

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan ATLANTA PLUMBERS & STEAMFITTERS H&W FUND 1b Three-digit plan number (PN) 501 1c Effective date of plan 01/01/1973 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ATLANTA PLUMBERS & STEAMFITTERS H&W FUND 2010 NW 150TH AVE STE 100 PEMBROKE PINES, FL 33028 2b Employer Identification Number (EIN) 58-1261304 2c Plan Sponsor's telephone number 954-266-6322 2d Business code (see instructions) 238220

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Terry Newsome Jr (plan administrator) and Jon Sterling (employer/plan sponsor).

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2495
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2495
	6a(2)	2723
	6b	4
	6c	81
	6d	2808
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	106

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan ATLANTA PLUMBERS & STEAMFITTERS H&W FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTA PLUMBERS & STEAMFITTERS H&W FUND</p>	<p>D Employer Identification Number (EIN) 58-1261304</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-0357120	71838	SL10345	2808	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">0</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	383846
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ATLANTA PLUMBERS & STEAMFITTERS H&W FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTA PLUMBERS & STEAMFITTERS H&W FUND	D Employer Identification Number (EIN) 58-1261304	

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

THE VANGUARD GROUP INC

23-1945930

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

CLEARBRDIGE INVESTMENTS LLC

01-0846058

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

COLUMBIA MANAGEMENT INVESTMENT ADVI

41-1533211

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

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

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

BLUE CROSS BLUE SHIELD

54-0357120

(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 50 12 50	NONE	898887	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)

NATIONAL EMPLOYEE BENEFIT ADMIN

65-0498809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	843404	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)

EXPRESS SCRIPTS, INC.

43-1420563

(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 50	NONE	137960	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)

HORIZON ACTUARIAL SERVICES LLC

26-1370698

(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 50	NONE	129021	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)

MEDEXPERT INTERNATIONAL INC

94-3360248

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	78729	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)

HEALTH ADVOCATE SOLUTIONS

23-3080019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	53866	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)

ARNALL GOLDEN GREGORY LLP

58-1423485

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	40648	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)

GROUP VISION SERVICES

26-3323202

(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 50	NONE	38250	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)

MADISON INVESTMENT ADVISORS, LLC

39-1194160

(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 51	NONE	26628	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)

NOVAK FRANCELLA, LLC

61-1436956

(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 50	NONE	24464	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REYNOLDS CONSULTING SRVCS., LLC

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	12000	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)

PACIFIC INCOME ADVISERS, INC.

95-4067974

(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 51	NONE	7970	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)

U.S. BANK

31-0841368

(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 50	NONE	6829	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)

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ATLANTA PLUMBERS & STEAMFITTERS H&W FUND</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ATLANTA PLUMBERS & STEAMFITTERS H&W FUND</u>	D Employer Identification Number (EIN) <u>58-1261304</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LONGVIEW LARGE CAP 500 VEBA FUND</u>	
b Name of sponsor of entity listed in (a):	<u>AMALGAMATED BANK</u>	
c EIN-PN <u>13-4015803-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LONGVIEW BROAD MARKET 3000 IX FD</u>	
b Name of sponsor of entity listed in (a):	<u>AMALGAMATED BANK</u>	
c EIN-PN <u>46-2044954-020</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6322662</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ATLANTA PLUMBERS & STEAMFITTERS H&W FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTA PLUMBERS & STEAMFITTERS H&W FUND	D Employer Identification Number (EIN) 58-1261304

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		5778114
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2888303	3563821
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1921998	1376166
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	25125684	7874168
(2) U.S. Government securities	1c(2)	5170070	25401078
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5782247	5909822
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1405521	292769
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2841822	6322662
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6504625	5703217
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	51640270	62221817
Liabilities			
g Benefit claims payable.....	1g	4118000	4116000
h Operating payables.....	1h	295799	427795
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4413799	4543795
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	47226471	57678022

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	40259837	
(B) Participants.....	2a(1)(B)	1961421	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		42221258
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	880621	
(B) U.S. Government securities.....	2b(1)(B)	285183	
(C) Corporate debt instruments.....	2b(1)(C)	195080	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1360884
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	8464	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	111293	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		119757
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	18930975	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	18840167	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		90808
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	929832	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		275122
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		172790
c Other income	2c		51715
d Total income. Add all income amounts in column (b) and enter total	2d		45222166

