ 16,195,783</u>	<u>\$ 11,933,167</u>

The following is a reconciliation of claims and premiums paid per the financial statements for the years ended June 30, 2024 and 2023, to the Form 5500:

	<u>2024</u>	<u>2023</u>
Benefits paid to or for participants, beneficiaries and dependents per the financial statements	\$ 6,225,143	\$ 7,219,118
Add benefit claims payable at June 30, 2024 and 2023	467,330	472,874
Less benefit claims payable at June 30, 2023 and 2022	(472,874)	(279,639)
Add benefit claims incurred but not yet reported at June 30, 2024 and 2023	78,059	91,051
Less benefit claims incurred but not yet reported at June 30, 2023 and 2022	<u>(91,051)</u>	<u>(483,955)</u>
Claims and premiums paid per Form 5500	<u>\$ 6,206,607</u>	<u>\$ 7,019,449</u>

Supplementary Information

Plumbers and Steamfitters Local 60 Health and Welfare Fund

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

Plan #501 / EIN: 72-0450650

June 30, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	U.S. government and governmental agencies obligations:							
	Federal Home Loan Mortgage Corp. Pool #C91437	Fixed income	04/01/32	3.500	N/A	500,000	\$ 52,369	\$ 47,643
	Federal National Mortgage Association Pool #AJ5303	Fixed income	11/01/41	4.000	N/A	500,000	31,492	28,036
	Federal National Mortgage Association Pool #743335	Fixed income	10/01/33	5.727	N/A	1,020,260	11,555	10,914
	Federal National Mortgage Association Pool #779109	Fixed income	06/01/34	6.025	N/A	1,000,000	4,089	3,873
	Federal National Mortgage Association Remic Trust 2003-84	Fixed income	09/25/33	4.250	N/A	1,000,000	19,243	18,467
	Government National Mortgage Association Pool #2550	Fixed income	02/20/28	8.000	N/A	1,449,695	198	256
	Government National Mortgage Association Remic Trust 2010-12	Fixed income	01/16/40	4.500	N/A	500,000	15,436	14,124
	Long Island Pwr Auth Ny Elec Sys Rev	Fixed income	09/01/24	3.883	N/A	100,000	98,808	99,608
	Maine Health & Higher Edl Facs Auth Rev	Fixed income	07/01/25	1.650	N/A	100,000	94,292	96,209
	Michigan St Strategic Fd Ltd	Fixed income	09/01/24	0.797	N/A	100,000	96,682	99,204
	New Jersey St Transn Tr Fd Auth Transportation System Rev Bds	Fixed income	12/15/28	5.754	N/A	100,000	101,538	100,484
	Virginia Port Auth Comwlth	Fixed income	07/01/24	3.370	N/A	150,000	148,218	150,000
	Total U.S. government and governmental agencies obligations						673,920	668,818

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Health and Welfare Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 72-0450650
June 30, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	Corporate and other bonds and notes							
	France Telecom	Fixed income	03/01/31	9.000	N/A	100,000	120,339	119,276
	Morgan Stanley	Fixed income	11/28/25	0.010	N/A	250,000	258,776	249,363
	Piedmont Operating Partnership L.P.	Fixed income	07/20/28	9.250	N/A	100,000	102,006	106,687
	The Boeing Company	Fixed income	09/15/31	8.750	N/A	100,000	118,750	114,046
	The Williams Companies, Inc.	Fixed income	03/15/32	8.750	N/A	100,000	118,005	119,484
	Valero Energy Corporation	Fixed income	06/15/30	8.750	N/A	100,000	116,409	116,539
	Total corporate and other bonds and notes						834,285	825,395
	Exchange-traded funds:							
	Alps O'Shares Europe Quality Dividend ETF	RIC	N/A	N/A	N/A	2,129	54,433	64,462
	Invesco Db Energy Fund	RIC	N/A	N/A	N/A	2,356	56,450	49,176
	Ishares Tr 1 3 Yr Treasury Bond	RIC	N/A	N/A	N/A	11,998	999,763	979,637
	Ishares Tr Iboxx Inv Cp Etf	RIC	N/A	N/A	N/A	9,723	1,224,824	1,041,528
	Jpmorgan Betabuilders Usd High Yield Corporate Bond Etf	RIC	N/A	N/A	N/A	5,384	249,979	246,264
	Pimco Broad U.S. Tips Index Fund	RIC	N/A	N/A	N/A	24,304	1,499,832	1,277,265
	Spdr Bloomberg Investment	RIC	N/A	N/A	N/A	32,467	999,984	1,001,607
	Spdr Portfolio High Yield Bond Etf	RIC	N/A	N/A	N/A	10,508	249,978	244,101
	Vaneck Fallen Angel High Yield Bond Etf	RIC	N/A	N/A	N/A	25,211	750,618	713,471
	Vanguard Mortgage-Backed Securities Etf	RIC	N/A	N/A	N/A	9,343	500,097	424,172
	Vanguard Short-Term Corporate Bond Etf	RIC	N/A	N/A	N/A	14,432	1,173,191	1,115,233
	Total exchange-traded funds						7,759,149	7,156,916
	Market-linked certificates of deposit:							
	Citibank NA S&P 500 Daily							
	Risk Control 10% Excess Return Index	CD	06/29/26	N/A	N/A	250,000	284,616	325,700
	HSBC Bank USA N.A. 5Y S&P 500	CD	08/23/28	N/A	N/A	250,000	262,621	257,750
	JP Morgan Chase Bank, NA 5Y S&P 500 Daily							
	Risk Control 10% Index Market-Linked CD	CD	09/27/28	N/A	N/A	250,000	257,868	275,050
	Total market-linked certificates of deposit						805,105	858,500

