

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

Part II Basic Plan Information—enter all requested information

1a Name of plan PLUMBERS LOCAL 360 HEALTH AND WELFARE FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 07/01/1986
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PLUMBERS LOCAL 360 HEALTH & WELFARE FUND 5 MEADOW HEIGHTS PROFESSIONAL PARK COLLINSVILLE, IL 62234-4471
2b Employer Identification Number (EIN) 37-1194764
2c Plan Sponsor's telephone number 618-346-2560
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and 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 type="checkbox"/> Same as Plan Sponsor PLUMBERS LOCAL 360 HEALTH AND WELFA 5 MEADOW HEIGHTS PROFESSIONAL PARK COLLINSVILLE, IL 62234-4471	3b Administrator's EIN 37-1194764 3c Administrator's telephone number 618-346-2560																				
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	5 182																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">139</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">139</td></tr> <tr><td>6b</td><td style="text-align: right;">32</td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">171</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	139	6a(2)	139	6b	32	6c		6d	171	6e		6f		6g(1)		6g(2)		6h	
6a(1)	139																				
6a(2)	139																				
6b	32																				
6c																					
6d	171																				
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 47																				

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

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

9a Plan funding 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	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
--	--

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 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>SCHEDULE A (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>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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

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

<p>A Name of plan PLUMBERS LOCAL 360 HEALTH AND WELFARE 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 PLUMBERS LOCAL 360 HEALTH & WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 37-1194764</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
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090		SL10540		09/01/2023	08/31/2024

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="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **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			
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	228043
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.
--	--	---

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

A Name of plan PLUMBERS LOCAL 360 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS LOCAL 360 HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 37-1194764	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MERITAIN HEALTH

9201 WATSON RD
ST. LOUIS, MO 63126

(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 12	NONE	91104	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)

ANDERS MINKLER HUBER HELM LLP

43-0831507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	63638	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)

J.W. TERRILL - MARSH & MCLENNAN

825 MARYVILLE CENTRE DRIVE STE 200
ST. LOUIS, MO 63017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 16	NONE	21044	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)

LABOR FIRST, LLC

3000 MIDLANTIC DR
MOUNT LAUREL, NJ 08054

(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 12	NONE	18858	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)

DELTA DENTAL OF ILLINOIS

111 SHUMAN BLVD
NAPERVILLE, IL 60563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	11531	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)

HAMMOND, SHINNER, TURCOTTE, LARREW

7730 CARONDELET AVE STE 200
ST. LOUIS, MO 63105-3326

(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 29	NONE	8050	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)

SEGal SELECT INSURANCE

46-0619194

(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 49	NONE	6979	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 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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PLUMBERS LOCAL 360 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS LOCAL 360 HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 37-1194764

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	81766	67606
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	353637	278534
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	64135	51794
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	445927	363103
(2) U.S. Government securities	1c(2)	379772	660730
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	360674	653537
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	157932	307039
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	270839	397427
(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	2972	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	2117654	2779770
Liabilities			
g Benefit claims payable.....	1g	241923	34562
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	24928	10230
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	266851	44792
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1850803	2734978

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)	2666157	
(B) Participants.....	2a(1)(B)	195456	
(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)		2861613
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	8373	
(B) U.S. Government securities.....	2b(1)(B)	17999	
(C) Corporate debt instruments.....	2b(1)(C)	23095	
(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)		49467
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	3508	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	22935	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		26443
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1086349	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1082383	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		3966
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	32324	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5418
c Other income	2c		53318
d Total income. Add all income amounts in column (b) and enter total	2d		3032549

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1511680	
(2) To insurance carriers for the provision of benefits	2e(2)	338865	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1850545
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)	82709	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	58638	
(5) Investment advisory and investment management fees	2i(5)	5693	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	2700	
(8) Legal fees	2i(8)	8050	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	140039	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		297829
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2148374

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		884175
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: **ANDERS MINKLER HUBER HELM LLP**

(2) EIN: **43-0831507**

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		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

PLUMBERS LOCAL 360 HEALTH AND WELFARE FUND

**FINANCIAL STATEMENTS WITH
SUPPLEMENTARY INFORMATION AND
ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED DECEMBER 31, 2024 AND 2023**

Contents

	<u>Page</u>
Independent Auditors' Report	1 - 3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Benefit Obligations	6
Statements of Changes in Benefit Obligations	7
Notes to Financial Statements	8 - 18
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	19 - 22
Schedule H, Line 4j - Schedule of Reportable Transactions	23
Additional Information	
Schedules of Administrative Expenses	24



Independent Auditors' Report

Board of Trustees
Plumbers Local 360 Health and Welfare Fund
Collinsville, Illinois

Opinion

We have audited the accompanying financial statements of Plumbers Local 360 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 of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' 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 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.

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

In performing an audit in accordance with GAAS, we:

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

Supplemental Schedules Required by ERISA

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

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

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

Report on Additional Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The additional Schedules of Administrative Expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards GAAS. In our opinion, the additional information is fairly stated in all material respects in relation to the financial statements as a whole.



Chesterfield, Missouri

October 13, 2025

**Plumbers Local 360 Health and Welfare Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	Assets	
	2024	2023
Investments, at Fair Value	\$ 2,381,836	\$ 1,615,144
Receivables		
Employer contributions	278,534	353,637
Rebates and reimbursements	25,068	44,825
Dividends and interest	13,099	7,449
Due from related party	5,000	-
Other receivables	8,627	11,861
Total Receivables	330,328	417,772
Property and Equipment, net	-	2,972
Cash - Non-interest Bearing	67,606	81,766
Total Assets	2,779,770	2,117,654
	Liabilities	
Due to Related Party	10,230	24,928
Total Liabilities	10,230	24,928
Net Assets Available for Benefits	\$ 2,769,540	\$ 2,092,726

