

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2024</h1>  <b>This Form is Open to Public Inspection</b>
---	--	---

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**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**

<b>1a</b> Name of plan <u>PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 HEALTH AND WELFARE TRUST</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>501</u>
<b>2a</b> 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 &amp; STEAMFITTERS LOCAL UNION NO.33 HEALTH &amp; WELFARE TRUST</u>  <u>2501 BELL AVENUE</u> <u>DES MOINES, IA 50321-1118</u>	<b>1c</b> Effective date of plan <u>01/15/1963</u>  <b>2b</b> Employer Identification Number (EIN) <u>42-0930021</u>  <b>2c</b> Plan Sponsor's telephone number <u>515-243-3246</u>  <b>2d</b> Business code (see instructions) <u>238220</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/10/2025	ANDY ROBERTS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/10/2025	CURT BAKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>PLUMBERS AND STEAMFITTERS LOCAL UNION NO.33 HEALTH &amp; WELFARE TRUST</p> <p>2501 BELL AVENUE DES MOINES, IA 50321-1118</p>	<p><b>3b</b> Administrator's EIN 42-0930021</p>
	<p><b>3c</b> Administrator's telephone number 515-243-3246</p>
<p><b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p><b>a</b> Sponsor's name <b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p>
	<p><b>4d</b> PN</p>
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> 1724</p>
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>6a(1)</b> 1430</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>6a(2)</b> 1441</p> <p><b>b</b> Retired or separated participants receiving benefits ..... <b>6b</b> 296</p> <p><b>c</b> Other retired or separated participants entitled to future benefits ..... <b>6c</b> 0</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b> ..... <b>6d</b> 1737</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>6e</b></p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>6f</b></p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>6g(1)</b></p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>6g(2)</b></p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... <b>6h</b></p>	
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b> 76</p>

**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 4D 4E 4F 4L

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

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

---

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

---

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

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

---

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

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

Receipt Confirmation Code \_\_\_\_\_

---

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 HEALTH AND WELFARE TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS &amp; STEAMFITTERS LOCAL UNION NO.33 HEALTH &amp; WELFARE TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>42-0930021</b>	

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

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

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

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

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

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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

JAMA BARBOUR

42-0930021

(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?
14		105446	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY

13-1975125

(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 16		54546	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	3916	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JAMIE KOOYMAN

42-0930021

(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		102612	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)

IOWA STATE BANK

42-0335294

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19		18550	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)

DEBOER & ASSOCIATES, PC

47-0836395

(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		39238	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)

ASSET CONSULTING GROUP

43-1512694

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		24000	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)

BASYS, INC.

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15		72994	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)

ZACH HESTER

42-0930021

(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		90446	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)

NINETY ONE INTERNATIONAL DYNAMIC

41-2282919

(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		20895	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)

INCOME RESEARCH & MANAGEMENT

04-2955404

(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		60204	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)

ANTHEM BLUE CROSS AND BLUE SHIELD

3075 VANDERCAR WAY  
262-212-7597  
CINCINNATI, OH 45209

(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 15		865157	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)

FOX ROTHSCHILD, LLP

23-1404723

(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		206822	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)

JORDYN COX

42-0930021

(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		54138	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)

PAUL LAMUNYON

42-0930021

(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		44810	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)

DAWN NELSON

42-0930021

(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		44623	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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 HEALTH AND WELFARE TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PLUMBERS &amp; STEAMFITTERS LOCAL UNION NO.33 HEALTH &amp; WELFARE TRUST</u>	<b>D</b> Employer Identification Number (EIN) <u>42-0930021</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTECH U.S. ENHANCED PLUS FUND LLC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JANUS CAPITAL MANAGEMENT</u>		
<b>c</b> EIN-PN <u>20-0780118-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>IR&amp;M CORE BOND FUND II LLC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>IR&amp;M CORE BOND FUND II LLC</u>		
<b>c</b> EIN-PN <u>27-1803513-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>27639887</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST COMMON S&amp;P 500 INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138596-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10845464</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 HEALTH AND WELFARE TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS &amp; STEAMFITTERS LOCAL UNION NO.33 HEALTH &amp; WELFARE TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>42-0930021</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 931392	724695
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 2032992	1932172
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b> 421442	1164994
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 7785786	6656150
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b> 6981311	7503282
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	10845464
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b> 32835668	27639887
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 36330719	41415228
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	71419	68870
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	87390729	97950742
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	2625764	3248898
<b>h</b> Operating payables.....	<b>1h</b>	199685	360222
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	29035235	32776054
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	31860684	36385174
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	55530045	61565568

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	23364474	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1382731	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		24747205
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	396838	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		396838
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1980955	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1980955
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	10254011	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	5379723	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		4874288
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	521971	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		521971

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		1239801
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		-3256202
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		294301
<b>c</b> Other income .....	<b>2c</b>		488978
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		31288135

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	23817891	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		23817891
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	729791	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	13825	
(4) IQPA audit fees .....	<b>2i(4)</b>	25413	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	24000	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	101408	
(7) Actuarial fees .....	<b>2i(7)</b>	54546	
(8) Legal fees .....	<b>2i(8)</b>	210761	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	462	
(11) Other expenses .....	<b>2i(11)</b>	274515	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1434721
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		25252612