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Health and Welfare Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 72-0450650
June 30, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	Common stocks:							
	3D Systems Corporation	Equity	N/A	N/A	N/A	3,315	51,774	10,177
	3M Company	Equity	N/A	N/A	N/A	215	18,856	21,971
	Advanced Micro Devices Incorporated	Equity	N/A	N/A	N/A	209	19,663	33,902
	Alliancebernstein HLDG LP	Equity	N/A	N/A	N/A	702	30,548	23,721
	Amazon Com Incorporated	Equity	N/A	N/A	N/A	156	22,454	30,147
	American Express Company	Equity	N/A	N/A	N/A	142	23,478	32,880
	Apple Incorporated	Equity	N/A	N/A	N/A	129	20,726	27,170
	Arcadium Lithium Plc Com Shs	Equity	N/A	N/A	N/A	2,747	24,615	9,230
	Arista Networks Incorporated	Equity	N/A	N/A	N/A	120	22,601	42,058
	Blackstone Incorporated	Equity	N/A	N/A	N/A	302	29,605	37,388
	Block Incorporated Class A	Equity	N/A	N/A	N/A	420	34,036	27,086
	Boston Scientific Corporation	Equity	N/A	N/A	N/A	427	18,890	32,883
	Caesars Entertainment Incorporated New	Equity	N/A	N/A	N/A	640	45,945	25,434
	Carmax Incorporated	Equity	N/A	N/A	N/A	277	22,567	20,315
	Cassava Sciences Incorporated	Equity	N/A	N/A	N/A	1,746	58,530	21,563
	Caterpillar Incorporated	Equity	N/A	N/A	N/A	80	22,345	26,648
	Delta Air Lines Incorporated	Equity	N/A	N/A	N/A	569	22,713	26,993
	Exxon Mobil Corporation	Equity	N/A	N/A	N/A	416	39,311	47,890
	Ford Mtr Company	Equity	N/A	N/A	N/A	1,767	24,861	22,158
	Goldman Sachs Group Incorporated	Equity	N/A	N/A	N/A	67	24,801	30,305
	Hca Healthcare Incorporated	Equity	N/A	N/A	N/A	86	19,488	27,630
	Home Depot Incorporated	Equity	N/A	N/A	N/A	69	22,209	23,753
	Honeywell International Incorporated	Equity	N/A	N/A	N/A	117	22,603	24,984
	KKR & Company Incorporated	Equity	N/A	N/A	N/A	352	21,557	37,044
	Kratos Defense & Sec Solutions Com New	Equity	N/A	N/A	N/A	1,536	22,672	30,735
	Mcdonalds Corporation	Equity	N/A	N/A	N/A	80	19,721	20,387
	Microsoft Corporation	Equity	N/A	N/A	N/A	68	18,888	30,393
	Navient Corporation	Equity	N/A	N/A	N/A	1,303	21,151	18,972
	Nvidia Corporation	Equity	N/A	N/A	N/A	740	14,696	91,420
	Oracle Corporation	Equity	N/A	N/A	N/A	205	17,870	28,946
	Shopify Incorporated Class A (Canada)	Equity	N/A	N/A	N/A	359	13,979	23,712
	Solventum Corporation	Equity	N/A	N/A	N/A	53	3,416	2,803
	Starwood Property TR Incorporated	Equity	N/A	N/A	N/A	1,095	26,184	20,739
	Tesla Incorporated	Equity	N/A	N/A	N/A	103	20,772	20,382
	TJX Companies Incorporated New	Equity	N/A	N/A	N/A	244	15,616	26,864
	Uber Technologies Incorporated	Equity	N/A	N/A	N/A	703	33,695	51,094
	Welltower Incorporated	Equity	N/A	N/A	N/A	273	22,473	28,460
	Weyerhaeuser Company MTN	Equity	N/A	N/A	N/A	702	25,099	19,930
	Wells Fargo Company New	Equity	N/A	N/A	N/A	532	22,591	31,595
	Yum Brands Incorporated	Equity	N/A	N/A	N/A	176	22,679	23,313
	Total common stocks						985,678	1,133,075
	Money market funds:							
	Client Interest Program	Money market	N/A	N/A	N/A	1,544,480	1,544,480	1,544,480
	Raymond James Bank Deposit Program	Money market	N/A	N/A	N/A	3,382,317	3,382,317	3,382,317
	Total money market funds						4,926,797	4,926,797
	Interest-bearing cash:							
	Hancock Whitney Bank	Cash	N/A	Demand	Variable	446,218	446,218	446,218
	JP Morgan Chase Bank	Cash	N/A	Demand	Variable	35,486	35,486	35,486
	Total interest-bearing cash						481,704	481,704
	Total investments						\$ 15,792,718	\$ 15,382,387