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32133582	
(2) To insurance carriers for the provision of benefits	2e(2)	383846	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		32517428
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	898887	
(3) Recordkeeping fees	2i(3)	6264	
(4) IQPA audit fees	2i(4)	18200	
(5) Investment advisory and investment management fees	2i(5)	74971	
(6) Bank or trust company trustee/custodial fees	2i(6)	2565	
(7) Actuarial fees	2i(7)	129021	
(8) Legal fees	2i(8)	40648	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1082631	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2253187
j Total expenses. Add all expense amounts in column (b) and enter total	2j		34770615

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10451551
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

**ATLANTA PLUMBERS AND STEAMFITTERS
HEALTH AND WELFARE FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**ATLANTA PLUMBERS AND STEAMFITTERS
HEALTH AND WELFARE FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Board of Administration of the
Atlanta Plumbers and Steamfitters
Health and Welfare Fund

Opinion

We have audited the financial statements of the Atlanta Plumbers and Steamfitters Health and Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Administrative Expenses and Schedule of Reportable Transactions referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Supplemental information is the responsibility of the Plan’s 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 GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, 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.

Novak Francella LLC

Boston, Massachusetts
October 7, 2025

**ATLANTA PLUMBERS AND STEAMFITTERS
HEALTH AND WELFARE FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS - at fair value		
Common stock	\$ 292,769	\$ 1,405,521
United States Government and Government Agency obligations	25,401,078	5,170,070
Corporate obligations	5,909,822	5,782,247
Mutual funds	5,703,217	6,504,625
Common collective trust	6,322,662	2,841,822
Short-term investments	6,447,543	18,357,874
Total investments	50,077,091	40,062,159
RECEIVABLES		
Employer contributions	3,563,821	2,888,303
Reciprocal contributions	179,461	227,734
Accrued interest and dividends	124,506	154,308
Rebates receivable	1,059,845	1,531,858
Total receivables	4,927,633	4,802,203
PREPAID EXPENSES	12,354	8,098
CASH	5,778,114	6,213,727
ESCROW	1,426,625	554,083
Total assets	62,221,817	51,640,270
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	68,169	37,003
Reciprocal contributions payable	359,626	258,796
Total liabilities	427,795	295,799
NET ASSETS AVAILABLE FOR BENEFITS	\$ 61,794,022	\$ 51,344,471

See accompanying notes to financial statements.

**ATLANTA PLUMBERS AND STEAMFITTERS
HEALTH AND WELFARE FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 1,468,552	\$ 1,637,205
Interest and dividends	1,480,641	1,312,802
	2,949,193	2,950,007
Investment expenses	(77,536)	(76,155)
Investment income - net	2,871,657	2,873,852
Employer contributions	41,801,291	35,269,114
Reciprocal contributions	1,287,522	1,228,228
Reciprocals paid	(2,828,976)	(1,788,344)
Participant and COBRA contributions	1,961,421	2,209,753
Total contributions	42,221,258	36,918,751
Other income	6,569	-
Total additions	45,099,484	39,792,603
DEDUCTIONS		
Cost of benefits		
Self-insured benefits		
Comprehensive medical and prescription drugs, net of rebates	30,433,690	25,564,392
Dental	1,349,371	1,278,042
Vision	299,328	256,482
Employee assistance	53,193	49,523
Total benefits	32,135,582	27,148,439
Stop loss premiums	383,846	471,050
Subrogation	(45,146)	(140,842)
Cost containment and provider fees	898,887	853,159
Regulatory fees and taxes	92,012	89,785
Total cost of benefits	33,465,181	28,421,591
Administrative expenses	1,184,752	1,033,071
Total deductions	34,649,933	29,454,662
NET INCREASE	10,449,551	10,337,941
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	51,344,471	41,006,530
End of year	\$ 61,794,022	\$ 51,344,471

See accompanying notes to financial statements.

**ATLANTA PLUMBERS AND STEAMFITTERS
HEALTH AND WELFARE FUND**

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Health claims payable	\$ 109,000	\$ 8,000
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT ESTIMATED AMOUNTS		
Estimated health claims incurred but not reported	4,007,000	4,110,000
Hours bank available for future eligibility	12,865,477	12,918,247
Accumulated eligibility credits	8,069,523	6,432,753
	24,942,000	23,461,000
TOTAL BENEFIT OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	25,051,000	23,469,000
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current retirees, beneficiaries and dependents	5,714,944	3,525,211
Active participants fully eligible for benefits	21,191,354	28,043,928
Active participants not fully eligible for benefits	28,779,024	34,778,120
	55,685,322	66,347,259
TOTAL BENEFIT OBLIGATIONS	\$ 80,736,322	\$ 89,816,259

See accompanying notes to financial statements.