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		6035523
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **DEBOER & ASSOCIATES, PC**

(2) EIN: **47-0836395**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**Plumbers & Steamfitters Local  
Union No. 33 Health & Welfare Plan**

FINANCIAL STATEMENTS AND  
SUPPLEMENTARY INFORMATION

YEARS ENDED  
December 31, 2024 and 2023

# Contents

Independent Auditors' Report .....	1 - 2
<b>Financial Statements</b>	
Statements of Net Assets Available For Benefits .....	3 - 4
Statements of Changes in Net Assets Available For Benefits.....	5 - 6
Statements of Plan's Benefit Obligations .....	7
Statements of Changes in Plan's Benefit Obligations.....	8
Notes to the Financial Statements .....	9 - 20
<b>Supplementary Information</b>	
Schedule of Assets (Held at End of Year).....	21
Schedule of Reportable Transactions.....	22

Chris Wassenaar, CPA      Brad Yoder, CPA  
Eryn Stevens, CPA      Chery DeBoer, CPA

## INDEPENDENT AUDITORS' REPORT

Board of Trustees  
Plumbers & Steamfitters Local Union No. 33 Health & Welfare Plan  
Des Moines, IA

### Opinion

We have audited the accompanying financial statements of Plumbers & Steamfitters Local Union No. 33 Health & Welfare 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 and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Plumbers & Steamfitters Local Union No. 33 Health & Welfare Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers & Steamfitters Local Union No. 33 Health & Welfare Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers & Steamfitters Local Union No. 33 Health & Welfare Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers & Steamfitters Local Union No. 33 Health & Welfare 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 Plumbers & Steamfitters Local Union No. 33 Health & Welfare 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.

#### **Supplemental Schedules Required by ERISA**

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

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

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

*De Boer + Associates, PC*

**August 18, 2025**

**PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>ASSETS</b>		
Investments at fair value (Notes 2 and 10):		
Money market funds	\$ 6,656,150	\$ 7,785,786
Mutual funds	41,415,228	36,330,719
Common collective trusts	10,845,464	-
Investment partnerships	35,143,169	39,816,979
Total investments	94,060,011	83,933,484
Cash and cash equivalents	724,695	931,392
Receivables		
Employer contributions (Note 2)	1,616,641	1,894,391
Reciprocity contributions	315,531	138,601
Accrued interest and dividends	144,029	120,722
Other receivables	1,020,965	300,720
Total receivables	3,097,166	2,454,434
Prepaid expenses	32,656	22,725
Fixed assets (Note 2)		
Equipment and furniture	350,992	349,495
Less: accumulated depreciation	(314,778)	(300,801)
Total fixed assets	36,214	48,694
Other assets		
Right of use asset - Operating Lease (Note 11)	39,125	90,787
Deferred compensation plans (Notes 8 and 10)	246,428	206,628
Total other assets	285,553	297,415
<b>Total assets</b>	<b>\$ 98,236,295</b>	<b>\$ 87,688,144</b>

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

**PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable	\$ 51,214	\$ 91,536
Reciprocal contributions payable	258,414	108,149
Due to pension trust	50,594	-
Current portion of operating lease liability (Note 11)	39,125	51,662
Total current liabilities	399,347	251,347
Other liabilities		
Deferred compensation plans liability (Note 8)	246,428	206,628
Total other liabilities	246,428	206,628
Long-term liabilities		
Long-term portion of operating lease liability (Note 11)	-	39,125
Total long-term liabilities	-	39,125
<b>Total liabilities</b>	<b>645,775</b>	<b>497,100</b>
<b>Net assets available for benefits</b>	<b>\$ 97,590,520</b>	<b>\$ 87,191,044</b>

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

**PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>Additions to plan assets attributed to</b>		
Investment income		
Net appreciation in fair value of investments	\$ 3,674,159	\$ 5,441,096
Interest and dividends	<u>2,377,793</u>	<u>1,621,496</u>
Total investment income	6,051,952	7,062,592
Less: investment expenses	<u>(124,778)</u>	<u>(118,563)</u>
Net investment income	5,927,174	6,944,029
Contributions		
Employer contributions	23,364,474	22,626,202
Participant contributions	<u>1,382,731</u>	<u>1,403,659</u>
Total contributions	24,747,205	24,029,861
Other income		
Administration fee reimbursement (Note 3)	259,108	263,908
Other income	<u>229,870</u>	<u>-</u>
Total other income	488,978	263,908
<b>Total additions</b>	<b><u>31,163,357</u></b>	<b><u>31,237,798</u></b>
<b>Deductions from plan assets attributed to</b>		
Benefits paid to or for participants:		
Health claims and prescriptions	15,235,680	13,104,595
Claims processing fees	865,157	808,626
Dental claims	1,430,826	1,467,988
Vision claims	88,605	83,535
Disability	174,711	200,258
Death benefits	20,000	5,000
Insurance premiums - retirees	<u>1,638,959</u>	<u>931,993</u>
Total benefits paid	19,453,938	16,601,995

