

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

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: [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 AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN
1b Three-digit plan number (PN) ▶ 001
1c Effective date of plan 04/01/1980
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 AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN
7130 COLUMBIA GATEWAY DRIVE SUITE A COLUMBIA, MD 21046-0000
7130 COLUMBIA GATEWAY DRIVE SUITE A COLUMBIA, MD 21046-0000
2b Employer Identification Number (EIN) 52-1190205
2c Plan Sponsor's telephone number 410-872-9500
2d Business code (see instructions) 238220

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. PASQUALE PETROVIA (10/14/2025), 2. CHARLES DANIEL (10/07/2025), 3. Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	4422
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	4163
	6a(2)	4352
	6b	46
	6c	139
	6d	4537
	6e	46
	6f	4583
	6g(1)	2922
6g(2)	2993	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	115

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2T

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

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

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

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

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 1
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN</p>	<p>D Employer Identification Number (EIN) 52-1190205</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
MASSACHUSETTS MUTUAL 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
04-1590850	65935	780343-01	748	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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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	94629204

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	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	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN	D Employer Identification Number (EIN) 52-1190205	

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

RELIANCE TRUST COMPANY

58-1428634

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

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

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

EMPOWER ANNUITY INS CO OF AMERICA

84-0467907

(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?
64 13	NONE	652481	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ABATO, RUBENSTEIN & ABATO

52-0904713

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	86313	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)

ZENITH AMERICAN SOLUTIONS

52-1590516

(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?
13 50	NONE	66821	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)

BENESYS, INC.

38-2383171

(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?
13 50	NONE	37990	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)

SEGAL MARCO ADVISORS

13-2644611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	30000	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)

ROBERT BENNETT

52-1059733

(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?
20 50	TRUSTEE	7701	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)

ANDREW GANNON

52-1059733

(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?
20 50	TRUSTEE	7701	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)

SEGAL SELECT INSURANCE SERVICES

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?
23 53	EMPLOYEE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6270	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CRM

84-0996383

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" 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)

T. ROWE PRICE

52-2294396

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

WILLIAM BLAIR

36-2214610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN FUNDS

36-3608252

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" 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)

STABLE RETURN FUND (GALLIARD)

94-6751924

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN FUNDS

95-1411037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" 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
SEGAL SELECT INSURANCE SERVICES	23 53	5793
(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.	
CHUBB 13-1963496	INSURANCE BROKERAGE COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	23 53	477
(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.	
TRAVELERS 06-0566090	INSURANCE BROKERAGE COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CRM	28 52	0
(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.	
MID CAP VALUE (CRM) 84-0996383	BASIS POINTS * PLAN ASSETS	

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
T. ROWE PRICE	28 52	0
(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.	
T. ROWE PRICE BALANCED FUND 56-2294396	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILLIAM BLAIR	28 52	0
(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.	
WILLIAM BLAIR LARGE CAP GROW 36-2214610	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NORTHERN FUNDS	28 52	0
(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.	
SMALL CPA INDEX (NORTHERN) 36-3608252	BASIS POINTS * PLAN ASSETS	

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
STABLE RETURN FUND (GALLIARD)	28 52	0
(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.	
STABLE RETURN II (WELSS/GALL 94-6751924	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0
(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.	
EUROPACIFIC GROWTH (AMERICAN 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0
(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.	
AMERICAN FNDS 2010 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS	

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
AMERICAN FUNDS	28 52	0
(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.	
AMERICAN FNDS 2015 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0
(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.	
AMERICAN FNDS 2020 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0
(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.	
AMERICAN FNDS 2025 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS	

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
AMERICAN FUNDS	28 52	0
(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.	
AMERICAN FNDS 2030 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0
(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.	
AMERICAN FNDS 2035 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0
(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.	
AMERICAN FNDS 2040 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS	

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
AMERICAN FUNDS	28 52	0
(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.	
AMERICAN FNDS 2045 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0
(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.	
AMERICAN FNDS 2050 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0
(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.	
AMERICAN FNDS 2055 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS	

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
AMERICAN FUNDS	28 52	0
(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.	
AMERICAN FNDS 2060 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS	
(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: CALIBRE CPA GROUP	b EIN: 47-0900880
c Position: ACCOUNTANT	
d Address: 7501 WISCONSIN AVE 1200 WEST BETHESDA, MD 20814	e Telephone: 866-464-2839

Explanation: ACCOUNTANT WAS TERMINATED THROUGH NORMAL BIDDING PROCESS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN</u>	D Employer Identification Number (EIN) <u>52-1190205</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MASS MUTUAL MID CAP GROWTH I

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

c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6332207</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE RETURN FUND (GALLIARD)

b Name of sponsor of entity listed in (a): GALLIARD CAPITAL MANAGEMENT INC.

c EIN-PN <u>90-0342299-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24160321</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MM S&P 500 INDEX I

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

c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24826605</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH R

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

c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2804289</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MASS MUTUAL FUNDAMENTAL VALUE I

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

c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MASS MUTUAL SMALL COMPANY VAL I

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

c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3610496</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MASS MUTUAL SHORT DURATION BD I

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

c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MASS MUTUAL GLOBAL R5**

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

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8401883
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NORTHERN SMALL CAP INDEX**

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

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **CRM MID CAP VALUE INV**

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

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4871699
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MASS MUTUAL CORE BOND I**

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

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9718872
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MASS MUTUAL DIVERSIFIED VALUE I**