**ATLANTA PLUMBERS AND STEAMFITTERS
HEALTH AND WELFARE FUND**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at beginning of year	\$ 8,000	\$ 91,000
Change attributable to changes in Health claims payable	101,000	(83,000)
Balance at end of year	109,000	8,000
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE AT ESTIMATED AMOUNTS		
Balance at beginning of year	23,461,000	21,989,000
Change during the year attributable to		
Incurred but not reported	(103,000)	(796,000)
Hours bank available	(52,770)	1,722,447
Accumulated eligibility credits	1,636,770	545,553
Balance at end of year	24,942,000	23,461,000
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	25,051,000	23,469,000
POSTRETIREMENT BENEFIT OBLIGATIONS		
Balance at beginning of year	66,347,259	64,089,395
Increase (decrease) during the year attributable to		
Benefit accumulations	3,189,863	3,740,857
Passage of time	3,259,179	3,350,076
Benefits incurred	(1,845,667)	(1,657,444)
Changes in actuarial assumptions	(15,265,312)	(3,175,625)
	55,685,322	66,347,259
Balance at end of year	\$ 80,736,322	\$ 89,816,259

See accompanying notes to financial statements.

**ATLANTA PLUMBERS AND STEAMFITTERS
HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The Atlanta Plumbers and Steamfitters Health and Welfare Fund (the Plan) was formed in 1968 under an agreement by and between Plumbers and Steamfitters Local Union No. 72 of the United Association of Journeymen and Apprentices of the Plumbers and Pipefitting Industry of the United States and Canada (AFL-CIO), and the Association of Mechanical Contractors of Atlanta, Inc. This agreement provides, among other things, for participating employers to contribute a certain amount to this Plan for each employee.

This Plan maintains a Plan of Benefits which provides for life, accidental death and dismemberment, disability, hospitalization, prescription and major medical benefits for eligible employees as specified in the Plan.

The Trustees approved the moving of the Medicare and pre-Medicare retirees to a new stand-alone retiree only plan, with coverage details and the effective date of September 1, 2016.

Health and death claims of active and retired participants, dependents, and beneficiaries are processed by National Employee Benefits Administrators, Inc. (NEBA), but the responsibility for payments to participants and providers is retained by the Plan.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting.

Investments and income recognition - Common stock, mutual funds, United States Government and Government Agency obligations, common collective trust and corporate obligations are carried at fair value as provided by the investment custodian, which generally represents quoted market prices as of the last business day of the year, net asset value of the fund or using pricing models that use similar observable inputs for similar securities. Short-term investments are valued at cost which approximates fair value.

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 and sold as well as held during the year.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Contributions Receivable - Employer and participant contributions due but not paid prior to the year-end are recorded as contributions receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

Benefit Obligations - Claims payable were estimated by the Plan based on payments made subsequent to year end and claims incurred but not reported were estimated by the Plan consultant based on claims experience. Postretirement benefit obligations were estimated by the Plan's actuary and benefit consultant based on the assumptions described in Note 9.

Stop Loss Coverage - The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as aggregate exposure for all claims). Premiums for stop loss insurance are included in premium payments in the accompanying statement of changes in net assets available for benefits.

Refunds - 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. Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling \$2,139,376 and \$2,419,049 have been netted with prescription claims in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively.

Accumulated Eligibility Credits - The obligation for accumulated eligibility credits was estimated by the Plan's benefit consultant.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

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

Revenue Recognition - The Fund is funded by contributions from participating employers under the terms of collective bargaining agreements (CBA). Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for, or diverted to, purposes other than the exclusive benefit of the participants.

NOTE 4. TAX STATUS

The trust established under the Plan obtained its latest determination letter dated August 11, 1995, in which the Internal Revenue Service stated that the trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under section 501(c)(9). The trust has been amended since receiving the determination letter. The Plan's administrator and the Plan's counsel believe that the trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 5. FUNDING POLICY

The Plan is financed by employer contributions. Employer contributions are determined by collective bargaining agreements and vary by the type of work performed by the participants.

COBRA participant contributions are determined by the Plan's consultant in accordance with COBRA regulations.

The Trustees have entered into Reciprocal Agreements with several other Health & Welfare Plans which provide that a member of this Local working in another area earns the rates of that Plan, and any member of another Local working in this area earns the rates of this Plan. Amounts received for the benefit of members of other Local Unions reduce the total employer contributions when these monies are transferred to that member's home Local Union Health and Welfare Plan. Contributions received from other Local Union Health & Welfare Plans are included in the employer contributions of this Plan.