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

**PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>Deductions from plan assets, continued</b>		
Administrative expenses:		
Actuarial fees	\$ 54,546	\$ 41,865
Accounting fees	25,413	24,900
Consulting fees	4,467	4,275
Depreciation expense	13,977	14,039
Dues and subscriptions	2,763	2,713
Employee payroll taxes	39,566	36,156
Employee benefits	232,472	228,568
Employee compensation	457,753	426,773
Information technology expense	83,990	117,890
Insurance expense	21,734	20,911
Legal fees	210,761	62,634
Office expense	51,952	53,896
Office rental (Note 3)	26,180	26,180
Payroll audit fees	13,825	14,655
PCORI fees	11,206	(7,100)
Postage and mailing	47,749	28,806
Printing expense	11,589	4,586
Total administrative expenses	<u>1,309,943</u>	<u>1,101,747</u>
<b>Total deductions</b>	<b><u>20,763,881</u></b>	<b><u>17,703,742</u></b>
<b>Net increase during year</b>	<b>10,399,476</b>	<b>13,534,056</b>
<b>Net assets available for benefits</b>		
Beginning of year	<u>87,191,044</u>	<u>73,656,988</u>
End of year	<b><u>\$ 97,590,520</u></b>	<b><u>\$ 87,191,044</u></b>

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

**PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN**  
**STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS**  
**DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS</b>		
Claims incurred but not reported	\$ 2,560,700	\$ 1,862,700
Claims payable	688,198	763,064
Health reimbursement accounts	32,776,054	29,035,235
Total amounts currently payable	36,024,952	31,660,999
<b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS</b>		
Accumulated eligibility credits (dollar bank)	7,632,345	7,572,402
Total obligations other than postretirement benefit obligations	43,657,297	39,233,401
<b>POSTRETIREMENT BENEFIT OBLIGATIONS</b>		
Current retirees, beneficiaries, and dependents	18,471,039	18,099,879
Active participants fully eligible for benefits	9,429,027	6,133,776
Active participants not yet fully eligible for benefits	48,498,403	46,954,008
Total postretirement benefit obligations	76,398,469	71,187,663
<b>Plan's total benefit obligations</b>	<b>\$ 120,055,766</b>	<b>\$ 110,421,064</b>

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

**PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN  
STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS</b>		
Balance at beginning of year	\$ 31,660,999	\$ 28,081,094
Claims reported and approved for payment	20,077,072	17,359,033
Claims paid	(19,453,938)	(16,601,995)
Change in HRA liability	3,740,819	2,822,867
Balance at end of year	36,024,952	31,660,999
<b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS</b>		
Balance at beginning of year	7,572,402	6,882,313
Change in accumulated eligibility credits	59,943	690,089
Balance at end of year	7,632,345	7,572,402
Total obligations other than postretirement benefit obligations	<b>43,657,297</b>	<b>39,233,401</b>
<b>POSTRETIREMENT BENEFIT OBLIGATIONS</b>		
Balance at beginning of year	71,187,663	31,342,888
Increase (decrease) during the year attributable to:		
Changes in actuarial assumptions	(670,448)	10,467,799
Plan amendments	-	25,458,760
Actuarial experience loss	-	1,558,301
Benefits paid	(1,600,923)	(991,229)
Interest	3,531,487	1,628,784
Benefits earned and other changes	3,950,690	1,722,360
Balance at end of year	<b>76,398,469</b>	<b>71,187,663</b>
<b>Plan's total benefit obligations at end of year</b>	<b>\$ 120,055,766</b>	<b>\$ 110,421,064</b>

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

**PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

---

**NOTE 1 – DESCRIPTION OF THE PLAN**

The following description of the Plumbers & Steamfitters Local Union No. 33 Health & Welfare Plan (“the Plan”) provides only general information. Participants should refer to the Plan Agreement for a complete description of the Plan’s provisions.

**General**

The Plumbers & Steamfitters Local Union No. 33 Health & Welfare Plan was formed in 1962 under an agreement between the Central Iowa Chapter of Mechanical Contractors Association of Iowa, Inc. and the Plumbers and Steamfitters Local Union No. 33 (the Union). Since that time, other employer associations have been added to the Plan. The purpose of the Plan is to provide health care benefits for the participants covered by the collective bargaining agreements between the Union and employer association members. The agreements provide for employers of members of the labor union to make contributions to the Plan in such amounts as provided for in the applicable collective bargaining agreements that are in effect between the employer and the labor union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Eligibility**

A participant becomes eligible on the first day of work in covered employment with a contributing employer. To continue to have eligibility, the participant must have enough in contributions or in their dollar bank to cover the next month’s coverage (\$979 per month for 2024 and 2023).

**Benefits**

The Plan provides health benefits for medical, hospital, surgical, prescription drug, dental, vision, death, and disability benefits to eligible employees and to their beneficiaries and covered dependents as specified in the Plan. The Plan also provides similar benefits to retired employees and their dependents, if they have continued their eligibility through self-contributions, until they become eligible for Medicare.

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).

**Self-Insured Benefits**

All Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan’s third-party claims processors under administrative services only (ASO) arrangements and by the fund office employees. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan’s general assets. Despite the Plan’s utilization of third-party claims processors, 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.