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

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5605021
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN	D Employer Identification Number (EIN) 52-1190205

Part I	Asset and Liability Statement
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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	1054495	91332
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1263747	1883267
(2) Participant contributions	1b(2)	664249	664249
(3) Other	1b(3)	235583	1255187
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		1434423
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	15912	
(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)	255595288	386386190
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	92591310	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	350756335	391714648
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	47017	116504
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	47017	116504
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	350709318	391598144

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)	11571132	
(B) Participants.....	2a(1)(B)	5993530	
(C) Others (including rollovers).....	2a(1)(C)	11275	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		17575937
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	271134	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(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)		271134
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	12931707	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12931707
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		602181
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		9495326
(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)		27084336
c Other income	2c		3416
d Total income. Add all income amounts in column (b) and enter total	2d		67964037

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26062514	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		26062514
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)	104811	
(3) Recordkeeping fees	2i(3)	653911	
(4) IQPA audit fees	2i(4)	14000	
(5) Investment advisory and investment management fees	2i(5)	30000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	86313	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	23963	
(11) Other expenses	2i(11)	99699	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1012697
j Total expenses. Add all expense amounts in column (b) and enter total	2j		27075211

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		40888826
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1256430
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN</u>	D Employer Identification Number (EIN) <u>52-1190205</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
----------	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
----------	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**PLUMBERS AND STEAMFITTERS LOCAL 486
SEVERANCE AND ANNUITY/401(K) PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**PLUMBERS AND STEAMFITTERS LOCAL 486
SEVERANCE AND ANNUITY/401(K) PLAN**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Plumbers and Steamfitters Local 486
Severance and Annuity/401(k) Plan

Opinion on the 2024 Financial Statements

We have audited the financial statements of the Plumbers and Steamfitters Local 486 Severance and Annuity/401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Prior Period Financial Statements

The financial statements of the Plan as of December 31, 2023, were audited by the other auditors whose report dated November 5, 2024, expressed an unmodified opinion on those statements.

As part of our audit of the 2024 financial statements, we also audited the adjustments to the 2023 financial statements as described in Note 9 that were applied to restate 2023 financial statements. In our opinion, such adjustments are appropriate and have been properly applied. We were not engaged to audit, review, or apply any procedures to the Plan's 2023 financial statements other than with respect to the adjustments and, accordingly, we do not express an opinion or any other form of assurance on the 2023 financial statements as a whole.

Responsibilities of Management for the 2024 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for a reasonable period of time.

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

Report on 2024 Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year and Schedule of Delinquent Participant Contributions, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Delinquent Participant Contributions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 information, we evaluated whether the supplemental information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

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

Novak Francella LLC

Columbia, Maryland
October 3, 2025

**PLUMBERS AND STEAMFITTERS LOCAL 486
SEVERANCE AND ANNUITY/401(K) PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>RESTATED 2023</u>
ASSETS		
INVESTMENTS - at fair value		
Common collective trust	\$ 24,160,321	\$ 25,781,410
Mutual funds	296,054,797	258,238,331
Pooled separate accounts	66,171,072	63,379,806
Short-term investment	1,434,423	787,051
Total investments	<u>387,820,613</u>	<u>348,186,598</u>
RECEIVABLES		
Employer contributions	1,883,267	1,240,967
Due from related parties	1,255,187	235,508
Notes receivable from participants	-	15,912
Other	-	75
Participant contributions	664,249	535,875
Total receivables	<u>3,802,703</u>	<u>2,028,337</u>
CASH, interest bearing	<u>91,332</u>	<u>1,054,495</u>
Total assets	<u>391,714,648</u>	<u>351,269,430</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	<u>116,504</u>	<u>47,017</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 391,598,144</u></u>	<u><u>\$ 351,222,413</u></u>

See accompanying notes to financial statements.

**PLUMBERS AND STEAMFITTERS LOCAL 486
SEVERANCE AND ANNUITY/401(K) PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	RESTATED 2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 37,169,887	\$ 50,468,898
Interest and dividends	13,214,797	6,428,794
Investment income - net	50,384,684	56,897,692
Contributions		
Employers - net of reciprocity of \$(3,517) and \$(242,215) in 2024 and 2023, respectively.	11,593,912	10,011,485
Participants	5,457,655	4,928,727
Rollovers	11,275	85,257
Total contributions	17,062,842	15,025,469
Other income	3,416	-
Total additions	67,450,942	71,923,161
DEDUCTIONS		
Benefits paid to participant	26,062,514	19,113,941
Administrative expenses	1,012,697	1,088,405
Total deductions	27,075,211	20,202,346
NET INCREASE	40,375,731	51,720,815
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	351,222,413	299,501,598
End of year	\$ 391,598,144	\$ 351,222,413

See accompanying notes to financial statements.

**PLUMBERS AND STEAMFITTERS LOCAL 486
SEVERANCE AND ANNUITY 401(K) PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Plumbers and Steamfitters Local 486 Severance and Annuity/401(k) Plan (the Plan), provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

General - The Plan was established in 1980. Effective January 1, 2002, the Plumbers & Steamfitters Local 486 401(k) Plan merged into the Plumbers and Steamfitters Local 486 Severance and Annuity Plan and the Plan was renamed the Plumbers & Steamfitters Local 486 Severance and Annuity/401(k) Plan. The Plan is a defined contribution plan that provides supplemental retirement and other special benefits to participants and their beneficiaries. The operation and administration of the Plan is the joint responsibility of the Board of Trustees, divided equally between employer trustees and union trustees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees oversees governance of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan was established pursuant to the collective bargaining agreement with Local Union 486 of the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, AFL-CIO (Local Union 486), whereby participating employers contribute money on the employees' behalf, based on hours worked. Journeymen and 2nd to 5th year apprentices are eligible to participate in the Plan. The contributions are deposited into an individual's account, where they will be ultimately distributed in accordance with the Plan provisions upon the participant's termination.