Plumbers Local 360 Health and Welfare Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions to Net Assets:		
Investment Income		
Net appreciation in fair value of investments	\$ 41,708	\$ 67,964
Interest and dividends	<u>75,910</u>	<u>45,560</u>
	117,618	113,524
Less: investment expense	<u>(5,693)</u>	<u>(3,308)</u>
Net Investment Income	<u>111,925</u>	<u>110,216</u>
Contribution Income		
Employer	2,666,157	2,572,561
Participant	<u>195,456</u>	<u>192,895</u>
Total Contribution Income	<u>2,861,613</u>	<u>2,765,456</u>
Medicare Part D Subsidy	-	20,965
Refunds and Rebates	47,427	44,349
Other Income	<u>5,891</u>	<u>-</u>
Total Additions	<u>3,026,856</u>	<u>2,940,986</u>
Deductions from Net Assets:		
Benefits Paid Directly to/for Participants		
Claims paid	1,719,041	1,635,859
Claims administration	82,709	87,552
Insurance premiums	<u>338,865</u>	<u>305,694</u>
Total Benefits Paid	<u>2,140,615</u>	<u>2,029,105</u>
Administrative Expenses	<u>209,427</u>	<u>225,182</u>
Total Deductions	<u>2,350,042</u>	<u>2,254,287</u>
Net Increase	676,814	686,699
Net Assets Available for Benefits, Beginning of Year	<u>2,092,726</u>	<u>1,406,027</u>
Net Assets Available for Benefits, End of Year	<u>\$ 2,769,540</u>	<u>\$ 2,092,726</u>

Plumbers Local 360 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:		
Claims and insurance premiums payable	\$ 34,353	\$ 48,385
Claims incurred but not reported	209	193,538
Total Amounts Currently Payable	34,562	241,923
Postemployment Benefit Obligations, at Estimated Amounts:		
Accumulated eligibility credits	1,080,863	1,168,205
Total Obligations Other than Postretirement Benefit Obligations	1,115,425	1,410,128
Postretirement Benefit Obligations		
Retired participants, beneficiaries, and dependents	249,752	627,473
Other participants fully eligible for benefits	1,478,034	1,869,231
Other participants not yet fully eligible for benefits	2,985,947	3,639,165
Total Postretirement Benefit Obligations	4,713,733	6,135,869
Total Benefit Obligations, End of Year	\$ 5,829,158	\$ 7,545,997

**Plumbers Local 360 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	\$ 241,923	\$ 151,335
Claims and premiums incurred	1,850,545	2,032,141
Claims and premiums paid	<u>(2,057,906)</u>	<u>(1,941,553)</u>
Balance at end of year	<u>34,562</u>	<u>241,923</u>
Postemployment Benefit Obligations at Estimated Amounts:		
Balance at beginning of year	1,168,205	1,352,486
Net change during year	<u>(87,342)</u>	<u>(184,281)</u>
Balance at end of year	<u>1,080,863</u>	<u>1,168,205</u>
Total Obligations Other than Postretirement Benefit Obligations	<u>1,115,425</u>	<u>1,410,128</u>
Postretirement Benefit Obligations		
Balance at beginning of year	6,135,869	17,263,645
Increase (decrease) during the year attributable to:		
Benefits earned	249,191	(11,253,130)
Changes in actuarial assumptions	<u>(1,671,327)</u>	<u>125,354</u>
Balance at end of year	<u>4,713,733</u>	<u>6,135,869</u>
Total Benefit Obligations, End of Year	<u>\$ 5,829,158</u>	<u>\$ 7,545,997</u>

Plumbers Local 360 Health and Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Plan

The following description of Plumbers Local 360 Health and Welfare Fund (the "Plan") provides only general information. Participants of the Plan should refer to the plan document and the summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit health and welfare plan. The Plan was established and is maintained pursuant to a collective bargaining agreement ("CBA") between Plumbers Local 360 (the "Union") and the participating employers (the "Employers") to provide medical, vision, pharmacy, dental, life, accidental death and dismemberment, and disability benefits to participants and their dependents. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the Employers and the Union.

Eligibility

Participants become eligible for benefits by completing 600 hours of employment within six consecutive months with an Employer who is subject to a CBA or for an Employer subject to such other participation agreements which are approved by the Trustees. Once the eligibility requirements are met, certain eligible dependents are also covered under the Plan upon submission of the applicable enrollment form and supporting documents to the Plan's management.

Participants will continue to remain eligible in each calendar quarter they worked at least 160 hours of covered employment during the preceding calendar quarter. Participants may also continue to remain eligible for certain benefits through the use of accumulated eligibility credits for times of unemployment or after termination through the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

Contributions

The Employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA, or such other agreements as approved by the Trustees.

Participant contributions are allowed to provide COBRA benefits and participants pay the full cost of such benefits. Retired participants are also required to make contributions for their benefits.

Plumbers Local 360 Health and Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

Benefits

The Plan provides medical, vision, pharmacy, dental, life, accidental death and dismemberment, and disability benefits for participants and their families, as specified in the plan document. All of these benefits are self-insured by the Plan with the exception of vision and life insurance. Those are provided under group insurance contracts. The premiums for all insured benefits are paid from the assets of the Plan. The claims for all self-insured benefits are processed by the Plan's third-party claims processor under an administrative-services-only arrangement. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan uses a pharmacy benefit manager ("PBM"), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Effective March 1, 2023, all Medicare retirees are covered under the Labor First Medicare Advantage Plan ("Labor First"). This is a fully insured benefit provided under a group insurance contract. Insurance premiums paid to Labor First totaled \$110,306 and \$78,729 for the years ended December 31, 2024 and 2023, respectively.

Stop Loss Coverage

The Plan has entered into a stop loss insurance arrangement with ULLICO in an effort to actively manage catastrophic exposure (in excess of Medicare coverage) for self-insured medical benefits (individual participant claims over a specified dollar amount, as well as its aggregate measure for all claims).