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Health and Welfare Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #501 / EIN: 72-0450650

Year Ended June 30, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of assets	Purchase price	Selling price	Cost of assets	Current value of assets on transaction date	Net gain or (loss)	
Single Transactions Exceeding 5% of Plan Assets						
Goldman Sachs Investor Money Market Fund	\$ -	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ -	
Goldman Sachs Investor Money Market Fund	1,250,000	-	1,250,000	1,250,000	-	
Series of Transactions Exceeding 5% of Plan Assets						
Goldman Sachs Investor Money Market Fund	\$ -	\$ 4,969,560	\$ 4,969,560	\$ 4,969,560	\$ -	
Goldman Sachs Investor Money Market Fund	2,915,107	-	2,915,107	2,915,107	-	
Raymond James Bank Deposit Program	10,523,208	-	10,523,208	10,523,208	-	
Raymond James Bank Deposit Program	-	6,415,638	6,415,638	6,415,638	-	

Plumbers and Steamfitters Local 60 Health and Welfare Fund

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

Plan #501 / EIN: 72-0450650

June 30, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	U.S. government and governmental agencies obligations:							
	Federal Home Loan Mortgage Corp. Pool #C91437	Fixed income	04/01/32	3.500	N/A	500,000	\$ 52,369	\$ 47,643
	Federal National Mortgage Association Pool #AJ5303	Fixed income	11/01/41	4.000	N/A	500,000	31,492	28,036
	Federal National Mortgage Association Pool #743335	Fixed income	10/01/33	5.727	N/A	1,020,260	11,555	10,914
	Federal National Mortgage Association Pool #779109	Fixed income	06/01/34	6.025	N/A	1,000,000	4,089	3,873
	Federal National Mortgage Association Remic Trust 2003-84	Fixed income	09/25/33	4.250	N/A	1,000,000	19,243	18,467
	Government National Mortgage Association Pool #2550	Fixed income	02/20/28	8.000	N/A	1,449,695	198	256
	Government National Mortgage Association Remic Trust 2010-12	Fixed income	01/16/40	4.500	N/A	500,000	15,436	14,124
	Long Island Pwr Auth Ny Elec Sys Rev	Fixed income	09/01/24	3.883	N/A	100,000	98,808	99,608
	Maine Health & Higher Edl Facs Auth Rev	Fixed income	07/01/25	1.650	N/A	100,000	94,292	96,209
	Michigan St Strategic Fd Ltd	Fixed income	09/01/24	0.797	N/A	100,000	96,682	99,204
	New Jersey St Transn Tr Fd Auth Transportation System Rev Bds	Fixed income	12/15/28	5.754	N/A	100,000	101,538	100,484
	Virginia Port Auth Comwlth	Fixed income	07/01/24	3.370	N/A	150,000	148,218	150,000
	Total U.S. government and governmental agencies obligations						673,920	668,818