The Plan has a 401(k) feature that was established to provide benefits to eligible participants through a tax-deferred compensation arrangement. Accordingly, participant contributions and the investment income derived from such contributions are not considered taxable income until received as a distribution from the Plan.

Participant Accounts - The value of an individual participant's account is determined on a daily basis considering each day of the Plan year as the valuation date for an individual participant's account. At the close of each business day, the individual participant account balances are adjusted for the amount of employer and employee contributions, if any, investment earnings/losses, loan transactions and an allocation of administrative expenses.

Vesting - All participants are 100% vested upon entering the Plan.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

Investment Options - Upon enrollment into the Plan, a participant may direct any portion of their individual account balance into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts, collective trusts, and mutual funds as investment options for participants. Participants may change their options daily. Participants who fail to direct their individual account balance will automatically be invested in a target date fund which is appropriate for their age group as determined by the trustees or, if their age is unknown, a money market fund.

Unallocated Amounts - Participant accounts are credited with contributions from the employers. If a participant's account is credited with more employer contributions than the amount allowable by law, they are considered to be a highly-compensated participant, and the amount over-credited to their account is forfeited and sent to the Plan; these amounts are included in an unallocated account until they can be properly allocated by the Plan. As of December 31, 2024 and 2023, the Plan had a total of \$1,434,423 and \$787,052, respectively, in unallocated accounts.

Notes Receivable from Participants - After five years of participation in the Plan, a participant may borrow not more than the lesser of: \$50,000 or 40% of the amount credited to their respective account reduced by any outstanding loans from the Plan on the date the loan is made. (Only one loan is permissible at any time unless the loan is for either medical self-payments or educational expenses, as described in the Plan document). Loans must be paid back within 5 years. Repayments are required on at least a quarterly basis beginning with the quarter the participant receives the loan. Failure to remit timely payments may result in a default, in which case the outstanding principal and interest balance would be considered a taxable distribution to the participant.

Contributions - Contributions to the Plan are provided by the employers in the amount specified by the current collective bargaining agreement between the union and the employers. Eligible Plan participants may also defer current wages at the rate determined by the collective bargaining agreement between the employers and the Local Union 486 up to 100% of compensation and not to exceed the maximum allowed by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Empower Fee Credits - Empower, the Plan's investment manager, collects a fee based on the market value of the Plan's investments for the services they provide. The Plan and Empower have agreed on a maximum amount of fees the investment manager will collect. If the amount of fees exceeds this amount, the additional fees will be credited to an ERISA Budget Account (EBA) for the Plan. If the Plan needs funds to cover expenses, the Plan Administrator will request that funds be withdrawn from the EBA and sent to the Plan. The fee credits received by the Plan from the EBA are included in net appreciation in fair value of investments on the statements of changes in net assets available for benefits. At the end of each year, any amounts still in the EBA will be credited to the participants' accounts as income.

Benefits Paid to Participants - Upon separation from the Plan due to retirement, death, disability, or termination of employment for a period of 12 or more consecutive months and permanent withdrawal from employment within the jurisdiction of the Union, benefits are automatically payable according to methods laid out in the Plan document.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenues are recognized when earned and expenses are recognized when incurred.

Use of Estimates - The preparation of financial statements in accordance with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees determine the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 5 for a discussion of fair value measurements.

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

Funding Policy and Revenue Recognition - The Plan is funded entirely by employer contributions. Participants do not contribute to the Plan. All contributions are made in accordance with collective bargaining agreements in effect between the employers and the Union. These agreements provide that employers contribute to the Plan on behalf of each covered employee on the basis of a fixed rate per hour. Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis.

Employers' contributions receivable represents amounts due under the term of collective bargaining agreements. Employer contributions are recorded in the period in which the hours giving rise to the contribution are worked. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

Employers' Contributions Receivable - Employers' contributions receivable represents amounts due under the terms of collective bargaining agreements. Employer contributions are recorded in the period in which the hours giving rise to the contributions are worked.

Reclassification - Certain reclassifications have been made to prior year end amounts to conform to the current year presentation.

NOTE 3. PRIORITIES UPON TERMINATION

The Trustees, as Sponsor, shall have the right to terminate, suspend, withdraw, amend, or modify the Plan, in whole or in part, at any time.

In the event of termination of this agreement and declaration of trust, the balance of the net assets available for benefits is to be used to provide for the payment of any and all obligations of the Plan. Such payments shall be for the exclusive benefit of the members, their families, dependents or beneficiaries, and the administrative expenses of the Plan.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated November 18, 2015, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

NOTE 5. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2 or 3.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 296,054,797	\$ 296,054,797	\$ -	\$ -
Short-term investment	1,434,423	1,434,423	-	-
Total assets in fair value hierarchy	297,489,220	<u>\$ 297,489,220</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured as NAV	<u>90,331,393</u>			
Total investments	<u>\$ 387,820,613</u>			

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 258,238,331	\$ 258,238,331	\$ -	\$ -
Short-term investment	787,051	787,051	-	-
Total assets in fair value hierarchy	259,025,382	<u>\$ 259,025,382</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured as NAV	<u>89,161,216</u>			
Total investments	<u>\$ 348,186,598</u>			

In accordance with Accounting Standards Codification, investments measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023.