NOTE 6. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

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

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

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 292,769	\$ 292,769	\$ -	\$ -
United States Government and Government Agency obligations	25,401,078	-	25,401,078	-
Corporate obligations	5,909,822	-	5,909,822	-
Short-term investments	6,447,543	6,447,543	-	-
Mutual funds	5,703,217	5,703,217	-	-
Total assets in the fair value hierarchy	43,754,429	<u>\$ 12,443,529</u>	<u>\$ 31,310,900</u>	<u>\$ -</u>
Investments measured at NAV	6,322,662			
Total investments	<u>\$ 50,077,091</u>			

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 1,405,521	\$ 1,405,521	\$ -	\$ -
United States Government and Government Agency obligations	5,170,070	-	5,170,070	-
Corporate obligations	5,782,247	-	5,782,247	-
Mutual funds	6,504,625	6,504,625	-	-
Short-term investments	18,357,874	18,357,874	-	-
Total assets in the fair value hierarchy	37,220,337	<u>\$ 26,268,020</u>	<u>\$ 10,952,317</u>	<u>\$ -</u>
Investments measured at NAV	<u>2,841,822</u>			
Total investments	<u>\$ 40,062,159</u>			

In accordance with ASU 820-10, 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 these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

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

For the years ended December 31, 2024 and 2023 there were no transfers in or out of levels 1, 2, or 3.

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

	2024 Fair Value	2023 Fair Value	2024 Unfunded Commitments	2023 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust:						
Longview Large Cap 500 Index	<u>\$ 6,322,662</u>	<u>\$ 2,841,822</u>	<u>\$ -</u>	<u>\$ -</u>	Daily	Daily

NOTE 7. ACTIVE PARTICIPANTS' ACCUMULATED ELIGIBILITY

Active participants who have worked the minimum required hours in a given work period are eligible for health benefits during the corresponding benefit period.

NOTE 7. ACTIVE PARTICIPANTS' ACCUMULATED ELIGIBILITY (continued)

The following schedule identifies the Work Periods and corresponding Benefit Periods for active participants:

<u>Work Month</u>	<u>Benefit Month</u>
October	January
November	February
December	March
January	April
February	May
March	June
April	July
May	August
June	September
July	October
August	November
September	December

Once an employee and his Eligible Dependents become eligible for the benefits provided under this Fund, they will remain eligible during each successive Benefit Month provided the employee has worked a minimum of 130 hours during the corresponding Contribution Month for which employer contributions are paid to the Fund or for which a reciprocal contribution is received by the Fund. The monthly eligibility requirement for apprentices who are attending school as a part of the apprenticeship program is 100 hours.

In accordance with the Rules of Eligibility, hours worked through December 31, will provide eligibility through March of the subsequent year. This liability, as of December 31, 2024 and 2023, is estimated by the Consultant to be \$8,069,523 and \$6,432,753, respectively.

NOTE 8. HOURS BANK

The Plan provides benefits to qualified members who have accumulated credit hours in their accounts in excess of the dollars required for current coverage. This excess is then credited to the Hour Bank.

Under the Plan, employees shall have all contributions in excess of 130 hours per month credited to their Hour Bank accounts for future coverage up to a maximum of 780 hours. As of December 31, 2024 and 2023, the hours bank is estimated by the Consultant to be \$12,865,477 and \$12,918,247, respectively.

NOTE 9. POSTRETIREMENT BENEFIT OBLIGATIONS

The Plan provides certain retired participants with medical, hospital, dental, prescription, vision and death benefits. Those retirees eligible for benefits must meet defined requirements such as being eligible for benefits immediately prior to their retirement and having a minimum number of pension credits. At the date of a participant’s retirement, if the participant has earned the benefit, he or she is eligible for life.

The following 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 postretirement benefit obligation.

The actuarial cost method used to determine the accumulated postretirement benefit obligation was the Projected Unit Credit Cost Method.

The healthcare trend rates used in the valuations were as follows:

<u>Year End</u>	<u>2024</u>	<u>2023</u>
2024	7.5%	7.0%
2025	7.5%	6.5%
2026	7.0%	6.0%
2027	6.5%	5.5%
2028	6.0%	5.0%
2029	5.5%	5.0%
2030 and thereafter	5.0%	5.0%

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

Discount rate:	2024: 5.50% 2023: 4.75%
Mortality:	RP-2017 Sex Distinct Blue Collar Mortality Table projected generationally with 25% of Scale MP-2017.
Marriage:	Assumed that 80% of participants are married and that the husbands are 4 years older.
Retirement Age:	Eligible participants are assumed to retire in accordance with the rates shown:

<u>Age</u>	<u>Rate</u>
55	2%
60	2%
65	75%
70+	100%

NOTE 9. POSTRETIREMENT BENEFIT OBLIGATIONS (continued)

Additional assumption, 58% of employees eligible for an unreduced early retirement benefit between ages 58 to 61 will elect to retire.