Death and Accidental Death and Dismemberment Benefits

The Plan provides death benefits for eligible active participants in the amount of \$10,000 for participants, \$5,000 for spouse, and \$2,000 for dependent children. Additionally, the Plan provides accidental death and dismemberment benefits for eligible active participants in the amount of \$10,000. The Plan also provides death benefits of \$4,000 to beneficiaries of retired participants and \$2,000 in spousal death benefits. In order to qualify for this benefit, retired participants must have 30,000 hours of service, if retired prior to January 1, 1995, and 25,000 hours of service, if retired after January 1, 1995. These benefits are paid directly from Plan assets and are part of Plan benefits.

Disability Benefits

All active Plan participants receive accident and sickness disability coverage. Benefits begin on the 6th business day of sickness or injury and continue for 26 weeks at 66 2/3 percent of basic weekly salary, up to a maximum of \$300. Coverage is provided from Plan assets.

**Plumbers Local 360 Health and Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023**

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within the FASB ASC.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, benefit obligations and changes therein, incurred but not reported ("IBNR"), accumulated eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the amount that would be received from permitted transactions under the terms of the Plan.

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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurements

The Plan follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

**Plumbers Local 360 Health and Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Employer Contribution Receivables

Employer contribution receivables represent Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not received by year end. Employer contribution receivables are carried at reported amounts, net of an estimate made for credit losses. Management determines the allowance for credit losses by regularly evaluating individual Employer contribution receivables and considering the Employer's financial condition, payment history, and current economic conditions. Employer contribution receivables are written off when deemed uncollectible. Management is of the opinion that no allowance for credit losses is necessary as of December 31, 2024 and 2023.

Property and Equipment

Property and equipment is stated at cost. Major additions and improvements are capitalized, while maintenance and repairs are expensed as incurred. When assets are sold or otherwise disposed of, the related cost and accumulated amortization are removed from the accounts. Any gain or loss arising from such disposition is included as additions or deductions in the year of disposition.

Amortization is computed using the straight-line method over the estimated useful lives of the assets, as follows:

<u>Classification</u>	<u>Years</u>
Computer Software	5

Refunds and Rebates

Prescription refunds due from the Plan's PBM are recorded when earned. Rebates due at year end are recorded as a receivable on the statements of net assets available for benefits, with the offset being recorded on the statements of changes in net assets as additions to net assets available for benefits. Pharmacy rebates totaled \$47,427 and \$44,349 for the years ended December 31, 2024 and 2023, respectively.

Medicare Part D Subsidy

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (the "Act") applies to postretirement health care plans and provides prescription drug benefits. The Act provides for a Plan to receive a subsidy under Medicare ("Medicare Part D") if it provides a benefit that is at least actuarially equivalent to Medicare Part D. The plan received \$20,965 from Federal subsidies for the year ended December 31, 2023. The Plan's postretirement benefit obligation reflects an amount associated with the Medicare subsidy allowed under the Act because the Plan is directly entitled to the Medicare subsidy. During the year ended December 31, 2024, the Plan did not receive any subsidies under the Act. Medicare subsidy amounts are recorded on the statements of changes in net assets as additions to net assets available for benefits.

Plumbers Local 360 Health and Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

Payment of Benefits

Premiums paid are recorded as insurance premiums in the accompanying statements of changes in net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement. Claims paid by the claims processor prior to year end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid are recorded as an amount currently payable in the accompanying statements of benefit obligations. Premiums not yet paid at year-end are included as an amount currently payable in the accompanying statements of benefit obligations.

Stop Loss

Claims that were already paid from the Plan that exceed the stop loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop loss insurance are included in insurance premiums in the accompanying statements of changes in net assets available for benefits. Stop loss refunds totaling \$83,663 and \$71,824, respectively, have been netted against claims paid in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

Plan Benefit Obligations

Plan benefit obligations at year-end for health claims incurred by active participants but not reported and for accumulated eligibility credits of participants at year-end are estimated by the Plan's consultant. The postemployment benefit obligation of accumulated eligibility credits is calculated based on the number of months of future eligibility earned under the terms of the Plan as of year-end, multiplied by the Plan's estimated monthly benefit cost per individual. Such estimated amounts are reported in the accompanying statements of benefit obligations at present value. Postretirement benefit obligations are determined in accordance with accepted actuarial principles by the Plan's actuary.

Administrative Expenses

The Plan permits the payment of Plan expenses from Plan assets. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with other related plans. In computing these allocated costs, various factors are considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plans. The Plan also pays administrative fees to third-party claims administrators. These expenses are reported on the statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2025, the date on which the financial statements were available to be issued.

**Plumbers Local 360 Health and Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023**

3. Postretirement Benefit Obligations

The amount reported as postretirement benefit obligations represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to December 31st. Postretirement benefit obligations have been recognized for future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. These postretirement benefit obligations represent the amount that is to be funded by contributions from the Plan's participating Employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date. The obligation is net of anticipated self-payments.

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

The current medical trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. The medical trend rate assumed for the year ended December 31, 2024 and 2023 was 5.75% per year for the first year, then graded down each year by 0.25% to an ultimate rate of 4.5%. If the assumed rates increased by one percentage point in each year, it would increase the postretirement obligation as of December 31, 2024 and 2023, to \$6,095,995 and \$8,108,873, respectively.

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

Actuarial Cost Method:	Projected unit credit cost method in compliance with ASC 965
Discount Rates:	5.50% and 4.80% for 2024 and 2023, respectively

**Plumbers Local 360 Health and Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Mortality Rates:	
Preretirement	2024 and 2023 - PRI-12 Employee Blue Collar Table for males and females, with projected mortality improvement based on the most recent improvement scale published (Scale MP 2021)
Postretirement	2022 and 2021- PRI-12 Annuitant Table for both males and females, with projected mortality improvement based on the most recent improvement scale published (Scale MP 2021)
Assumed Retirement Age:	Age 61
Expenses:	Included in claim cost development

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

The Plan's deficiency of net assets over benefit obligations at December 31, 2024 and 2023 relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current CBA. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates, reductions in benefits, or existing Plan assets.

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. 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:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets.
Level 2	Inputs to the valuation method to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Plumbers Local 360 Health and Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

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

Following is a description of the valuation methodologies used for investments measured at fair value.