Mutual funds: Traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period.

Short-term investment: Is carried at cost, which approximates fair value.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

Authoritative guidance on fair value measurements permits the Plan to measure the fair value of an investment in an investment entity that does not have a readily determinable fair value based upon the net asset value (NAV) per share of the investment. The fair value of the investments measured at NAV is based on the market value of the underlying assets, less any liabilities, divided by the number of outstanding shares or units. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.

The Plan's investment in these investment entities is subject to the terms of the respective agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate share of fees and expenses incurred or charged by these investment entities.

The Plan's risk of loss in these entities is limited to its investment. The Plan may increase or decrease its level of investment in these entities at its discretion. The Plan typically has the ability to redeem its investment from these entities on a daily basis, but longer lock-up periods can apply.

The following tables summarize the Plan's investments in certain entities that calculate NAV per share as fair value measurements as of December 31, 2024 and 2023 by investing strategy:

	2024	2023	2024	2023	Redemption	Redemption
	Fair Value	Fair Value	Unfunded	Unfunded	Frequency	Notice Period
			Commitments	Commitments		
a. Pooled separate accounts	\$ 66,171,072	\$ 63,379,806	\$ -	\$ -	Daily	1 day
b. Common collective trusts	24,160,321	25,781,410	-	-	Daily	1 day
	<u>\$ 90,331,393</u>	<u>\$ 89,161,216</u>	<u>\$ -</u>	<u>\$ -</u>		

a. The pooled separate account investments are comprised of direct investments in eight different funds, none of which are direct filing entities (DFE's). They are valued based on the net asset value per share, without further adjustment. The price per unit is calculated based on the fair value of the underlying investments.

The Core Bond Fund (Mass Mutual) seeks to achieve a high total rate of return consistent with prudent investment risk and the preservation of capital by investing primarily in a diversified portfolio of investment grade fixed income securities.

The Diversified Value I (Mass Mutual) seeks to achieve long-term growth of capital and income by investing primarily in a diversified portfolio of equity securities of larger, well-established companies.

The EuroPacific Growth Fund (American) seeks to provide long-term growth of capital by investing primarily in common stocks, convertibles, American Depositary Receipts, European Depositary Receipts, bonds and cash.

The Global Fund (MassMutual) seeks to provide long-term capital appreciation by investing primarily in common stocks of companies in the U.S. and foreign countries.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The Mid Cap Growth Fund (MassMutual) seeks to provide growth of capital over the long term by investing primarily in equity securities of mid-capitalization companies.

The Mid Cap Value Fund (CRM) seeks to provide long-term capital appreciation by investing in at least 80% of its assets in a diversified portfolio of equity and equity-related securities of companies with market capitalizations at the time of initial purchase similar to those in the Russell Midcap Value Index that are publicly traded on a U.S. securities market.

The MM S&P 500 Index Fund (MassMutual) seeks to approximate as closely as practicable the capitalization-weighted total rate of return of that portion of the U.S. market for publicly-traded common stocks composed of larger-capitalized companies.

The Small Company Value Fund (MassMutual) seeks to achieve long-term growth of capital by investing primarily in a diversified portfolio of equity securities of smaller companies.

b. The common collective trust investment is comprised of a direct investment in a single DFE. The value is based on the net asset value per share, without further adjustment. The price per unit is calculated based on the fair value of the underlying investments.

NOTE 6. RELATED PARTY TRANSACTIONS

The Plan is related to the Plumbers and Steamfitters Local Union No. 486 Joint Administration Fund (the Joint Fund) and the Plumbers and Steamfitters Local 486 Medical Fund (Medical Fund) through common Board of Trustees membership. The Plan's transactions with the Joint Fund consist of the transfer to the Plan of employer contributions received by the Joint Fund throughout the year. During the years ended December 31, 2024 and 2023, contributions of \$15,595,914 and \$15,847,520, respectively, were transferred from the Joint Fund to the Plan. As of December 31, 2024 and 2023, the Joint Fund owed the Plan \$1,255,187 and \$235,508, respectively, for contributions received during the Plan year and not transferred.

NOTE 7. RISKS AND UNCERTAINTIES

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

NOTE 8. TIMELY REMITTANCE OF PARTICIPANT CONTRIBUTIONS

During 2024, the participating employers in the Plan failed to deposit approximately \$1,256,430, of participant deferrals within the required time frame as stated by the United States Department of Labor (DOL). The DOL considers late deposits to be prohibited transactions. No corrections were made by participating employers related to delinquent contributions in 2024 and 2023, in the amount of \$1,256,430.

NOTE 9. RESTATEMENT FOR CORRECTION OF ERRORS

During 2024, management noted errors in accounting for employer contribution receivables, participant contribution receivables, employer contributions, and participant contributions for the year ended December 31, 2023. The financial statements for 2023 have been retroactively restated for such changes, which resulted in an increase in employer contribution receivables and employer contributions of \$227,114, and an increase in participant contribution receivables and participant contributions of \$285,981. The change in net assets available for benefits for the year ended December 31, 2023, has increased by \$513,095 for the effect of the correction of errors in accounting.