**Contributions**

The Plan agreement provides that employers of individuals performing work, as specified in the collective bargaining agreements, contribute an amount for each hour worked by the employee. An active employee is entitled to make self-contributions to continue coverage if hours paid in on his or her behalf fall below the minimum required.

# PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### NOTE 1 – DESCRIPTION OF THE PLAN, Continued

#### **Accumulated Credits (Dollar Bank) for Participants' Future Benefits and Health Reimbursement Accounts**

Participants each have a benefit account which is increased by monthly employer contributions. Monthly deductions are made to this account on a "premium charged" basis. Premium charges are calculated based on the amount of contributions required to cover benefits provided by the Plan. Participants who do not have an adequate Dollar Bank balance in their account are permitted to self-pay (participant contribution) this premium charge in order to continue coverage. Upon death of the participant, the Dollar Bank is allowed to be used by a spousal dependent. Otherwise, the Dollar Bank reverts back to the Plan.

Effective January 1, 2012, the Plan issued an updated Summary Plan Description implementing several changes. One change implemented was to limit the maximum amount that a participant can accumulate in their Dollar Bank. Participants will now be limited to holding up to a six-month maximum in their Dollar Bank. After the participants Dollar Banks have reached the six-month capacity, future employer contributions will be credited towards the participants Health Reimbursement Account.

The updated Summary Plan Description also outlined the newly established Health Reimbursement Accounts. The HRA's were established using the funds from each participant's Dollar Bank in excess of the six-month limit. Participants will be able to use their HRA to be reimbursed for medical expenses including, but not limited to, deductibles and coinsurance, dental expenses, vision or hearing out of pocket expenses, COBRA costs, and retiree self-payments.

### NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### **Basis of Accounting**

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with generally accepted accounting principles.

#### **Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

#### **Payment of Benefits**

Claim payments are recorded when paid. Claims paid after year-end that were incurred during the current year are recorded as an amount currently payable in the accompanying consolidated statements of benefit obligations.

#### **Refunds and Rebates**

Prescription rebates due from the Plan's pharmacy benefits manager (PBM) are recorded when earned. Refunds due at year-end are recorded as a receivable on the statements of net assets available for benefits, with the offset being netted against health claims and prescriptions expense. Prescription rebates totaling \$810,974 and \$588,140 have been netted against health claims and prescription expense in the accompanying statements of changes in net assets available for benefits for 2024 and 2023, respectively.

# PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

#### Office Equipment and Furniture

Office equipment and furniture are stated at cost. Additions and improvements, unless of a relatively minor amount, are capitalized.

#### Depreciation

Depreciation of office equipment and furniture is computed using the straight-line method over the assets estimated useful lives.

#### 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 10 for details.

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.

#### Estimated Health Claims Incurred But Not Reported

Plan liabilities for health claims incurred but not reported represent estimated health claims that are incurred in 2024 and 2023, but are not yet reported as of December 31, 2024 and 2023, respectively, and are expected to be reported. The health claims liability for claims incurred but not reported is based on the plan's previous experience of claims reported after the year they were incurred.

#### Date of Management's Review

Subsequent events were evaluated through August 18, 2025, which is the date the financial statements were available to be issued.

#### Receivables

Participating employers' contributions receivable represents accrued contributions from employers for the current year that were received after the end of the year. Delinquent employer contributions are not recorded as revenue until the amounts are known and are considered collectible, or they are actually received.

#### Risks and Uncertainties

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care 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.

# PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

#### Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

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

For measurement purposes, claim costs were developed and age graded from claims experienced from January 1, 2021 through December 31, 2023. Per capita costs were developed using weighted claims history during this period.

The following are actuarial assumptions for the upcoming years:

Health care cost trend rates	
Non-Medicare	8.00% graded to 4.50% over 10 years
Medicare	8.50% graded to 4.50% over 10 years
Dental and Vision cost trend rates	4.00%
Discount rate	5.50% for 2024, 4.75% for 2023
Retirement rates	20% for age 55 10% for age 56 5% for ages 57-58 10% for ages 59-61 70% for age 62 35% for ages 63-64 100% for age 65 and over
Mortality table	Pri-2012 Headcount-weighted Blue Collar Healthy Retiree Mortality Table, projected generationally from 2012 with Scale MP-2020

Actuarial assumption changes since the prior year valuation include:

- The discount rate was increased from 4.75% to 5.50%.
- Retiree contribution rates remained unchanged.
- The future trends on health costs were modified.

# PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

#### Postretirement Benefits, Continued

Effective January 1, 2023, all out-of-network oral surgery claims are covered at in-network benefit levels. Effective January 1, 2024, the Fund terminated the Medicare Advantage Prescription Drug plan with Humana and is self-funding Medicare coverage.

The health care cost trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rate increased by one percentage point in each year, that would increase the obligation as of December 31, 2024 and 2023 by approximately \$14,164,777 and \$13,948,392, respectively.