Level 1 investments consist of money market funds, common stocks, and registered investment companies ("mutual funds"). The money market funds are valued at cost plus accrued interest which approximates fair value. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds are recorded at the closing price recorded by the fund. These are open ended mutual funds and are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 2 investments consist of a corporate bonds and U.S. government and agency securities. Corporate bonds and U.S. government and agency securities are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

The fair value of investments is measured as of December 31, as follows:

	2024			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 363,103	\$ 363,103	\$ -	\$ -
U.S. government and agency securities	660,730	-	660,730	-
Corporate bonds	653,537	-	653,537	-
Common stocks	307,039	307,039	-	-
Mutual funds	397,427	397,427	-	-
Total assets in fair value hierarchy	<u>\$ 2,381,836</u>	<u>\$ 1,067,569</u>	<u>\$ 1,314,267</u>	<u>\$ -</u>

Plumbers Local 360 Health and Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

	2023			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 445,927	\$ 445,927	\$ -	\$ -
U.S. government and agency securities	379,772	-	379,772	-
Corporate bonds	360,674	-	360,674	-
Common stocks	157,932	157,932	-	-
Mutual funds	270,839	270,839	-	-
Total assets in fair value hierarchy	\$ 1,615,144	\$ 874,698	\$ 740,446	\$ -

5. Property and Equipment

Property and equipment consist of the following as of December 31:

	2024	2023
Computer software	\$ 17,832	\$ 17,832
Less: accumulated amortization	(17,832)	(14,860)
	\$ -	\$ 2,972

Amortization expense for the years ended December 31, 2024 and 2023 totaled \$2,972 and \$3,566, respectively.

6. Related Party Transactions

Cost Sharing Plan

The Plan pays the Plumbers Local 360 Pension Plan (the "Pension Plan") an approved pro-rata basis of shared employee salary, employee benefits, and overhead costs. As of December 31, 2024 and 2023, the Plan recognized expenses of \$101,337 and \$113,656, respectively. As of December 31, 2024 and 2023, \$10,230 and \$24,928, respectively, was due to the Pension Plan, which is included in the expense amount above.

Party in Interest

The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

7. Plan Amendments

Effective January 1, 2023, the Plan was amended to cover the costs associated with the transfer of one fertilized embryo per covered employee.

Plumbers Local 360 Health and Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

Effective July 1, 2023, the Plan was amended to change all COVID-19 testing and treatment to be billed at the standard applicable rates.

Effective May 1, 2024, the Plan was amended to clarify exclusion of drugs for weight loss purposes.

8. Plan Termination

Although they have not expressed any intent to do so, the Trustees have the right under the Plan to modify the benefits provided to eligible active employees. The Plan may be terminated only by joint agreement between the Employers and the Union, subject to the provisions set forth in ERISA.

Should the Plan terminate, any assets remaining shall be used solely for purposes of providing benefits and defraying the reasonable cost of administering the Plan. No assets shall revert to the Employers.

9. Tax Status of Plan

The Internal Revenue Service has determined and informed the Trustees that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. Management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

In accordance with GAAP, management is required 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 applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there were no uncertain positions taken, or expected to be taken, that would require the recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations prior to 2021. The Plan is also subject to routine audits by the DOL generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

10. Risks and Uncertainties

Investments

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

**Plumbers Local 360 Health and Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Contributions

The majority of receivables are from plumbing Employers primarily located in or working in Southern Illinois. The Plan generally does not require collateral, but in some cases can require a performance bond.

Actuarial Present Value

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

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, to Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 2,769,540	\$ 2,092,726
Less: claims payable at year end	(34,562)	(241,923)
Net assets available for benefits per the Form 5500	\$ 2,734,978	\$ 1,850,803

The following is a reconciliation of benefits paid per the financial statements for the years ended December 31, to Form 5500:

	2024
Benefits paid per the financial statements	\$ 2,057,906
Plus: claims payable current year	34,562
Less: claims payable prior year	(241,923)
Benefits paid per Form 5500	\$ 1,850,545

Plumbers Local 360 Health and Welfare Fund
EIN: 37-1194764 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MONEY MARKET FUNDS:			
	BUSEY BANK MONEY MARKET FUND	\$ 327,715	\$ 327,715
	GOLDMAN SACHS FINANCIAL SQUARE TREASURY SOLUTIONS INSTITUTIONAL CLASS .01%	35,388	35,388
	TOTAL MONEY MARKET FUNDS	<u>363,103</u>	<u>363,103</u>
COMMON STOCKS:			
	ACCENTURE PLC	3,203	3,870
	ADOBE INC	3,178	3,113
	ALPHABET INC	12,328	18,282
	ALTRIA GROUP INC	2,146	2,562
	AMAZON COM INC	11,082	16,454
	AMGEN INC	3,547	3,388
	APPLE INC	15,009	25,042
	APPLIED MATERIALS	3,350	4,554
	BECTON DICKINSON AND CO	3,170	2,949
	BERKSHIRE HATHAWAY INC	5,162	8,159
	BORGWARNER INC	2,365	2,003
	BRISTOL MYERS SQUIBB CO	2,497	2,489
	BROADCOM INC	4,187	10,665
	CANADIAN PACIFIC KANSAS CITY LIM	2,019	1,954
	CBRE GROUP INC	2,528	3,545
	CIGNA GROUP	3,955	3,866
	CHEVRON CORP	3,226	3,186
	CITIGROUP INC	2,336	3,660
	COLGATE PALMOLIVE CO	2,031	2,273
	CONSOLIDATED EDISON INC	2,067	2,052
	CONSTELLATION ENERGY CORP	1,277	2,908
	CROWN CASTLE INC	2,645	1,815
	CUMMINS INC	2,729	3,486
	DANAHER CORPORATION	3,136	3,214
	WALT DISNEY CO	2,984	3,229
	DISCOVER FINANCIAL SERVICES	1,444	2,598
	EXELON CORP	2,689	2,823
	EXPEDITORS INTERNATIONAL OF WASHINGTON INC	2,242	2,326
	EXXON MOBIL CORP	1,971	2,797
	META PLATFORMS INC	6,448	11,125
	FISERV INC	2,411	3,903
	ARTHUR J GALLAGHER & CO	1,931	2,271