Administrative Expenses: 2024: \$426.22 per person
 2023: \$467.18 per person

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 assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

The healthcare cost-trend rate assumption has a significant effect on the amounts reported. If the assumed rate increased by one percentage point, that would increase the accumulated postretirement benefit obligation as of December 31, 2024 and 2023 by \$8,207,379 and \$9,876,497, respectively.

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as reported on the financial statement to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits as reported on the financial statements as previously reported in 2024 and 2023	\$ 61,794,022	\$ 51,344,471
Benefit obligations currently payable and claims incurred but not reported		
Net assets available for benefits as reported on Form 5500	<u>(4,116,000)</u> <u>\$ 57,678,022</u>	<u>(4,118,000)</u> <u>\$ 47,226,471</u>

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

	<u>2024</u>	<u>2023</u>
Benefits paid to or for participants per the financial statements	\$ 32,519,428	\$ 27,148,439
Add - amounts payable and incurred but not reported at end of year	4,116,000	4,118,000
Less - amounts payable and incurred but not reported at beginning of year	<u>(4,118,000)</u>	<u>(4,997,000)</u>
Benefits paid to or for participants per Form 5500	<u>\$ 32,517,428</u>	<u>\$ 26,269,439</u>

NOTE 11. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

NOTE 12. FEES MANDATED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

The Plan is subject to certain fees mandated by the Patient Protection and Affordable Care Act. Fees payable to the Patient-Centered Outcomes Research Institute (PCORI) are equal to \$3.22 per covered life for 2024 calendar year and \$3.00 per covered life for 2023 calendar year. For the years ended December 31, 2024 and 2023, the Plan paid \$13,283 and \$12,273, respectively, in PCORI fees.

NOTE 13. CASH CONCENTRATIONS

The Plan places its cash with financial institutions deemed to be credit worthy. Cash balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 in a single bank. As of December 31, 2024, the Plan's cash on deposit with Regions Bank totaling \$7,204,739 exceeded the FDIC coverage in a single bank by \$6,954,739.

NOTE 14. PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by US Bank (US Bank). US Bank is the custodian, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year and reportable transactions.

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 15. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 7, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**ATLANTA PLUMBERS AND STEAMFITTERS
HEALTH AND WELFARE FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Professional fees		
Third party administrative expense	\$ 843,404	\$ 701,436
Actuarial	129,021	144,753
Audit and accounting fees	24,464	36,350
Legal fees	40,648	39,291
Consulting fees	-	15,418
Office and data processing fees		
Computer programming and consulting fees	-	9,966
Stationary, printing and mailing	117,290	79,162
Other		
Insurance	4,472	3,291
Conference and meetings	25,453	3,404
	<u> </u>	<u> </u>
Total administrative expenses	<u>\$ 1,184,752</u>	<u>\$ 1,033,071</u>

**ATLANTA PLUMBERS AND STEAMFITTERS
HEALTH AND WELFARE FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 58-1261304
Plan No. 501

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Common stock:</u>						
Albany Intl		75			\$ 4,469	\$ 5,998
Armstrong		94			7,267	13,284
Azenta Inc		167			6,290	8,350
Badger Meter		21			1,177	4,455
Bank Of Hawaii		115			9,072	8,193
Cheesecake Factory		242			8,220	11,480
Choice Hotels Intl Inc		68			8,186	9,655
Construction Partners		206			4,502	18,223
CSW Industrials Inc		19			4,423	6,703
Evertec Inc		276			10,869	9,530
First Fin Bankshares Inc		95			2,932	3,425
Fuller H B		130			9,229	8,772
Getty Ritty		282			8,741	8,497
Hillman Solutions		1,154			10,266	11,240
Houlihan Lokey Inc		121			5,729	21,013
Jack Henry Associates Inc		28			4,004	4,908
JBT Marel Corp		90			8,399	11,439
Lakeland Financial Corp		43			3,134	2,957
Landstar		55			6,078	9,452
National Beverage Corp		182			4,804	7,766
Prestige Brands Holdings Inc		88			6,254	6,872
Primerica Inc		50			6,246	13,571
RBC Bearings Inc		43			6,413	12,863
RLI Corp		58			4,887	9,560
Scotts Miracle Gro Co		93			9,046	6,170
Siteone Landscape Supply Inc		61			4,278	8,038
Stock Yards Bancorp Inc		124			6,128	8,880
Thor Industries Inc		92			7,189	8,805
Unifirst Corp		47			8,963	8,041
Watsco Inc		32			5,380	15,164
WD-40 Corp		39			6,966	9,465
Total common stock					<u>199,541</u>	<u>292,769</u>