NOTE 10. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 3, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**PLUMBERS AND STEAMFITTERS LOCAL 486
SEVERANCE AND ANNUITY/401(K) PLAN**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-2241121

Plan No: 001

		(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)	
(a)	(b)	Type	Maturity Date	Rate of Interest	Maturity Value or Shares	Cost	Current Value
<u>Common collective trust:</u>							
**	Stable Return Fund (Galliard)	CCT	N/A	N/A	128,213	*	\$ 24,160,321
<u>Mutual funds:</u>							
	American Funds 2010 Target Date Retirement Fund	MF	N/A	N/A	119,806	*	1,388,540
	American Funds 2015 Target Date Retirement Fund	MF	N/A	N/A	260,241	*	3,180,157
	American Funds 2020 Target Date Retirement Fund	MF	N/A	N/A	636,073	*	8,523,381
	American Funds 2025 Target Date Retirement Fund	MF	N/A	N/A	1,037,883	*	15,651,260
	American Funds 2030 Target Date Retirement Fund	MF	N/A	N/A	1,482,485	*	25,454,247
	American Funds 2035 Target Date Retirement Fund	MF	N/A	N/A	2,148,953	*	40,593,731
	American Funds 2040 Target Date Retirement Fund	MF	N/A	N/A	1,248,982	*	25,454,255
	American Funds 2045 Target Date Retirement Fund	MF	N/A	N/A	1,581,629	*	33,230,008
	American Funds 2050 Target Date Retirement Fund	MF	N/A	N/A	1,280,967	*	26,516,019
	American Funds 2055 Target Date Retirement Fund	MF	N/A	N/A	669,861	*	17,456,569
	American Funds 2060 Target Date Retirement Fund	MF	N/A	N/A	688,313	*	12,238,208
	Small Cap Index (Fidelity)	MF	N/A	N/A	103,446	*	2,863,388
	T. Rowe Price Balanced Fund	MF	N/A	N/A	857,576	*	22,537,115
	T. Rowe Price Growth Stock Fund	MF	N/A	N/A	355,930	*	37,536,472
	William Blair Large Cap Growth Fund	MF	N/A	N/A	798,890	*	23,431,447
Total mutual funds						*	296,054,797
<u>Pooled separate accounts:</u>							
**	Core Bond Fund (MassMutual)	PSA	N/A	N/A	67,631	*	9,718,872
**	Diversified Value I (MassMutual)	PSA	N/A	N/A	13,506	*	5,605,021
**	EuroPacific Growth Fund (American)	PSA	N/A	N/A	14,747	*	2,804,289
**	Global Fund (MassMutual)	PSA	N/A	N/A	8,221	*	8,401,883
**	Mid Cap Growth Fund (MassMutual)	PSA	N/A	N/A	12,859	*	6,332,207
**	Mid Cap Value Fund (CRM)	PSA	N/A	N/A	10,059	*	4,871,699
**	MM S&P 500 Index Fund (MassMutual)	PSA	N/A	N/A	40,550	*	24,826,605
**	Small Company Value Fund (MassMutual)	PSA	N/A	N/A	10,924	*	3,610,496
Total pooled separate accounts						*	66,171,072
<u>Short-term investment:</u>							
	Holding account		N/A	N/A	N/A	*	1,434,423
Total investments						*	387,820,613
<u>Reconciliation to Form 5500</u>							
<u>Interest bearing cash:</u>							
	Interest bearing cash		N/A	N/A	91,332	91,332	91,332
Total investments per Form 5500						\$ 91,332	\$ 387,911,945

* Cost information is not required for participant-directed investments.

** A party-in-interest as defined by ERISA.

**PLUMBERS AND STEAMFITTERS LOCAL 486
SEVERANCE AND ANNUITY/401(K) PLAN**

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4a

EIN: 52-2241121

Plan No.: 001

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Arctic Refrigeration, Inc.	Contributing Employer	01/31/2024	\$ 9,971	\$ -
Arctic Refrigeration, Inc.	Contributing Employer	02/29/2024	6,086	-
Arctic Refrigeration, Inc.	Contributing Employer	03/31/2024	9,493	-
Arctic Refrigeration, Inc.	Contributing Employer	04/30/2024	7,049	-
Arctic Refrigeration, Inc.	Contributing Employer	06/30/2024	10,402	-
Arctic Refrigeration, Inc.	Contributing Employer	07/31/2024	9,224	-
Arctic Refrigeration, Inc.	Contributing Employer	09/30/2024	8,775	-
Arctic Refrigeration, Inc.	Contributing Employer	10/31/2024	10,215	-
Arctic Refrigeration, Inc.	Contributing Employer	11/30/2024	9,294	-
			80,509	-
Bay Area Mechanical Services	Contributing Employer	02/29/2024	1,677	-
BBR Mechanical Services, Inc.	Contributing Employer	02/21/2024	457	-
BBR Mechanical Services, Inc.	Contributing Employer	06/21/2024	329	-
BBR Mechanical Services, Inc.	Contributing Employer	10/21/2024	329	-
			1,115	-
BMC Services	Contributing Employer	01/31/2024	488	-
BMC Services	Contributing Employer	02/29/2024	385	-
			873	-
Borlie Mechanical Contracting, LLC	Contributing Employer	01/31/2024	6,576	-
Borlie Mechanical Contracting, LLC	Contributing Employer	02/29/2024	4,149	-
Borlie Mechanical Contracting, LLC	Contributing Employer	03/31/2024	5,699	-
Borlie Mechanical Contracting, LLC	Contributing Employer	04/30/2024	6,108	-
Borlie Mechanical Contracting, LLC	Contributing Employer	08/31/2024	6,012	-
Borlie Mechanical Contracting, LLC	Contributing Employer	09/30/2024	4,692	-
Borlie Mechanical Contracting, LLC	Contributing Employer	10/31/2024	5,122	-
			38,358	-
Control Systems, Inc.	Contributing Employer	01/31/2024	1,867	-
Control Systems, Inc.	Contributing Employer	02/29/2024	917	-
Control Systems, Inc.	Contributing Employer	03/31/2024	1,214	-
Control Systems, Inc.	Contributing Employer	04/30/2024	1,223	-
Control Systems, Inc.	Contributing Employer	06/30/2024	1,251	-