Plumbers Local 360 Health and Welfare Fund
EIN: 37-1194764 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
COMMON STOCKS (CONTINUED):			
	GENERAL DYNAMICS CORP	\$ 1,617	\$ 1,844
	GOLDMAN SACHS GROUP INC	2,279	4,008
	JP MORGAN CHASE & CO	3,910	7,671
	JOHNSON & JOHNSON	5,407	5,062
	LABCORP HOLDINGS INC COM SHS	2,370	2,752
	LEIDOS HOLDINGS INC	1,978	2,305
	LINDE PLC	3,220	3,768
	LOWES COMPANIES INC	1,886	2,962
	LULULEMON ATHLETICA INC	1,948	1,912
	LYONDELLBASELL INDUSTRIES NV	1,719	1,485
	MASTERCARD INCORPORATED	3,624	6,845
	MEDTRONIC PLC	2,646	2,157
	MICROSOFT CORP	15,581	23,604
	NIKE INC	3,511	2,497
	NOVO NORDISK AS	3,314	2,581
	NUCOR CORP	1,282	1,401
	NVENT ELECTRIC PLC	1,197	2,317
	NVIDIA CORPORATION CORP COM	8,537	16,115
	OREILLY AUTOMOTIVE INC	2,347	2,372
	ORACLE CORP	2,687	4,333
	PENTAIR PLC	2,260	2,818
	PEPSICO INC	3,273	3,193
	PFIZER INC	3,099	2,494
	PHILIP MORRIS INTL INC	3,280	4,333
	PROCTER AND GAMBLE CO	2,392	2,682
	QUALCOMM INC	3,824	3,994
	RAYTHEON TECHNOLOGIES CORP	2,783	3,934
	SCHLUMBERGER LTD	3,523	3,067
	CHARLES SCHWAB CORP	2,482	2,960
	THERMO FISHER SCIENTIFIC INC	2,529	3,642
	VALERO ENERGY CORPORATION	2,186	2,574
	VENTAS INC	1,342	1,708
	ZEBRA TECHNOLOGIES CORP	2,002	1,931
	JOHNSON CONTROLS INTERNATIONAL PLC	2,246	3,157
	TOTAL COMMON STOCKS	<u>229,574</u>	<u>307,039</u>

Plumbers Local 360 Health and Welfare Fund
EIN: 37-1194764 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MUTUAL FUNDS:			
	AQR TM EMERGING MULTI-SYCLE FUND CLASS R6	\$ 16,600	\$ 16,734
	AMERICAN CENTURY MID CAP VALUE FUND Y	25,178	24,580
	BLACKPOCK INSTITUTIONAL TRUST CO 1-5 YEAR INVESTMENT	48,335	49,528
	DFA US INTERNATIONAL CORE EQUITY I	60,140	64,985
	DFA US EMERGING MARKETS SMALL CAP PORTFOLIO INST	17,681	17,811
	AMERICAN FUNDS EUROPACIFIC GROWTH FUND CLASS F-3	41,517	38,386
	GMO INTERNATIONAL DEVELOPED EQUITY ALLOCATION CLASS	26,776	28,312
	CONGRESS MID CAP GROWTH FUND INSTITUTIONAL CLASS	20,371	18,318
	FIDELITY INTERMEDIATE TREASURY BOND INDEX FUND	12,399	12,060
	VANGUARD EMERGING MARKETS BOND FUND	32,225	30,399
	STONE RIDGE HIGH YIELD REINSURANCE RISK PREMIUM FUND	44,480	44,599
	VANGUARD SMALL CAP INDEX FUND ADMIRAL SHARES	18,126	21,987
	VIRTUS KAR INTERNATIONAL SMALL-CAP FUND CLASS R6	10,964	11,125
	WILLIAM BLAIR EMERGING MKTS SMALL CAP GROWTH CL R6	16,790	18,603
	TOTAL MUTUAL FUNDS	<u>391,582</u>	<u>397,427</u>
CORPORATE BONDS:			
	AMERICAN ELECTRIC POWER COMPANY 5.625% UNSUB NTS	30,952	30,328
	ARES CAPITAL CORPORATION 2.875% 06/15/2027-2027	23,707	23,775
	AVALONBAY COMMUNITIES INC FR 3.2% 01/15/2028-2027	21,389	19,143
	BANK OF AMERICA CORP 3.95% 04/21/2025	19,430	19,945
	CONSTELLATION BRANDS INC 4.75% 12/01/2025	39,978	39,997
	DTE ENERGY COMPANY SR GLOBL -E NT 26 2.85% 10/01/2026	15,921	14,530
	DUKE ENERGY CORP 3.4% 06/15/2029-2029	28,034	28,101
	ELEVANCE HEALTH INC SR GLOBL NT 2.55% 03/15/2031-2030	25,090	21,455
	GOLDMAN SACHS 4% 11/15/2028	14,858	14,260
	H8 META PLATFORMS INC 3.85% 08/15/2032-2032	26,213	27,890
	JP MORGAN CHASE & CO 4.25% 10/01/2027	14,934	14,888
	JP MORGAN CHASE & CO SUB NT 3.625% 12/01/2027-2026	27,684	24,288
	KEYSIGHT TECHNOLOGIES INC SR GLOBL NT (SEC REGD) 4.6%	29,510	29,851
	LINCOLN NATIONAL 3.4% 01/15/2031-2030	30,908	31,464
	LOWES COMPANIES INC SR GLOBL NT 4.5% 04/15/2030	30,654	24,524
	MCDONALDS CORP FR 2.625% 09/01/2029-2029	25,589	27,310
	MCLAREN HEALTH CARE 2015C BD 3.633% 05/15/2026	25,309	24,550
	NORFOLK SOUTHERN 5.55% 03/15/2034-2033	21,282	20,404
	PAYPAL HOLDINGS INC ST GLOBL NT 2.65% 10/01/2026	14,224	14,528
	PHILIP MORRIS INTL INC 5.125% 02/15/2030-2029	24,741	25,118