United States Government and Government

Agency obligations:

United States Treasury	Bill	50,000	Var	%	01/23/25	49,280	49,876
United States Treasury	Bill	5,000,000	Var		03/06/25	4,886,970	4,963,400
United States Treasury	Bill	5,000,000	Var		03/13/25	4,945,394	4,959,350
United States Treasury	Bill	5,000,000	Var		05/15/25	4,855,850	4,923,550

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>United States Government and Government</u>						
<u>Agency obligations (continued):</u>						
Federal Home Ln Bank	Note	5,300,000	4.400 %	12/03/25	\$ 5,299,470	\$ 5,293,004
Federal Home Ln Mtg Corp	Note	37,692	3.000	10/01/49	38,040	32,526
Federal Home Ln Mtg Corp	Note	42,546	3.000	08/01/49	43,311	36,754
Federal Natl Mtg Assn	Note	71,000	0.750	10/08/27	71,043	64,436
Federal Natl Mtg Assn	Note	33,937	3.000	10/01/49	32,922	29,258
Federal Natl Mtg Assn	Note	38,326	3.000	12/01/44	38,381	33,265
Federal Natl Mtg Assn	Note	35,240	3.000	09/01/49	35,734	30,436
United States Treasury	Note	390,000	3.000	05/15/47	460,049	288,210
United States Treasury	Note	300,000	2.250	02/15/52	242,983	181,872
United States Treasury	Note	175,000	0.625	08/15/30	142,291	142,116
United States Treasury	Note	495,000	1.625	05/15/31	493,238	417,602
United States Treasury	Note	165,000	1.375	11/15/31	158,162	134,831
United States Treasury	Note	286,000	1.875	02/28/29	266,808	259,033
United States Treasury	Note	20,000	2.875	05/15/32	18,727	17,962
United States Treasury	Note	200,000	4.000	10/31/29	190,680	196,634
United States Treasury	Note	200,000	4.125	11/15/32	205,290	195,064
United States Treasury	Note	179,000	3.875	11/30/29	181,154	174,980
United States Treasury	Note	101,000	3.875	12/31/29	100,428	98,673
United States Treasury	Note	145,000	4.000	02/29/28	144,814	143,682
United States Treasury	Note	125,000	4.000	02/28/30	125,650	122,686
United States Treasury	Note	585,000	3.375	05/15/33	546,469	537,603
United States Treasury	Note	105,000	3.875	08/15/33	105,820	99,931
United States Treasury	Note	125,000	4.500	11/15/33	129,947	124,434
United States Treasury	Note	155,000	4.375	10/30/30	155,366	154,436
United States Treasury	Note	372,000	4.000	02/15/34	363,571	356,138
United States Treasury	Note	100,000	4.250	02/28/31	99,399	98,865
United States Treasury	Note	100,000	4.625	04/30/31	102,602	100,845
United States Treasury	Note	150,000	2.000	11/15/26	158,678	143,964
United States Treasury	Note	115,000	2.375	05/15/27	120,973	110,132
United States Treasury	Note	150,000	1.125	02/28/27	155,995	140,415
United States Treasury	Note	305,000	0.625	05/15/30	298,225	250,265
United States Treasury	Note	150,000	2.250	11/15/27	168,142	141,820
United States Treasury	Note	270,000	2.875	05/15/28	280,851	257,904
United States Treasury	Note	100,000	2.875	08/15/28	97,817	95,126
Total United States Government and Government Agency obligations					25,810,524	25,401,078
<u>Corporate obligations:</u>						
Abbott Laboratories	Note	50,000	3.750	11/30/26	58,574	49,403
Agilent	Note	50,000	2.750	09/15/29	53,087	45,414
Airpods	Note	50,000	1.850	05/15/27	52,033	47,001
Allstate	Note	25,000	1.450	12/15/30	24,598	20,356
American Express	Note	70,000	6.489	10/30/31	74,981	74,822
Amphenol Corp	Note	50,000	5.250	04/05/34	49,950	50,149
Apple Inc	Note	50,000	3.000	11/13/27	56,354	48,278
Archer Daniels	Note	50,000	3.250	03/27/30	56,685	46,153
At T Inc Glbl	Note	175,000	2.300	06/01/27	176,034	165,176
Bank of America	Note	80,000	3.500	04/19/26	84,340	78,806
Bank of America	Note	70,000	5.015	07/22/33	69,393	68,657
Bank of New York	Note	50,000	1.600	04/24/25	51,794	49,516
Berkshire Hathaway	Note	150,000	3.125	03/15/26	158,295	147,697