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (the Act) applies to postretirement health care plans and provides prescription drug benefits. The Act provides for a Plan to receive a subsidy under Medicare (Medicare Part D) if it provides a benefit that is at least actuarially equivalent to Medicare Part D. The plan received \$493,705 in Federal subsidies for the year ended December 31, 2024. The Plan's postretirement benefit obligation reflects an amount associated with the Medicare subsidy allowed under the Act because the Plan is directly entitled to the Medicare subsidy. Medicare subsidy amounts received are recorded on the statements of changes in net assets available for benefits, netted with health claims and prescriptions expense.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the retirement benefit obligation.

### NOTE 3 – RELATED PARTY TRANSACTIONS

The Plan received reimbursements totaling \$259,108 in 2024 and \$263,908 in 2023 from the Plumbers and Steamfitters Local Union No. 33 Retirement Trust Fund for applicable salaries and benefits of Plan personnel. As of December 31, 2024, there was \$57,509 due to the Retirement Trust Fund from the Plan for overpayment of applicable salaries and benefits of Plan personnel. As of December 31, 2023, there were no amounts due between plans for salaries and benefits of plan personnel.

The Plan also received reimbursements totaling \$26,180 in 2024 and \$26,180 in 2023 from the Plumbers and Steamfitters Local Union No. 33 Retirement Trust Fund for office rental.

As of December 31, 2024, the Retirement Trust Fund owed the Plan \$6,915 for various office expenses paid for by the Plan throughout the year.

In addition, the Plan rents office facilities from the Plumbers and Steamfitters Local Union No. 33, a party to the collective bargaining agreement and a contributing, participating employer to the Plan. Office rentals incurred for the years ended December 31, 2024 and 2023 totaled \$26,180 and \$26,180, respectively. (These rental amounts are net of what was received from the Plumbers and Steamfitters Local Union No. 33 Retirement Trust Fund for office rental expense.)

# PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### NOTE 4 – PLAN TERMINATION

Although it has not expressed an intention to do so, the Plan may be terminated by joint agreement between the participating employers and the union, subject to the provisions set forth in ERISA. In the event of termination, the trustees shall use the funds available to pay any and all obligations of the Plan. Any surplus after paying all outstanding obligations shall be applied by the trustees in such manner as will in their opinion best effectuate the purpose of the Trust agreement.

### NOTE 5 – TAX STATUS

The Internal Revenue Service has informed the Plan by a letter dated July 8, 1977, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The Plan’s management believes that the Plan is currently designed and operated in compliance with applicable requirements of the Internal Revenue Code and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management of the Plan believes that the Plan has taken no uncertain tax positions that require adjustment to the financial statements in order to comply with the provisions of this guidance. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### NOTE 6 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2024 and 2023 financial statements to the Schedule H of Form 5500:

	<b>2024</b>	<b>2023</b>
Net assets available for benefits per the financial statements	\$ 97,590,520	\$ 87,191,044
End of year benefit obligations for:		
Claims incurred but not reported	(2,560,700)	(1,862,700)
Claims payable	(688,198)	(763,064)
HRA liability	(32,776,054)	(29,035,235)
Total adjustment for amounts payable at end of year	(36,024,952)	(31,660,999)
Net assets available for benefits per Schedule H of Form 5500	<b>\$ 61,565,568</b>	<b>\$ 55,530,045</b>

# PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### NOTE 6 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500, Continued

The following is a reconciliation of benefits paid to participants per the accompanying 2024 and 2023 financial statements to the Schedule H of Form 5500:

	<b>2024</b>	<b>2023</b>
Benefits paid to or for participants per financial statements	\$ 19,453,938	\$ 16,601,995
Add: Benefit obligations payable at end of year	36,024,952	31,660,999
Less: Benefit obligations payable at beginning of year	(31,660,999)	(28,081,094)
Benefits paid to or for participants per Schedule H of Form 5500	<b>\$ 23,817,891</b>	<b>\$ 20,181,900</b>

### NOTE 7 – CONCENTRATION OF CREDIT RISK

At December 31, 2024, the book balance of deposits in local banks was \$724,695, while the bank balance was \$784,983, of which \$534,983 was not insured by the Federal Depository Insurance Company (F.D.I.C.). There is no collateral on these deposits.

### NOTE 8 – DEFERRED COMPENSATION PLANS

There is one deferred compensation plan for a certain former employee of Plumbers & Steamfitters Local Union No. 33 Health & Welfare Plan. This deferred compensation plan, a nonqualified deferred compensation plan, became effective in 1998. No contributions are currently being made to this deferred compensation plan. The plan is currently in payment status and monthly distributions are made to the participant. Iowa State Bank serves as the Trustee to this plan and is responsible for administering it, including paying the distributions and managing the investments.

The Health & Welfare Plan has established a Trust that serves as an investment to shadow the deferred compensation plan liability; however, the assets of the trust will remain, until distributed, the sole property of the Health & Welfare Plan and as such, would be subject to the claims of creditors in the event of bankruptcy or insolvency.

Investment earnings, market adjustments, administration fees, and other changes in the deferred compensation plan remain with the plan and are not reflected on the Statements of Changes in Net Assets Available for Benefits of the Health & Welfare Plan. Therefore, the deferred compensation asset on the Statements of Net Assets Available for Benefits will match the deferred compensation liability on the same statement. The deferred compensation assets and liabilities were \$246,428 and \$206,628 as of December 31, 2024 and 2023, respectively. See Note 10 Fair Value Measurements for investment details for this plan.