Plumbers Local 360 Health and Welfare Fund
EIN: 37-1194764 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	REGIONS FINANCIAL CORP 2.25% 05/18/2025-2025	\$ 23,381	\$ 24,749
	REPUBLIC SVCS INC 5.2% 11/15/2034-2034	25,211	24,793
	THE SOUTHERN CO 5.2% 06/15/2033-2032	50,125	49,440
	VERIZON COMMUNICATIONS INC 4.4% 11/01/2034-2034	47,301	46,337
	WORKDAY INC 3.8% 04/01/2032-2032	32,257	31,869
	TOTAL CORPORATE BONDS	<u>668,682</u>	<u>653,537</u>
U.S. GOVERNMENT & AGENCY SECURITIES:			
	FEDERAL HOME LOAN BANKS CONS BD 2.875% 03/14/2025	9,888	9,971
	FEDERAL FARM CREDIT BANKS 2.875% 01/18/2028	22,802	19,110
	FEDERAL FARM CREDIT BANK CONS BD .76% 06/24/2027	24,982	22,955
	UNITED STATES TREASURY BDS 6% 02/15/2026	60,791	51,021
	UNITED STATES TREASURY NOTE 2.75% 02/15/2028	24,559	23,868
	UNITED STATES TREASURY NOTES 2.875% 08/15/2028	47,998	47,556
	UNITED STATES TREASURY NOTE 2.75% 08/31/2025	24,408	24,755
	UNITED STATES TREASURY NOTES 2.625% 02/15/2029	26,864	28,044
	UNITED STATES TREASURY NOTE 2.25% 02/15/2027	23,983	23,989
	UNITED STATES TREASURY NOTES 1.75% 11/15/2029	33,069	26,602
	UNITED STATES TREASURY NOTES .625% 08/15/2030	23,685	24,360
	UNITED STATES TREASURY NOTES (B-2031) 1.125% 02/15/2030	33,117	33,006
	UNITED STATES TREASURY NOTES 1.25% 08/15/2031	23,493	24,481
	UNITED STATES TREASURY NOTES 1.875% 02/15/2032	24,401	25,232
	UNITED STATES TREASURY NOTES 4.125% 11/15/2032	24,687	24,384
	UNITED STATES TREASURY NOTES 3.5% 02/15/2033	71,147	69,776
	UNITED STATES TREASURY NOTES 4% 02/28/2030	23,811	24,534
	UNITED STATES TREASURY NOTES 4.5% 07/15/2026	35,235	35,125
	UNITED STATES TREASURY NOTES 4.5% 11/15/2033	76,764	74,672
	UNITED STATES TREASURY NOTES 3.875% 08/15/2034	48,668	47,289
	TOTAL U.S. GOVERNMENT & AGENCY SECURITIES	<u>684,352</u>	<u>660,730</u>
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES	<u>\$ 2,337,293</u>	<u>\$ 2,381,836</u>

Plumbers Local 360 Health and Welfare Fund
EIN: 37-1194764 Plan Number: 501
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
--------------------------------------	-----------------------------	--------------------------	-------------------------	-------------------------	---	------------------------------

Single transaction within the plan year in excess of five percent of the current value of plan assets: None.

Series of transactions with or in conjunction with the same person greater than five percent of the current value of plan assets: None.

Series of transactions in excess of five percent of plan assets at beginning of year:

Busey Bank	Goldman Sachs Financial Square Treasury	\$ -	\$ 953,291	\$ 953,291	\$ 953,291	\$ -
Busey Bank	Goldman Sachs Financial Square Treasury	654,618	-	654,618	654,618	-

Transactions with respect to securities with a person if any prior or subsequent single transaction greater than five percent of current plan assets: None.

**Plumbers Local 360 Health and Welfare Fund
Schedules of Administrative Expenses
Years Ended December 31, 2024 and 2023**

	2024	2023
Amortization	\$ 2,972	\$ 3,566
Fiduciary insurance	6,979	9,339
Health dynamics	-	1,650
Miscellaneous	-	6,436
Office administrative expenses	101,337	113,656
Other taxes	966	985
Payroll taxes	340	1,349
People resources	4,507	4,203
Professional fees - accounting	29,349	26,456
Professional fees - actuarial	2,700	2,700
Professional fees - consulting	22,528	27,083
Professional fees - legal	8,050	9,537
Professional fees - payroll auditing	29,289	15,491
Supplies & postage	-	2,331
UARS	410	400
Total Administrative Expenses	\$ 209,427	\$ 225,182

Plumbers Local 360 Health and Welfare Fund
EIN: 37-1194764 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MONEY MARKET FUNDS:			
	BUSEY BANK MONEY MARKET FUND	\$ 327,715	\$ 327,715
	GOLDMAN SACHS FINANCIAL SQUARE TREASURY SOLUTIONS INSTITUTIONAL CLASS .01%	35,388	35,388
	TOTAL MONEY MARKET FUNDS	<u>363,103</u>	<u>363,103</u>
COMMON STOCKS:			
	ACCENTURE PLC	3,203	3,870
	ADOBE INC	3,178	3,113
	ALPHABET INC	12,328	18,282
	ALTRIA GROUP INC	2,146	2,562
	AMAZON COM INC	11,082	16,454
	AMGEN INC	3,547	3,388
	APPLE INC	15,009	25,042
	APPLIED MATERIALS	3,350	4,554
	BECTON DICKINSON AND CO	3,170	2,949
	BERKSHIRE HATHAWAY INC	5,162	8,159
	BORGWARNER INC	2,365	2,003
	BRISTOL MYERS SQUIBB CO	2,497	2,489
	BROADCOM INC	4,187	10,665
	CANADIAN PACIFIC KANSAS CITY LIM	2,019	1,954
	CBRE GROUP INC	2,528	3,545
	CIGNA GROUP	3,955	3,866
	CHEVRON CORP	3,226	3,186
	CITIGROUP INC	2,336	3,660
	COLGATE PALMOLIVE CO	2,031	2,273
	CONSOLIDATED EDISON INC	2,067	2,052
	CONSTELLATION ENERGY CORP	1,277	2,908
	CROWN CASTLE INC	2,645	1,815
	CUMMINS INC	2,729	3,486
	DANAHER CORPORATION	3,136	3,214
	WALT DISNEY CO	2,984	3,229
	DISCOVER FINANCIAL SERVICES	1,444	2,598
	EXELON CORP	2,689	2,823
	EXPEDITORS INTERNATIONAL OF WASHINGTON INC	2,242	2,326
	EXXON MOBIL CORP	1,971	2,797
	META PLATFORMS INC	6,448	11,125
	FISERV INC	2,411	3,903
	ARTHUR J GALLAGHER & CO	1,931	2,271