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Corporate obligations (continued):</u>						
Capital One	Note	150,000	3.200 %	02/05/25	\$ 160,345	\$ 149,970
Carrier Global	Note	50,000	2.722	02/15/30	53,195	44,728
Cboe Global Markets Inc	Note	60,000	1.625	12/15/30	59,637	49,787
Cencora Inc	Note	50,000	5.125	02/15/34	49,934	49,077
Cintas Corp	Note	50,000	3.700	04/01/27	55,870	49,001
Citigroup Inc	Note	100,000	4.075	04/23/29	95,918	97,017
Coca Cola Co	Note	50,000	1.000	03/15/28	49,905	44,842
Comcast Corp	Note	100,000	3.375	08/15/25	111,732	99,143
Costco Wholesale Corp	Note	130,000	1.600	04/20/30	129,979	111,261
CVS Health	Note	12,000	4.300	03/25/28	13,708	11,627
Duke Energy	Note	100,000	4.500	08/15/32	95,284	95,263
Duke Energy	Note	50,000	1.750	06/15/30	49,932	42,420
Ecolab Inc	Note	60,000	1.300	01/30/31	59,965	48,567
Eidp Inc	Note	50,000	4.800	05/15/33	49,820	48,570
Emerson Elec	Note	60,000	0.875	10/15/26	59,813	56,387
Equifax Inc	Note	50,000	3.100	05/15/30	52,718	45,358
Erp Operating LP	Note	50,000	3.000	07/01/29	54,589	46,143
Fifth Third Bancorp	Note	100,000	4.772	07/28/30	97,190	97,973
Fiserv Inc	Note	50,000	2.650	06/01/30	52,263	44,194
FMC Corp	Note	50,000	5.650	05/18/33	49,993	49,459
Ge Healthcare	Note	125,000	4.800	08/14/29	124,518	123,831
Genuine Parts Co	Note	60,000	1.875	11/01/30	59,625	50,096
Goldman Sachs	Note	150,000	4.223	05/01/29	144,416	145,952
Hewlett Packard	Note	150,000	5.250	07/01/28	153,509	151,484
Huntington	Note	100,000	6.208	08/21/29	102,017	103,239
Intel Corp	Note	50,000	2.450	11/15/29	53,838	43,884
John Deere	Note	50,000	2.050	01/09/25	52,781	49,974
Jpmorgan	Note	125,000	4.203	07/23/29	119,616	121,638
Keycorp Mtn	Note	150,000	4.150	10/29/25	148,530	149,076
Kroger Co	Note	60,000	5.000	09/15/34	59,848	58,111
Lennox Intl	Note	50,000	1.700	08/01/27	49,853	46,106
Lowe S Cos	Note	150,000	2.500	04/15/26	158,304	146,132
Mastercard Inc	Note	50,000	2.950	06/01/29	55,829	46,653
Merck Co Inc	Note	75,000	0.750	02/24/26	75,494	71,919
Morgan Stanley	Note	15,000	4.210	04/20/28	142,127	147,852
Nordson Corp	Note	50,000	5.800	09/15/33	49,858	51,473
Northern Trust	Note	50,000	1.950	05/01/30	51,411	43,173
Oracle Corp	Note	100,000	2.650	07/15/26	103,360	96,949
Otis Worldwide Corp	Note	55,000	5.125	11/19/31	54,997	55,023
Packaging	Note	55,000	5.700	12/01/33	54,958	56,139
Parker Hannifin	Note	50,000	3.250	06/14/29	54,179	46,807
Paypal	Note	150,000	2.850	10/01/29	155,498	137,139
PepsiCo Inc	Note	150,000	2.750	03/19/30	153,235	136,248
Pfizer Invt	Note	135,000	4.750	05/19/33	134,267	131,177
Pfizer Invt	Note	50,000	5.300	05/19/53	49,926	46,816
PNC Financial	Note	50,000	2.600	07/23/26	50,537	48,435
Prologis LP	Note	50,000	2.250	04/15/30	52,415	43,739
Prudential	Note	33,000	3.878	03/27/28	37,315	32,124
Realty Income Corp	Note	60,000	0.750	03/15/26	59,515	57,206
Regions Financial	Note	150,000	2.250	05/18/25	141,747	148,491
Rtx Corp	Note	50,000	6.100	03/15/34	49,906	52,650
Smith Nephew Plc	Note	50,000	2.032	10/14/30	50,385	41,906