### NOTE 9 – SETTLEMENT INCOME

In February 2025, the Plan received funds totaling \$139,750 from a contractor relating to a settlement agreement. The funds received were related to hours worked prior to 2024 and were recorded with other receivables on the Statements of Net Assets Available for Benefits and with other income on the Statements of Changes in Net Assets Available for Benefits. No other funds are expected to be received in relation to this settlement.

# PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### NOTE 10 – FAIR VALUE MEASUREMENTS

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

The three levels of the fair value hierarchy 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: <ul style="list-style-type: none"><li>• quoted prices for similar assets or liabilities in active markets;</li><li>• quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• inputs other than quoted prices that are observable for the asset or liability;</li><li>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> 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 maximize the use of relevant 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 the methodologies used at December 31, 2024 and 2023.

*Money Market Funds:* Valued at cost, which is equal to the net asset value of shares held at year-end.

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

*Investment Partnerships and Common and Collective Trusts:* Valued at the net asset value (NAV) of units of the fund held by the Plan based on the fair market value of the underlying investments of the fund. The funds do not have a finite life. Unfunded commitments relating to these types of investments and significant restrictions on redemptions can be found on the table under the heading "Fair Value of Investments that Calculate Net Asset Value."

**PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN  
NOTES TO FINANCIAL STATEMENTS**

---

**NOTE 10 – FAIR VALUE MEASUREMENTS, Continued**

The following table sets forth, by level within the fair value hierarchy, the Plan’s investment assets at fair value as of December 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

	<b>Assets at Fair Value as of December 31, 2024</b>		
	<b>Total</b>	<b>Level 1</b>	<b>Level 2</b>
Money Market Funds	\$ 6,656,150	\$ 6,656,150	\$ -
Mutual Funds	41,415,228	41,415,228	-
Total assets in the fair value hierarchy	48,071,378	<u>\$ 48,071,378</u>	<u>\$ -</u>
Investments measured at NAV	45,988,633		
Total investments at fair value	<u>\$ 94,060,011</u>		
Deferred compensation plan:			
Money Market Funds	\$ 1,565	\$ 1,565	\$ -
Mutual Funds	244,863	244,863	-
Total deferred compensation plan investments at fair value	<u>\$ 246,428</u>	<u>\$ 246,428</u>	<u>\$ -</u>
	<b>Assets at Fair Value as of December 31, 2023</b>		
	<b>Total</b>	<b>Level 1</b>	<b>Level 2</b>
Money Market Funds	\$ 7,785,786	\$ 7,785,786	\$ -
Mutual Funds	36,330,719	36,330,719	-
Total assets in the fair value hierarchy	44,116,505	<u>\$ 44,116,505</u>	<u>\$ -</u>
Investments measured at NAV	39,816,979		
Total investments at fair value	<u>\$ 83,933,484</u>		
Deferred compensation plan:			
Money Market Funds	\$ 1,036	\$ 1,036	\$ -
Mutual Funds	205,592	205,592	-
Total deferred compensation plan investments at fair value	<u>\$ 206,628</u>	<u>\$ 206,628</u>	<u>\$ -</u>

# PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN

## NOTES TO FINANCIAL STATEMENTS

### NOTE 10 – FAIR VALUE MEASUREMENTS, Continued

#### Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2024 and 2023, respectively.

	Fair Value December 31, 2024	Fair Value December 31, 2023	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
IR&M Core Bond Fund II LLC	\$ 27,639,887	\$ 23,756,264	N/A	Daily	2 Business Days
Ninety One International Dynamic Equity LLC <sup>1</sup>	\$ 7,503,282	\$ 6,981,311	N/A	Daily	1 Business Day
Intech U.S. Enhanced Plus Fund LLC	\$ -	\$ 9,079,404	N/A	Daily	None
Northern Trust Common S&P 500 Index Fund	\$ 10,845,464	\$ -	N/A	Daily	None

<sup>1</sup> Ninety One International Dynamic Equity Fund LLC's objective is to achieve long-term capital growth primarily through investment in the equity securities of companies in all economic sectors in any part of the world except the United States.

### NOTE 11 – LEASES

The Plan accounts for leases in accordance with FASB ASC 842. The Plan is a lessee in an operating lease for office and storage space. Leases are evaluated using the criteria outlined in FASB ASC 842 to determine whether they will be classified as operating leases or finance leases. The Plan determines if an arrangement is a lease, or contains a lease, at inception of a contract and when terms of an existing contract are changed. The Plan determines if an arrangement conveys the right to use an identified asset and whether the Plan obtains substantially all of the economic benefits from and has the ability to direct the use of the asset. The Plan recognizes a lease liability and ROU asset at the commencement date of the lease.

Beginning January 1, 2022, an operating lease ROU asset has been categorized with other assets, and the related current and long-term portions of operating lease liabilities have been presented in the statements of net assets available for benefits.