Plumbers Local 360 Health and Welfare Fund
EIN: 37-1194764 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
COMMON STOCKS (CONTINUED):			
	GENERAL DYNAMICS CORP	\$ 1,617	\$ 1,844
	GOLDMAN SACHS GROUP INC	2,279	4,008
	JP MORGAN CHASE & CO	3,910	7,671
	JOHNSON & JOHNSON	5,407	5,062
	LABCORP HOLDINGS INC COM SHS	2,370	2,752
	LEIDOS HOLDINGS INC	1,978	2,305
	LINDE PLC	3,220	3,768
	LOWES COMPANIES INC	1,886	2,962
	LULULEMON ATHLETICA INC	1,948	1,912
	LYONDELLBASELL INDUSTRIES NV	1,719	1,485
	MASTERCARD INCORPORATED	3,624	6,845
	MEDTRONIC PLC	2,646	2,157
	MICROSOFT CORP	15,581	23,604
	NIKE INC	3,511	2,497
	NOVO NORDISK AS	3,314	2,581
	NUCOR CORP	1,282	1,401
	NVENT ELECTRIC PLC	1,197	2,317
	NVIDIA CORPORATION CORP COM	8,537	16,115
	OREILLY AUTOMOTIVE INC	2,347	2,372
	ORACLE CORP	2,687	4,333
	PENTAIR PLC	2,260	2,818
	PEPSICO INC	3,273	3,193
	PFIZER INC	3,099	2,494
	PHILIP MORRIS INTL INC	3,280	4,333
	PROCTER AND GAMBLE CO	2,392	2,682
	QUALCOMM INC	3,824	3,994
	RAYTHEON TECHNOLOGIES CORP	2,783	3,934
	SCHLUMBERGER LTD	3,523	3,067
	CHARLES SCHWAB CORP	2,482	2,960
	THERMO FISHER SCIENTIFIC INC	2,529	3,642
	VALERO ENERGY CORPORATION	2,186	2,574
	VENTAS INC	1,342	1,708
	ZEBRA TECHNOLOGIES CORP	2,002	1,931
	JOHNSON CONTROLS INTERNATIONAL PLC	2,246	3,157
	TOTAL COMMON STOCKS	<u>229,574</u>	<u>307,039</u>

Plumbers Local 360 Health and Welfare Fund
EIN: 37-1194764 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MUTUAL FUNDS:			
	AQR TM EMERGING MULTI-SYCLE FUND CLASS R6	\$ 16,600	\$ 16,734
	AMERICAN CENTURY MID CAP VALUE FUND Y	25,178	24,580
	BLACKPOCK INSTITUTIONAL TRUST CO 1-5 YEAR INVESTMENT	48,335	49,528
	DFA US INTERNATIONAL CORE EQUITY I	60,140	64,985
	DFA US EMERGING MARKETS SMALL CAP PORTFOLIO INST	17,681	17,811
	AMERICAN FUNDS EUROPACIFIC GROWTH FUND CLASS F-3	41,517	38,386
	GMO INTERNATIONAL DEVELOPED EQUITY ALLOCATION CLASS	26,776	28,312
	CONGRESS MID CAP GROWTH FUND INSTITUTIONAL CLASS	20,371	18,318
	FIDELITY INTERMEDIATE TREASURY BOND INDEX FUND	12,399	12,060
	VANGUARD EMERGING MARKETS BOND FUND	32,225	30,399
	STONE RIDGE HIGH YIELD REINSURANCE RISK PREMIUM FUND	44,480	44,599
	VANGUARD SMALL CAP INDEX FUND ADMIRAL SHARES	18,126	21,987
	VIRTUS KAR INTERNATIONAL SMALL-CAP FUND CLASS R6	10,964	11,125
	WILLIAM BLAIR EMERGING MKTS SMALL CAP GROWTH CL R6	16,790	18,603
	TOTAL MUTUAL FUNDS	<u>391,582</u>	<u>397,427</u>
CORPORATE BONDS:			
	AMERICAN ELECTRIC POWER COMPANY 5.625% UNSUB NTS	30,952	30,328
	ARES CAPITAL CORPORATION 2.875% 06/15/2027-2027	23,707	23,775
	AVALONBAY COMMUNITIES INC FR 3.2% 01/15/2028-2027	21,389	19,143
	BANK OF AMERICA CORP 3.95% 04/21/2025	19,430	19,945
	CONSTELLATION BRANDS INC 4.75% 12/01/2025	39,978	39,997
	DTE ENERGY COMPANY SR GLOBL -E NT 26 2.85% 10/01/2026	15,921	14,530
	DUKE ENERGY CORP 3.4% 06/15/2029-2029	28,034	28,101
	ELEVANCE HEALTH INC SR GLOBL NT 2.55% 03/15/2031-2030	25,090	21,455
	GOLDMAN SACHS 4% 11/15/2028	14,858	14,260
	H8 META PLATFORMS INC 3.85% 08/15/2032-2032	26,213	27,890
	JP MORGAN CHASE & CO 4.25% 10/01/2027	14,934	14,888
	JP MORGAN CHASE & CO SUB NT 3.625% 12/01/2027-2026	27,684	24,288
	KEYSIGHT TECHNOLOGIES INC SR GLOBL NT (SEC REGD) 4.6%	29,510	29,851
	LINCOLN NATIONAL 3.4% 01/15/2031-2030	30,908	31,464
	LOWES COMPANIES INC SR GLOBL NT 4.5% 04/15/2030	30,654	24,524
	MCDONALDS CORP FR 2.625% 09/01/2029-2029	25,589	27,310
	MCLAREN HEALTH CARE 2015C BD 3.633% 05/15/2026	25,309	24,550
	NORFOLK SOUTHERN 5.55% 03/15/2034-2033	21,282	20,404
	PAYPAL HOLDINGS INC ST GLOBL NT 2.65% 10/01/2026	14,224	14,528
	PHILIP MORRIS INTL INC 5.125% 02/15/2030-2029	24,741	25,118