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Control Systems, Inc.	Contributing Employer	07/31/2024	\$ 1,746	\$ -
Control Systems, Inc.	Contributing Employer	09/30/2024	1,348	-
Control Systems, Inc.	Contributing Employer	10/31/2024	1,605	-
Control Systems, Inc.	Contributing Employer	11/30/2024	1,338	-
			<u>12,509</u>	<u>-</u>
Core Mechanical Solutions	Contributing Employer	02/29/2024	1,109	-
Core Mechanical Solutions	Contributing Employer	07/31/2024	1,386	-
			<u>2,495</u>	<u>-</u>
Custom Mechanical Services Inc.	Contributing Employer	01/31/2024	1,668	-
Custom Mechanical Services Inc.	Contributing Employer	02/29/2024	1,017	-
Custom Mechanical Services Inc.	Contributing Employer	03/31/2024	1,674	-
Custom Mechanical Services Inc.	Contributing Employer	06/30/2024	820	-
Custom Mechanical Services Inc.	Contributing Employer	09/30/2024	331	-
Custom Mechanical Services Inc.	Contributing Employer	11/30/2024	455	-
			<u>5,965</u>	<u>-</u>
DE Asset Operations LLC	Contributing Employer	06/30/2024	568	-
Dynastics, Inc.	Contributing Employer	01/31/2024	8,453	-
Dynastics, Inc.	Contributing Employer	03/31/2024	20,124	-
Dynastics, Inc.	Contributing Employer	04/30/2024	16,359	-
Dynastics, Inc.	Contributing Employer	06/30/2024	21,183	-
Dynastics, Inc.	Contributing Employer	07/31/2024	17,137	-
			<u>83,254</u>	<u>-</u>
Electrical Automation Services Inc.	Contributing Employer	01/31/2024	13,079	-
Electrical Automation Services Inc.	Contributing Employer	02/29/2024	6,407	-
Electrical Automation Services Inc.	Contributing Employer	03/31/2024	8,725	-
Electrical Automation Services Inc.	Contributing Employer	06/30/2024	8,677	-
Electrical Automation Services Inc.	Contributing Employer	09/30/2024	8,361	-
Electrical Automation Services Inc.	Contributing Employer	11/30/2024	7,481	-
			<u>52,731</u>	<u>-</u>
Excel Mechanical Contractors, LLC	Contributing Employer	07/31/2024	4,314	-
Facility Engineering Services Corp.	Contributing Employer	01/31/2024	1,882	-
Facility Engineering Services Corp.	Contributing Employer	02/29/2024	2,770	-
Facility Engineering Services Corp.	Contributing Employer	03/31/2024	2,356	-
Facility Engineering Services Corp.	Contributing Employer	04/30/2024	2,085	-
			<u>9,092</u>	<u>-</u>
Flo-Tron Contracting, Inc.	Contributing Employer	09/30/2024	31,238	-
George S Hall Inc.	Contributing Employer	07/31/2024	302	-
George S Hall Inc.	Contributing Employer	09/30/2024	302	-
			<u>604</u>	<u>-</u>

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Heffron Company	Contributing Employer	01/31/2024	\$ 3,708	\$ -
Heffron Company	Contributing Employer	02/29/2024	4,542	-
Heffron Company	Contributing Employer	03/31/2024	5,027	-
			<u>13,276</u>	<u>-</u>
Honeywell	Contributing Employer	07/31/2024	2,868	-
Honeywell	Contributing Employer	09/22/2024	3,728	-
			<u>6,596</u>	<u>-</u>
Horton Mechanical Contractors Inc.	Contributing Employer	01/31/2024	26,031	-
Horton Mechanical Contractors Inc.	Contributing Employer	02/29/2024	12,376	-
Horton Mechanical Contractors Inc.	Contributing Employer	03/31/2024	17,222	-
Horton Mechanical Contractors Inc.	Contributing Employer	04/30/2024	17,395	-
Horton Mechanical Contractors Inc.	Contributing Employer	06/30/2024	15,895	-
Horton Mechanical Contractors Inc.	Contributing Employer	09/30/2024	18,175	-
			<u>107,094</u>	<u>-</u>
J. F. Fischer, Inc.	Contributing Employer	01/31/2024	21,534	-
J. F. Fischer, Inc.	Contributing Employer	02/29/2024	12,571	-
J. F. Fischer, Inc.	Contributing Employer	03/31/2024	17,871	-
J. F. Fischer, Inc.	Contributing Employer	04/30/2024	16,875	-
J. F. Fischer, Inc.	Contributing Employer	06/30/2024	22,805	-
J. F. Fischer, Inc.	Contributing Employer	09/30/2024	15,010	-
			<u>106,666</u>	<u>-</u>
Johnson Controls Federal Systems Inc.	Contributing Employer	09/30/2024	11,000	-
Johnson Controls Inc.	Contributing Employer	01/31/2024	6,503	-
Johnson Controls Inc.	Contributing Employer	10/31/2024	10,268	-
			<u>16,771</u>	<u>-</u>
KBR Wyle Services, LLC	Contributing Employer	11/30/2024	20,237	-
KDB - Kirlin Design Build	Contributing Employer	03/31/2024	1,855	-
KDB - Kirlin Design Build	Contributing Employer	08/31/2024	1,484	-
KDB - Kirlin Design Build	Contributing Employer	11/30/2024	1,955	-
			<u>5,294</u>	<u>-</u>
Kinetic Systems Inc.	Contributing Employer	07/31/2024	857	-
Mechanical Systems Inc.	Contributing Employer	04/30/2024	7,479	-
Mechanical Systems Inc.	Contributing Employer	05/31/2024	8,466	-
Mechanical Systems Inc.	Contributing Employer	06/30/2024	6,846	-
Mechanical Systems Inc.	Contributing Employer	07/31/2024	6,687	-
			<u>29,478</u>	<u>-</u>
NAC Mechanical Services, LLC	Contributing Employer	01/31/2024	986	-
NAC Mechanical Services, LLC	Contributing Employer	03/31/2024	982	-
NAC Mechanical Services, LLC	Contributing Employer	06/30/2024	875	-