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Health and Welfare Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 72-0450650
June 30, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	Corporate and other bonds and notes							
	France Telecom	Fixed income	03/01/31	9.000	N/A	100,000	120,339	119,276
	Morgan Stanley	Fixed income	11/28/25	0.010	N/A	250,000	258,776	249,363
	Piedmont Operating Partnership L.P.	Fixed income	07/20/28	9.250	N/A	100,000	102,006	106,687
	The Boeing Company	Fixed income	09/15/31	8.750	N/A	100,000	118,750	114,046
	The Williams Companies, Inc.	Fixed income	03/15/32	8.750	N/A	100,000	118,005	119,484
	Valero Energy Corporation	Fixed income	06/15/30	8.750	N/A	100,000	116,409	116,539
	Total corporate and other bonds and notes						834,285	825,395
	Exchange-traded funds:							
	Alps O'Shares Europe Quality Dividend ETF	RIC	N/A	N/A	N/A	2,129	54,433	64,462
	Invesco Db Energy Fund	RIC	N/A	N/A	N/A	2,356	56,450	49,176
	Ishares Tr 1 3 Yr Treasury Bond	RIC	N/A	N/A	N/A	11,998	999,763	979,637
	Ishares Tr Iboxx Inv Cp Etf	RIC	N/A	N/A	N/A	9,723	1,224,824	1,041,528
	Jpmorgan Betabuilders Usd High Yield Corporate Bond Etf	RIC	N/A	N/A	N/A	5,384	249,979	246,264
	Pimco Broad U.S. Tips Index Fund	RIC	N/A	N/A	N/A	24,304	1,499,832	1,277,265
	Spdr Bloomberg Investment	RIC	N/A	N/A	N/A	32,467	999,984	1,001,607
	Spdr Portfolio High Yield Bond Etf	RIC	N/A	N/A	N/A	10,508	249,978	244,101
	Vaneck Fallen Angel High Yield Bond Etf	RIC	N/A	N/A	N/A	25,211	750,618	713,471
	Vanguard Mortgage-Backed Securities Etf	RIC	N/A	N/A	N/A	9,343	500,097	424,172
	Vanguard Short-Term Corporate Bond Etf	RIC	N/A	N/A	N/A	14,432	1,173,191	1,115,233
	Total exchange-traded funds						7,759,149	7,156,916
	Market-linked certificates of deposit:							
	Citibank NA S&P 500 Daily							
	Risk Control 10% Excess Return Index	CD	06/29/26	N/A	N/A	250,000	284,616	325,700
	HSBC Bank USA N.A. 5Y S&P 500	CD	08/23/28	N/A	N/A	250,000	262,621	257,750
	JP Morgan Chase Bank, NA 5Y S&P 500 Daily							
	Risk Control 10% Index Market-Linked CD	CD	09/27/28	N/A	N/A	250,000	257,868	275,050
	Total market-linked certificates of deposit						805,105	858,500