**Lease liabilities.** A lease liability is measured based on the present value of its future lease payments. Variable payments are included in the future lease payments when those variable payments depend on an index or rate and are measured using the index or rate at the commencement date. Lease payments, including variable payments made based on an index rate, are remeasured when any of the following occur: (1) the lease is modified (and the modification is not accounted for as a separate contract), (2) certain contingencies related to variable lease payments are resolved, or (3) there is a reassessment of any of the following: the lease term, purchase options, or amounts that are probable of being owed under a residual value guarantee. The discount rate is the rate implicit in the lease if it is readily determinable; otherwise, the Plan uses its incremental borrowing rate. The implicit rates of the Plan's leases are not readily determinable; accordingly, the Plan uses its incremental borrowing rate based on the information available at the commencement date for each lease. The Plan's incremental borrowing rate for a lease is the rate of interest it would have to pay on a collateralized basis to borrow an amount equal to the lease payments under similar terms and in a similar economic environment and geographic location.

# PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### NOTE 11 – LEASES, Continued

Lease liabilities, continued. In November 2021, FASB issued ASU No. 2021-09, *Leases (Topic 842): Discount Rate for Leases That Are Not Public Business Entities* which provides lessees that are not public business entities with a practical expedient that allows them to elect, as an accounting policy, to use a risk-free rate as the discount rate for all leases by class of underlying asset. The Plan has elected to use the daily United States Treasury rates as its discount rates in accounting for the office and storage operating lease.

ROU assets. A ROU asset is measured at the commencement date at the amount of the initially measured liability plus any lease payments made to the lessor before or after commencement date, minus any lease incentives received, plus any initial direct costs. Unless impaired, the ROU asset is subsequently measured throughout the lease term at the amount of the lease liability (that is the present value of the remaining lease payments), plus unamortized initial direct costs, plus (minus) any prepaid (accrued lease payments), less the unamortized balance of lease incentives received. Lease cost for lease payments is recognized on a straight-line basis over the lease term.

Accounting policy election for short-term leases. The Plan has elected for all underlying classes of assets, to not recognize ROU assets and lease liabilities for short-term leases that have a lease term of 12 months or less, but greater than 1 month at lease commencement, and do not include an option to purchase the underlying asset that the Plan is reasonably certain to exercise. The Plan recognizes lease costs associated with its short-term leases on a straight-line basis over the lease term.

The Plan has an obligation as a lessee for office and storage space with initial noncancelable terms in excess of one year. On October 1, 2020, the Plan entered into a lease agreement with Plumbers and Steamfitters Local Union No. 33 to rent office space located at 2403 Bell Avenue, Des Moines, IA 50321. Monthly payments of \$4,363.33 commenced October 1, 2020 and will continue through September 30, 2025. The Plan classifies this lease as an operating lease. The Plan's lease does include a termination option for either party to terminate the lease given a 60-day written notice to the other party.

Payments due to the lessor under the lease contract include fixed payments only. The Plan's lease states that the lessor will make direct payments to vendors for the building's property taxes, utilities, and insurance.

The components of the lease cost for the years ended December 31, 2024 and 2023, are as follows:

	<b>Year Ended December 31, 2024</b>	<b>Year Ended December 31, 2023</b>
Operating lease cost:		
Office rental		
Rent expense	\$ 52,360	\$ 52,360
Less: Rent reimbursement (Note 3)	(26,180)	(26,180)
Total operating lease cost	26,180	26,180
Total lease cost	\$ 26,180	\$ 26,180

# PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### NOTE 11 – LEASES, Continued

Other information related to leases as of or for the years ended December 31, 2024 and 2023 are as follows:

	<b>Year Ended December 31, 2024</b>	<b>Year Ended December 31, 2023</b>
Weighted-average remaining lease term (years):		
Operating leases	0.75 years	1.75 years
Weighted-average discount rate:		
Operating leases	1.11%	1.11%

Supplemental expenses for the years ended December 31, 2024 and 2023:

	<b>Year Ended December 31, 2024</b>	<b>Year Ended December 31, 2023</b>
<b>Cash paid for amounts included in the measurement of lease liabilities:</b>		
Expenses - operating leases	\$ 52,360	\$ 52,360
<b>Right-of-use assets obtained in exchange for lease liabilities:</b>		
Operating leases	\$ -	\$ -
<b>Reductions to right-of-use assets resulting from reduction to lease liabilities:</b>		
Operating leases	\$ 51,662	\$ 51,091

Maturities of operating lease liabilities as of December 31, 2024, were as follows:

	<b>Operating Leases</b>
2025	\$ 39,270
Total lease payments	39,270
Less: Present value adjustment	(145)
Present value of lease liabilities	\$ 39,125

### NOTE 12 – BENEFIT OBLIGATIONS

The Plan's deficiency of net assets over benefit obligations at December 31, 2024 relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current bargaining agreement.

**PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN**  
**EIN 42-0930021 PLAN 501**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value  Par Value/Shares	(d) Cost	(e) Current Value
	<b>Money Market Funds:</b>			
	Northern Trust Govt Select	6,626,324	\$ 6,626,324	\$ 6,626,324
	Northern Trust Govt Select	29,826	29,826	29,826
	<b>Total Money Market Funds</b>		<b>6,656,150</b>	<b>6,656,150</b>
	<b>Mutual Funds:</b>			
	Baird Intermediate Bond Fund	865,765	9,359,681	8,891,410
	BlackRock Strategic Income Opportunities K	1,465,874	14,195,759	13,896,489
	Pioneer Strategic Income Fund Class K	1,467,034	15,176,158	13,804,791
	Eaton Vance Atlanta SMID Capital Class I	115,954	4,059,797	4,822,538
	<b>Total Mutual Funds</b>		<b>42,791,395</b>	<b>41,415,228</b>
	<b>Common Collective Trusts:</b>			
	Northern Trust Common S&P 500 Index Fund	4,958	9,605,663	10,845,464
	<b>Total Common Collective Trusts</b>		<b>9,605,663</b>	<b>10,845,464</b>
	<b>Investment Partnerships:</b>			
	IR&M Core Bond Fund II LLC	1,781,926	25,659,514	27,639,887
	Ninety One International Dynamic Equity LLC	43,974	5,608,337	7,503,282
	<b>Total Investment Partnerships</b>		<b>31,267,851</b>	<b>35,143,169</b>
	<b>Total Investments</b>		<b>\$ 90,321,059</b>	<b>\$ 94,060,011</b>

\* Indicates a party-in-interest to the Plan.

**PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN**  
**EIN 42-0930021 PLAN 501**  
**SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**DECEMBER 31, 2024**

<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>	<b>(g)</b>	<b>(h)</b>	<b>(j)</b>
	<b>Description of Asset</b>	<b>Purchase Price</b>	<b>Selling Price</b>	<b>Cost of Asset</b>	<b>Current Value of Asset on Transaction Date</b>	<b>Net Gain or (Loss)</b>
	Northern Trust Govt Select	\$ 28,343,694	N/A	\$ 28,343,694	\$ 28,343,694	N/A
	Northern Trust Govt Select	N/A	29,473,331	29,473,331	29,473,331	-
	INTECH U.S. Enhanced Plus Fund	N/A	10,254,011	5,379,723	10,254,011	4,874,288
	Northern Trust Common S&P 500 Index Fund	9,500,000	N/A	9,500,000	9,500,000	N/A

**PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN**  
**EIN 42-0930021 PLAN 501**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value  Par Value/Shares	(d) Cost	(e) Current Value
	<b>Money Market Funds:</b>			
	Northern Trust Govt Select	6,626,324	\$ 6,626,324	\$ 6,626,324
	Northern Trust Govt Select	29,826	29,826	29,826
	<b>Total Money Market Funds</b>		<b>6,656,150</b>	<b>6,656,150</b>
	<b>Mutual Funds:</b>			
	Baird Intermediate Bond Fund	865,765	9,359,681	8,891,410
	BlackRock Strategic Income Opportunities K	1,465,874	14,195,759	13,896,489
	Pioneer Strategic Income Fund Class K	1,467,034	15,176,158	13,804,791
	Eaton Vance Atlanta SMID Capital Class I	115,954	4,059,797	4,822,538
	<b>Total Mutual Funds</b>		<b>42,791,395</b>	<b>41,415,228</b>
	<b>Common Collective Trusts:</b>			
	Northern Trust Common S&P 500 Index Fund	4,958	9,605,663	10,845,464
	<b>Total Common Collective Trusts</b>		<b>9,605,663</b>	<b>10,845,464</b>
	<b>Investment Partnerships:</b>			
	IR&M Core Bond Fund II LLC	1,781,926	25,659,514	27,639,887
	Ninety One International Dynamic Equity LLC	43,974	5,608,337	7,503,282
	<b>Total Investment Partnerships</b>		<b>31,267,851</b>	<b>35,143,169</b>
	<b>Total Investments</b>		<b>\$ 90,321,059</b>	<b>\$ 94,060,011</b>

\* Indicates a party-in-interest to the Plan.

**PLUMBERS & STEAMFITTERS LOCAL UNION NO. 33 HEALTH & WELFARE PLAN**  
**EIN 42-0930021 PLAN 501**  
**SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**DECEMBER 31, 2024**

<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>	<b>(g)</b>	<b>(h)</b>	<b>(j)</b>
	<b>Description of Asset</b>	<b>Purchase Price</b>	<b>Selling Price</b>	<b>Cost of Asset</b>	<b>Current Value of Asset on Transaction Date</b>	<b>Net Gain or (Loss)</b>
	Northern Trust Govt Select	\$ 28,343,694	N/A	\$ 28,343,694	\$ 28,343,694	N/A
	Northern Trust Govt Select	N/A	29,473,331	29,473,331	29,473,331	-
	INTECH U.S. Enhanced Plus Fund	N/A	10,254,011	5,379,723	10,254,011	4,874,288
	Northern Trust Common S&P 500 Index Fund	9,500,000	N/A	9,500,000	9,500,000	N/A

**Federal Statements**

**General Footnote**

Description

The audited financial statements, which are attached in a PDF file, detail the administrative expenses reported on Schedule H, Part 2, Line 2(i)(5) and in Schedule C, Part I, Line 2.