Plumbers Local 360 Health and Welfare Fund
EIN: 37-1194764 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	REGIONS FINANCIAL CORP 2.25% 05/18/2025-2025	\$ 23,381	\$ 24,749
	REPUBLIC SVCS INC 5.2% 11/15/2034-2034	25,211	24,793
	THE SOUTHERN CO 5.2% 06/15/2033-2032	50,125	49,440
	VERIZON COMMUNICATIONS INC 4.4% 11/01/2034-2034	47,301	46,337
	WORKDAY INC 3.8% 04/01/2032-2032	32,257	31,869
	TOTAL CORPORATE BONDS	<u>668,682</u>	<u>653,537</u>
U.S. GOVERNMENT & AGENCY SECURITIES:			
	FEDERAL HOME LOAN BANKS CONS BD 2.875% 03/14/2025	9,888	9,971
	FEDERAL FARM CREDIT BANKS 2.875% 01/18/2028	22,802	19,110
	FEDERAL FARM CREDIT BANK CONS BD .76% 06/24/2027	24,982	22,955
	UNITED STATES TREASURY BDS 6% 02/15/2026	60,791	51,021
	UNITED STATES TREASURY NOTE 2.75% 02/15/2028	24,559	23,868
	UNITED STATES TREASURY NOTES 2.875% 08/15/2028	47,998	47,556
	UNITED STATES TREASURY NOTE 2.75% 08/31/2025	24,408	24,755
	UNITED STATES TREASURY NOTES 2.625% 02/15/2029	26,864	28,044
	UNITED STATES TREASURY NOTE 2.25% 02/15/2027	23,983	23,989
	UNITED STATES TREASURY NOTES 1.75% 11/15/2029	33,069	26,602
	UNITED STATES TREASURY NOTES .625% 08/15/2030	23,685	24,360
	UNITED STATES TREASURY NOTES (B-2031) 1.125% 02/15/2030	33,117	33,006
	UNITED STATES TREASURY NOTES 1.25% 08/15/2031	23,493	24,481
	UNITED STATES TREASURY NOTES 1.875% 02/15/2032	24,401	25,232
	UNITED STATES TREASURY NOTES 4.125% 11/15/2032	24,687	24,384
	UNITED STATES TREASURY NOTES 3.5% 02/15/2033	71,147	69,776
	UNITED STATES TREASURY NOTES 4% 02/28/2030	23,811	24,534
	UNITED STATES TREASURY NOTES 4.5% 07/15/2026	35,235	35,125
	UNITED STATES TREASURY NOTES 4.5% 11/15/2033	76,764	74,672
	UNITED STATES TREASURY NOTES 3.875% 08/15/2034	48,668	47,289
	TOTAL U.S. GOVERNMENT & AGENCY SECURITIES	<u>684,352</u>	<u>660,730</u>
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES	<u>\$ 2,337,293</u>	<u>\$ 2,381,836</u>


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>	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	<small>OMB Nos. 1210 - 0110 1210 - 0089</small> 2024 This Form is Open to Public Inspection
---	--	---

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

Part II Basic Plan Information - enter all requested information	
1a Name of plan PLUMBERS LOCAL 360 HEALTH AND WELFARE FUND	1b Three-digit plan number (PN) ▶ 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PLUMBERS LOCAL 360 HEALTH & WELFARE FUND 5 MEADOW HEIGHTS PROFESSIONAL PARK COLLINSVILLE IL 62234-4471	1c Effective date of plan 07/01/1986 2b Employer Identification Number (EIN) 37-1194764 2c Plan Sponsor's telephone number 618-346-2560 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		10/13/2025	DONALD DEGONIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor PLUMBERS LOCAL 360 HEALTH AND WELFA 5 MEADOW HEIGHTS PROFESSIONAL PARK COLLINSVILLE IL 62234-4471	3b Administrator's EIN 37-1194764 3c Administrator's telephone number 618-346-2560
---	---

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	182
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)	139
a(2) Total number of active participants at the end of the plan year	6a(2)	139
b Retired or separated participants receiving benefits	6b	32
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	171
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	47

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

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

9a Plan funding 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	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
--	--

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 type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
--	---

Plumbers Local 360 Health and Welfare Fund
EIN: 37-1194764 Plan Number: 501
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
--------------------------------------	-----------------------------	--------------------------	-------------------------	-------------------------	---	------------------------------

Single transaction within the plan year in excess of five percent of the current value of plan assets: None.

Series of transactions with or in conjunction with the same person greater than five percent of the current value of plan assets: None.

Series of transactions in excess of five percent of plan assets at beginning of year:

Busey Bank	Goldman Sachs Financial Square Treasury	\$ -	\$ 953,291	\$ 953,291	\$ 953,291	\$ -
Busey Bank	Goldman Sachs Financial Square Treasury	654,618	-	654,618	654,618	-

Transactions with respect to securities with a person if any prior or subsequent single transaction greater than five percent of current plan assets: None.