(a) * = Party-in-interest

Plumbers and Steamfitters Local 60 Health and Welfare Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 72-0450650
June 30, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	Common stocks:							
	3D Systems Corporation	Equity	N/A	N/A	N/A	3,315	51,774	10,177
	3M Company	Equity	N/A	N/A	N/A	215	18,856	21,971
	Advanced Micro Devices Incorporated	Equity	N/A	N/A	N/A	209	19,663	33,902
	Alliancebernstein HLDG LP	Equity	N/A	N/A	N/A	702	30,548	23,721
	Amazon Com Incorporated	Equity	N/A	N/A	N/A	156	22,454	30,147
	American Express Company	Equity	N/A	N/A	N/A	142	23,478	32,880
	Apple Incorporated	Equity	N/A	N/A	N/A	129	20,726	27,170
	Arcadium Lithium Plc Com Shs	Equity	N/A	N/A	N/A	2,747	24,615	9,230
	Arista Networks Incorporated	Equity	N/A	N/A	N/A	120	22,601	42,058
	Blackstone Incorporated	Equity	N/A	N/A	N/A	302	29,605	37,388
	Block Incorporated Class A	Equity	N/A	N/A	N/A	420	34,036	27,086
	Boston Scientific Corporation	Equity	N/A	N/A	N/A	427	18,890	32,883
	Caesars Entertainment Incorporated New	Equity	N/A	N/A	N/A	640	45,945	25,434
	Carmax Incorporated	Equity	N/A	N/A	N/A	277	22,567	20,315
	Cassava Sciences Incorporated	Equity	N/A	N/A	N/A	1,746	58,530	21,563
	Caterpillar Incorporated	Equity	N/A	N/A	N/A	80	22,345	26,648
	Delta Air Lines Incorporated	Equity	N/A	N/A	N/A	569	22,713	26,993
	Exxon Mobil Corporation	Equity	N/A	N/A	N/A	416	39,311	47,890
	Ford Mtr Company	Equity	N/A	N/A	N/A	1,767	24,861	22,158
	Goldman Sachs Group Incorporated	Equity	N/A	N/A	N/A	67	24,801	30,305
	Hca Healthcare Incorporated	Equity	N/A	N/A	N/A	86	19,488	27,630
	Home Depot Incorporated	Equity	N/A	N/A	N/A	69	22,209	23,753
	Honeywell International Incorporated	Equity	N/A	N/A	N/A	117	22,603	24,984
	KKR & Company Incorporated	Equity	N/A	N/A	N/A	352	21,557	37,044
	Kratos Defense & Sec Solutions Com New	Equity	N/A	N/A	N/A	1,536	22,672	30,735
	Mcdonalds Corporation	Equity	N/A	N/A	N/A	80	19,721	20,387
	Microsoft Corporation	Equity	N/A	N/A	N/A	68	18,888	30,393
	Navient Corporation	Equity	N/A	N/A	N/A	1,303	21,151	18,972
	Nvidia Corporation	Equity	N/A	N/A	N/A	740	14,696	91,420
	Oracle Corporation	Equity	N/A	N/A	N/A	205	17,870	28,946
	Shopify Incorporated Class A (Canada)	Equity	N/A	N/A	N/A	359	13,979	23,712
	Solventum Corporation	Equity	N/A	N/A	N/A	53	3,416	2,803
	Starwood Property TR Incorporated	Equity	N/A	N/A	N/A	1,095	26,184	20,739
	Tesla Incorporated	Equity	N/A	N/A	N/A	103	20,772	20,382
	TJX Companies Incorporated New	Equity	N/A	N/A	N/A	244	15,616	26,864
	Uber Technologies Incorporated	Equity	N/A	N/A	N/A	703	33,695	51,094
	Welltower Incorporated	Equity	N/A	N/A	N/A	273	22,473	28,460
	Weyerhaeuser Company MTN	Equity	N/A	N/A	N/A	702	25,099	19,930
	Wells Fargo Company New	Equity	N/A	N/A	N/A	532	22,591	31,595
	Yum Brands Incorporated	Equity	N/A	N/A	N/A	176	22,679	23,313
	Total common stocks						985,678	1,133,075
	Money market funds:							
	Client Interest Program	Money market	N/A	N/A	N/A	1,544,480	1,544,480	1,544,480
	Raymond James Bank Deposit Program	Money market	N/A	N/A	N/A	3,382,317	3,382,317	3,382,317
	Total money market funds						4,926,797	4,926,797
	Interest-bearing cash:							
	Hancock Whitney Bank	Cash	N/A	Demand	Variable	446,218	446,218	446,218
	JP Morgan Chase Bank	Cash	N/A	Demand	Variable	35,486	35,486	35,486
	Total interest-bearing cash						481,704	481,704
	Total investments						\$ 15,792,718	\$ 15,382,387

(a) * = Party-in-interest

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos 1210 - 0110
1210 - 0089

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

1a Name of plan PLUMBERS & STEAMFITTERS LOCAL 60 HEALTH & WELFARE FUND	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 05/01/1952
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PLUMBERS & STEAMFITTERS LOCAL 60 HEALTH AND WELFARE 3515 I-10 SERVICE ROAD METAIRIE LA 70002	2b Employer Identification Number (EIN) 72-0450650
	2c Plan Sponsor's telephone number (504) 885-3064
	2d Business code (see instructions) 238220

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

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

SIGN HERE		4.8.25	RONALD ROSSER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		4.8.25	HENRY G HEIER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5 1832
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) (2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	
6a(1)	556
6a(2)	529
6b	860
6c	409
6d	1798
6e	
6f	
6g(1)	
6g(2)	
6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 79
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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 4F

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information - Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>1</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Plumbers and Steamfitters Local 60 Health and Welfare Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #501 / EIN: 72-0450650

Year Ended June 30, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of assets	Purchase price	Selling price	Cost of assets	Current value of assets on transaction date	Net gain or (loss)	
Single Transactions Exceeding 5% of Plan Assets						
Goldman Sachs Investor Money Market Fund	\$ -	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ -	
Goldman Sachs Investor Money Market Fund	1,250,000	-	1,250,000	1,250,000	-	
Series of Transactions Exceeding 5% of Plan Assets						
Goldman Sachs Investor Money Market Fund	\$ -	\$ 4,969,560	\$ 4,969,560	\$ 4,969,560	\$ -	
Goldman Sachs Investor Money Market Fund	2,915,107	-	2,915,107	2,915,107	-	
Raymond James Bank Deposit Program	10,523,208	-	10,523,208	10,523,208	-	
Raymond James Bank Deposit Program	-	6,415,638	6,415,638	6,415,638	-	