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
NAC Mechanical Services, LLC	Contributing Employer	09/30/2024	\$ 915	\$ -
NAC Mechanical Services, LLC	Contributing Employer	10/31/2024	1,204	-
			<u>4,962</u>	<u>-</u>
Northern Bay Environmental Systems Inc.	Contributing Employer	11/30/2024	4,142	-
Ozell Services Inc.	Contributing Employer	01/31/2024	754	-
Ozell Services Inc.	Contributing Employer	03/31/2024	1,302	-
Ozell Services Inc.	Contributing Employer	05/31/2024	1,332	-
Ozell Services Inc.	Contributing Employer	10/31/2024	1,211	-
			<u>4,599</u>	<u>-</u>
Patapsco Mechanical	Contributing Employer	02/29/2024	3,460	-
Patapsco Mechanical	Contributing Employer	03/31/2024	3,264	-
Patapsco Mechanical	Contributing Employer	09/30/2024	2,374	-
Patapsco Mechanical	Contributing Employer	11/30/2024	3,386	-
			<u>12,484</u>	<u>-</u>
Pevco Systems International Inc.	Contributing Employer	06/30/2024	2,052	-
Plumbers & Steamfitters 486 Training School	Contributing Employer	07/31/2024	479	-
Plumbers & Steamfitters 486 Hall	Contributing Employer	10/31/2024	7,888	-
57551 - Poole & Kent Corporation	Contributing Employer	02/29/2024	92,750	-
57551 - Poole & Kent Corporation	Contributing Employer	07/31/2024	88,427	-
			<u>181,177</u>	<u>-</u>
57553 - Poole & Kent Corporation	Contributing Employer	06/30/2024	3,986	-
57554 - Poole & Kent Corporation	Contributing Employer	07/31/2024	3,629	-
57555 - Poole & Kent Corporation	Contributing Employer	09/30/2024	963	-
57556 - Poole & Kent Corporation	Contributing Employer	11/30/2024	807	-
			<u>9,385</u>	<u>-</u>
Power and Combustion Inc.	Contributing Employer	01/31/2024	16,054	-
Power and Combustion Inc.	Contributing Employer	02/29/2024	7,449	-
Power and Combustion Inc.	Contributing Employer	03/31/2024	9,374	-
Power and Combustion Inc.	Contributing Employer	04/30/2024	10,964	-
Power and Combustion Inc.	Contributing Employer	06/30/2024	11,432	-
Power and Combustion Inc.	Contributing Employer	09/30/2024	10,267	-
			<u>65,540</u>	<u>-</u>
Pro-Air Inc.	Contributing Employer	01/31/2024	10,193	-
Pro-Air Inc.	Contributing Employer	02/29/2024	6,323	-
Pro-Air Inc.	Contributing Employer	04/30/2024	7,798	-
Pro-Air Inc.	Contributing Employer	05/31/2024	7,968	-
Pro-Air Inc.	Contributing Employer	06/30/2024	5,009	-

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Pro-Air Inc.	Contributing Employer	07/31/2024	\$ 6,587	\$ -
Pro-Air Inc.	Contributing Employer	11/30/2024	9,209	-
			<u>53,087</u>	<u>-</u>
R. F. Warder Inc.	Contributing Employer	01/31/2024	8,390	-
R. F. Warder Inc.	Contributing Employer	03/31/2024	6,531	-
R. F. Warder Inc.	Contributing Employer	04/30/2024	6,203	-
R. F. Warder Inc.	Contributing Employer	05/31/2024	7,913	-
R. F. Warder Inc.	Contributing Employer	07/31/2024	9,207	-
R. F. Warder Inc.	Contributing Employer	09/30/2024	6,980	-
R. F. Warder Inc.	Contributing Employer	10/31/2024	7,795	-
R. F. Warder Inc.	Contributing Employer	11/30/2024	6,357	-
			<u>59,376</u>	<u>-</u>
RIG Construction, LLC	Contributing Employer	09/30/2024	207	-
S&S Control Systems, Inc.	Contributing Employer	03/31/2024	3,125	-
Siemens Industry Inc.	Contributing Employer	09/30/2024	5,508	-
South Mountain Mechanical	Contributing Employer	06/30/2024	1,451	-
South Mountain Mechanical	Contributing Employer	03/31/2024	39,864	-
			<u>41,315</u>	<u>-</u>
Spear Mechanical Contracts	Contributing Employer	06/30/2024	900	-
Spear Mechanical Contracts	Contributing Employer	07/31/2024	1,120	-
			<u>2,021</u>	<u>-</u>
Stokes Mechanical, LLC	Contributing Employer	01/31/2024	2,051	-
Stokes Mechanical, LLC	Contributing Employer	03/31/2024	3,324	-
Stokes Mechanical, LLC	Contributing Employer	04/30/2024	2,674	-
Stokes Mechanical, LLC	Contributing Employer	06/30/2024	4,715	-
Stokes Mechanical, LLC	Contributing Employer	09/30/2024	1,870	-
			<u>14,634</u>	<u>-</u>
W.E. Bowers, Inc.	Contributing Employer	03/31/2024	804	-
W.E. Bowers, Inc.	Contributing Employer	05/31/2024	1,005	-
W.E. Bowers, Inc.	Contributing Employer	07/31/2024	1,005	-
W.E. Bowers, Inc.	Contributing Employer	11/30/2024	724	-
			<u>3,539</u>	<u>-</u>
W.G. Tomko Inc.	Contributing Employer	09/30/2024	8,952	-
W.G. Tomko Inc.	Contributing Employer	11/30/2024	7,289	-
			<u>16,241</u>	<u>-</u>
			<u>\$ 1,134,332</u>	<u>\$ -</u>

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Arctic Refrigeration, Inc.	Contributing Employer	12/31/2023	\$ 8,288	\$ -
Borlie Mechanical Contracting, LLC	Contributing Employer	12/31/2023	3,695	-
Control Systems, Inc.	Contributing Employer	12/31/2023	1,121	-
Core Mechanical Solutions	Contributing Employer	12/31/2023	1,102	-
Custom Mechanical Services Inc.	Contributing Employer	12/31/2023	1,645	-
DE Asset Operations, LLC	Contributing Employer	12/31/2023	1,145	-
Electrical Automation Services Inc.	Contributing Employer	12/31/2023	13,463	-
Excel Mechanical Contractors, LLC	Contributing Employer	12/31/2023	4,900	-
Facility Engineering Services Corp.	Contributing Employer	12/31/2023	2,010	-
Heffron Company	Contributing Employer	12/31/2023	3,904	-
Honeywell	Contributing Employer	12/31/2023	3,179	-
Horton Mechanical Contractors Inc.	Contributing Employer	12/31/2023	14,068	-
J. F. Fischer, Inc.	Contributing Employer	12/31/2023	17,716	-
KDB - Kirlin Design Build	Contributing Employer	12/31/2023	1,738	-
NAC Mechanical Services, LLC	Contributing Employer	12/31/2023	524	-
Patapsco Mechanical	Contributing Employer	12/31/2023	2,780	-
Power and Combustion Inc.	Contributing Employer	12/31/2023	11,627	-
Pro-Air Inc.	Contributing Employer	12/31/2023	8,092	-
R. F. Warder Inc.	Contributing Employer	12/31/2023	7,051	-
W.E. Bowers, Inc.	Contributing Employer	12/31/2023	1,114	-
W.G. Tomko Inc.	Contributing Employer	12/31/2023	12,936	-
	Total 2023 Late Contributions		<u>\$ 122,098</u>	<u>\$ -</u>
	Grand Total		<u>\$ 1,256,430</u>	<u>\$ -</u>

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

**PLUMBERS AND STEAMFITTERS LOCAL 486
SEVERANCE AND ANNUITY/401(K) PLAN**

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4a

EIN: 52-1190205
Plan No.: 001

Total that Constitute Nonexempt Prohibited Transactions			Total Fully
Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Corrected Under VFCP and PTE 2002-51
\$ 1,256,430		\$ -	\$ -

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210 - 0110 1210 - 0069 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> <hr/> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
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 AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 04/01/1980
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 AND STEAMFITTERS LOCAL 486 SEVERANCE AND A 7130 COLUMBIA GATEWAY DRIVE SUITE A COLUMBIA MD 21046-0000	2b Employer Identification Number (EIN) 52-1190205
	2c Plan Sponsor's telephone number 410-872-9500
	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		<u>10/19/25</u>	PASQUALE PETROVIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			CHARLES DANIEL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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

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

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

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

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND A</p> <p>7130 COLUMBIA GATEWAY DRIVE SUITE A COLUMBIA MD 21046-0000</p>	<p>1c Effective date of plan 04/01/1980</p> <p>2b Employer Identification Number (EIN) 52-1190205</p> <p>2c Plan Sponsor's telephone number 410-872-9500</p> <p>2d Business code (see instructions) 238220</p>

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

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

SIGN HERE			PASQUALE PETROVIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Chuck Daniel</i>	10/7/2025 8:15 AM PDT	CHARLES DANIEL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

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	4,422
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)	4,163
a (2) Total number of active participants at the end of the plan year	6a(2)	4,352
b Retired or separated participants receiving benefits	6b	46
c Other retired or separated participants entitled to future benefits	6c	139
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	4,537
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	46
f Total. Add lines 6d and 6e	6f	4,583
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)	2,922
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	2,993
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	115

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2T

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

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

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

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

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

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

Receipt Confirmation Code _____