(a) Issuer, Borrower	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Corporate obligations (continued):</u>						
SP Global	Note	50,000	2.500 %	12/01/29	\$ 53,509	\$ 44,933
Stanley Black & Decker	Note	50,000	2.300	03/15/30	51,050	43,337
State Str Corp	Note	150,000	2.203	02/07/28	144,477	142,599
T Mobile USA Inc	Note	125,000	3.875	04/15/30	112,968	117,624
Truist Finl Corp	Note	50,000	1.950	06/05/30	50,218	42,682
Truist Finl Corp	Note	150,000	1.267	03/02/27	149,424	143,855
United Parcel	Note	50,000	3.900	04/01/25	56,649	49,917
US Bancorp	Note	150,000	1.375	07/22/30	150,079	123,807
Verizon	Note	150,000	4.125	03/16/27	148,019	148,308
Waste Management	Note	60,000	1.150	03/15/28	59,962	53,693
Zoetis Inc	Note	150,000	3.900	08/20/28	168,293	145,410
Total corporate obligations					<u>6,316,370</u>	<u>5,909,822</u>
<u>Mutual funds:</u>						
Clearbridge Large Cap Growth		9,366			639,056	706,229
Columbia Strategic Income		117,857			2,807,832	2,498,573
Pia Bbb Bond Fund		85,905			842,367	719,025
Pia Mbs Bond Fund		219,407			1,926,850	1,779,390
Total mutual funds					<u>6,216,105</u>	<u>5,703,217</u>
<u>Common collective trust</u>						
Longview Largecap 500 Veba Index Fund		13,664			5,611,936	6,322,662
<u>Short term investments</u>						
First Am Treasury Obligations Class Z		6,447,539			6,447,539	6,447,539
Federated Hermes Govt Obligs Prm		4			4	4
Total short term investments					<u>6,447,543</u>	<u>6,447,543</u>
Total investments					<u>\$ 50,602,019</u>	<u>\$ 50,077,091</u>

**ATLANTA PLUMBERS AND STEAMFITTERS
HEALTH AND WELFARE FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

EIN: 58-1261304
Plan No. 501

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain (Loss) on Transaction
	First Am Treasury Obligations	\$ 43,110,587	N/A	\$ 43,110,587	\$ 43,110,587	N/A
	Class Z Money Market	N/A	\$ 55,020,883	55,020,883	55,020,883	\$ -
	Federal Home Ln Bank					
	4.40%, due 12/03/2025	5,299,470	N/A	5,299,470	5,299,470	N/A
	US Treasury Bill	4,960,615	N/A	4,960,615	4,960,615	N/A
	Var, due 11/05/2024	N/A	4,960,615	4,960,615	4,960,615	-
	US Treasury Bill	4,937,593	N/A	4,937,593	4,937,593	N/A
	Var, due 12/10/2024	N/A	4,937,593	4,937,593	4,937,593	-
	US Treasury Bill	5,269,330	N/A	5,269,330	5,269,330	N/A
	Var, due 12/12/2024	N/A	5,269,330	5,269,330	5,269,330	-
	US Treasury Bill					
	Var, due 3/6/2025	4,886,970	N/A	4,886,970	4,886,970	N/A
	US Treasury Bill					
	Var, due 3/13/2025	4,945,394	N/A	4,945,394	4,945,394	N/A
	US Treasury Bill					
	Var, due 5/15/2025	4,855,850	N/A	4,855,850	4,855,850	N/A

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>► Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 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.)

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____

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

Part II Basic Plan Information - enter all requested information

1a Name of plan ATLANTA PLUMBERS & STEAMFITTERS H&W FUND	1b Three-digit plan number (PN) ►	501
	1c Effective date of plan	01/01/1973
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ATLANTA PLUMBERS & STEAMFITTERS H&W FUND 2010 NW 150TH AVE STE 100 PEMBROKE PINES FL 33028	2b Employer Identification Number (EIN)	58-1261304
	2c Plan Sponsor's telephone number	954-266-6322
	2d Business code (see instructions)	238220

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

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

SIGN HERE	<input checked="" type="checkbox"/> <i>Terry Newsome, Jr.</i>	10/9/2025	TERRY NEWSOME JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<input checked="" type="checkbox"/> <i>Jonathan Sterling</i>	10/9/2025	JON STERLING
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	2,495
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	2,495
a (2) Total number of active participants at the end of the plan year	6a(2)	2,723
b Retired or separated participants receiving benefits	6b	4
c Other retired or separated participants entitled to future benefits	6c	81
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	2,808
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	106

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

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

4A 4B

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

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS