

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>PLUMBERS LU NO 690 SUPPLEMENTAL RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BD OF TEES OF PLUMBERS LU NO 690 SRP</u></p> <p><u>2791 SOUTHAMPTON ROAD</u> <u>PHILADELPHIA, PA 19154-1296</u></p>	<p>1c Effective date of plan <u>01/01/1986</u></p> <p>2b Employer Identification Number (EIN) <u>23-2487320</u></p> <p>2c Plan Sponsor's telephone number <u>215-677-6900</u></p> <p>2d Business code (see instructions) <u>238220</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	KEVIN F. DEAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input 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	1789
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)	1044
	6a(2)	980
	6b	220
	6c	581
	6d	1781
	6e	19
	6f	1800
	6g(2)	1708
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	121

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

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 type="checkbox"/> Insurance	(1) <input 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 _____
 - (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 _____

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 LU NO 690 SUPPLEMENTAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TEES OF PLUMBERS LU NO 690 SRP	D Employer Identification Number (EIN) 23-2487320	

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

PRINCIPAL GLOBAL INVESTORS TRUST CO

93-6274329

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

CORBIN CAPITAL PARTNERS, L.P.

30-0299433

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

FIRST EAGLE INTERNATIONAL VALUE FUN

26-3497945

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

INSTITUTIONAL CREDIT FUND, LP **40 WEST 57 STREET, 33RD FLOOR**
NEW YORK, NY 10019

(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)

BOYD WATTERSON ASSET MGMT.

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 31 51	NONE	330334	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)

CHARTWELL INVESTMENT PARTNERS

36-4776242

(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 31 51 68	NONE	163005	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LOOMIS SAYLES & COMPANY L.P.

04-3200030

(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?
68	NONE	95118	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	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)

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 31 51	NONE	72528	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)

INVESTMENT PERFORMANCE SERVICES LLC

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	58500	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)

PRINCIPAL CUSTODY SOLUTIONS

42-1466678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	17645	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)

THE MCKEOGH COMPANY

23-3003375

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	12645	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)

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 52 68 28	NONE	9279	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)

O'DONOGHUE & O'DONOGHUE

53-0120528

(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	NONE	7922	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)

DANIEL A. WINTERS & COMPANY, CPAS

23-2586736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	7802	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)

PLUMBERS LOCAL UNION NO. 690

23-1173153

(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?
99	AFFILIATE	7642	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)

KANG HAGGERTY & FETBROYT

46-2513534

(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	NONE	6932	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)

CAPSTONE INSURANCE

23-2557346

(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	NONE	6254	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STATE STREET GLOBAL ADVISORS	19	187
(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.	
RUSSELL 1000 VALUE INDX FUND 04-1867445	STATE STREET RECEIVED THE FOLLOWING ELIGIBLE INDIRECT COMPENSATION. THERE WERE CUSTODIAL FEES BASED ON 0.0100% OF THE FUND'S VALUE.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STATE STREET GLOBAL ADVISORS	19	21
(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.	
RUSSELL 1000 GROWTH INDX FD 04-1867445	STATE STREET RECEIVED THE FOLLOWING ELIGIBLE INDIRECT COMPENSATION. THERE WERE CUSTODIAL FEES BASED ON 0.0100% OF THE FUND'S VALUE.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STATE STREET GLOBAL ADVISORS	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.	
SSGA CASH COLLATERAL POOL 04-1867445	STATE STREET RECEIVED THE FOLLOWING ELIGIBLE INDIRECT COMPENSATION. THERE WERE INVESTMENT MANAGEMENT FEES BASED ON 0.0175% OF THE FUND'S VALUE.	

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
STATE STREET GLOBAL ADVISORS	19	76

(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.
RUSSELL 1000 VALUE INDX FUND 04-1867445	STATE STREET RECEIVED THE FOLLOWING ELIGIBLE INDIRECT COMPENSATION. THERE WERE CUSTODIAL FEES BASED ON 0.0100% OF THE FUND'S VALUE.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STATE STREET GLOBAL ADVISORS	19	27

(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.
RUSSELL 1000 GROWTH INDX FD 04-1867445	STATE STREET RECEIVED THE FOLLOWING ELIGIBLE INDIRECT COMPENSATION. THERE WERE CUSTODIAL FEES BASED ON 0.0100% OF THE FUND'S VALUE.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>PLUMBERS LU NO 690 SUPPLEMENTAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BD OF TEES OF PLUMBERS LU NO 690 SRP</u>	D Employer Identification Number (EIN) <u>23-2487320</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 (R) GROWTH INDEX SL FD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-016</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>14830380</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 (R) VALUE INDEX SL FD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-015</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>13318513</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>93-6274329-001</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>29845652</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARDMAN JOHNSTON GLOBAL ADVISORS LL</u>		
b Name of sponsor of entity listed in (a): <u>HARDMAN JOHNSTON GLOBAL ADVISORS LLC</u>		
c EIN-PN <u>13-3257590-001</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>6035159</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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.	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 PLUMBERS LU NO 690 SUPPLEMENTAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TEES OF PLUMBERS LU NO 690 SRP	D Employer Identification Number (EIN) 23-2487320

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1184564	1054708
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	799418	406137
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6553101	8299815
(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)	28561861	28472434
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	10689785	10015110
(5) Partnership/joint venture interests	1c(5)	35167566	43656219
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	61338913	64029704
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		3331
f Total assets (add all amounts in lines 1a through 1e).....	1f	144295208	155937458
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	140365	188290
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	140365	188290
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	144154843	155749168

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)	9929183	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		9929183
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	81432	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	1420499	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1524544	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3026475
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	109842	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		109842
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	30326986	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	29493171	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		833815
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-467004	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-467004

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7623097
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		16748
d Total income. Add all income amounts in column (b) and enter total	2d		21072156

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8481223	
(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)		8481223
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)	105315	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	7802	
(5) Investment advisory and investment management fees	2i(5)	746409	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	12645	
(8) Legal fees	2i(8)	18682	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	105755	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		996608
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9477831

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11594325
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: DANIEL A. WINTERS & COMPANY, CPAS

(2) EIN: 23-2586736

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PLUMBERS LU NO 690 SUPPLEMENTAL RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BD OF TEES OF PLUMBERS LU NO 690 SRP</u>	D Employer Identification Number (EIN) <u>23-2487320</u>	

Part I	Distributions
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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	0
---	---	---

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 LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN
EIN 23-2487320; PLAN NO. 003

SCHEDULE H, LINE 3a. INDEPENDENT AUDITOR'S REPORT
FOR THE YEAR ENDED DECEMBER 31, 2024

SEE ATTACHED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023
AND SUPPLEMENTAL SCHEDULES.

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN
EIN 23-2487320; PLAN NO. 003

SCHEDULE H. LINE 4i. - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2024

SEE ATTACHED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024
AND 2023 AND SUPPLEMENTAL SCHEDULES.

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
of the Plumbers Local Union No. 690 Supplemental Retirement Plan

Opinion

We have audited the accompanying financial statements of the Plumbers Local Union No. 690 Supplemental Retirement Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Plan Management for the Financial Statements

Plan 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, Plan 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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 Plan management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA and Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the foregoing table of contents are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules listed in the foregoing table of contents that denote they represent schedules to Form 5500 are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Plan management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



Daniel A. Winters & Company

October 14, 2025

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments, at fair value:		
Short term investment funds (cost - 2024, \$1,045,975; 2023, \$1,530,565)	\$ 1,045,975	\$ 1,530,565
Corporate obligations (cost - 2024, \$28,515,419; 2023, \$29,054,837)	28,472,434	28,561,861
Common stocks (cost - 2024, \$8,279,740; 2023, \$9,281,564)	10,015,110	10,689,785
Common/collective trusts (cost - 2024, \$10,720,038; 2023, \$15,234,469)	34,184,052	36,355,483
Limited Partnerships (cost - 2024, \$45,673,025; 2023, \$34,983,594)	43,656,219	35,167,566
Total	117,373,790	112,305,260
Investments, at contract value:		
Common/collective trusts (cost - 2024, \$29,663,263; 2023, \$23,125,907)	29,845,652	24,983,430
Total	147,219,442	137,288,690
Receivables:		
Employer contributions and related amounts	1,054,708	1,184,564
Interest	366,695	389,093
Due from broker	-	397,592
Total	1,421,403	1,971,249
Cash	7,194,181	4,954,358
Cash - contractors' escrow	59,659	68,178
Total	7,253,840	5,022,536
Prepaid expenses	9,976	10,185
Right-of-use asset.....	29,466	2,548
Fixed assets, net of accumulated depreciation	3,331	-
Total	155,937,458	144,295,208
LIABILITIES:		
Accounts payable	99,165	69,639
Lease liabilities.....	29,466	2,548
Contractors' escrow	59,659	68,178
Total	188,290	140,365
NET ASSETS AVAILABLE FOR BENEFITS	\$ 155,749,168	\$ 144,154,843

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

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 7,989,908	\$ 8,054,671
Interest and dividends	3,136,317	3,282,686
Other	<u>16,748</u>	<u>12,848</u>
Total	11,142,973	11,350,205
Less investment expenses	<u>(746,409)</u>	<u>(725,438)</u>
Total	<u>10,396,564</u>	<u>10,624,767</u>
Employer contributions	<u>9,929,183</u>	<u>10,189,560</u>
Total	<u>20,325,747</u>	<u>20,814,327</u>
DEDUCTIONS:		
Benefits paid to participants	8,481,223	8,513,844
Administrative expenses	<u>250,199</u>	<u>277,957</u>
Total	<u>8,731,422</u>	<u>8,791,801</u>
NET INCREASE (DECREASE)	11,594,325	12,022,526
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>144,154,843</u>	<u>132,132,317</u>
END OF YEAR	<u>\$ 155,749,168</u>	<u>\$ 144,154,843</u>

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

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following brief description of the Plumbers Local Union No. 690 Supplemental Retirement Plan (Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

- A. General - The Plan is a multiemployer collectively bargained defined contribution plan covering eligible plumbers and metal trades workers performing work primarily in the greater Philadelphia, PA and immediately surrounding areas, in employment for which the applicable collective bargaining agreement requires contributions. The Plan was formed effective January 1, 1986 under an Agreement and Declaration of Trust (Agreement) between Plumbers Local Union No. 690 of the Plumbing and Pipe Fitting Industry of the United States and Canada on the one part and Plumbing & Heating Supply House Employers Association on the other part. The Agreement was amended and restated effective January 1, 1989 and included as additional parties the Mechanical Contractors Association of Eastern Pennsylvania, Inc. and the Plumbing and Heating Contractors Association. The Plan was subsequently amended and restated effective January 1, 2014. The Plan is operated and administered by six trustees provided for in the Agreement and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").
- B. Benefits - The Plan provides for normal retirement at age 65. The Plan also provides for early retirement at ages 50-64, disability retirement, severance, in-service withdrawal, hardship and death benefits upon meeting certain preconditions.
- C. Participant Accounts - Each participant's account is credited with the contributions received on behalf of the participant and is adjusted for an allocation of (a) Plan earnings, (b) forfeitures of terminated participants' non-vested accounts and (c) Plan expenses. Allocations are based on account balances and contribution rates. Participants' accounts are valued annually and, in addition, may be credited with the net investment yield, at a rate determined by the Board of Trustees, for valuation during the year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.
- D. Vesting - Participants vest 100% in their account immediately.
- E. Payment of Benefits - A participant who ceases to be an active participant may elect to receive either a lump sum amount equal to or an annuity that can be purchased for the value of his account.

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying financial statements are prepared on the accrual basis of accounting. The significant accounting policies utilized to prepare the financial statements are described as follows:

- A. Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- B. Accounting Standards Codification - The Financial Accounting Standards Board ("FASB") publishes a single source of authoritative nongovernmental U.S. GAAP, the Accounting Standards Codification referred to in these notes as "ASC".
- C. Valuation of Investments - Investments are reported at fair value with the exception of investments in certain investment contracts (See Note 4). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.
- D. Employer Contributions Receivable - This amount represents an estimate of employer contributions related to work performed prior to the close of the fiscal year, and remitted by employers after the close of the fiscal year and it includes amounts due to the Plan due from delinquent contributing employers and related receivables, totaling \$1,078,204 and \$1,208,290, which have been recorded in the financial statements as of December 31, 2024 and 2023, respectively.

As of December 31, 2024 and 2023, the allowance for these amounts considered uncollectible is \$23,496 and \$23,726 respectively. The net effect of recognizing employer contributions receivable and allowances for uncollectible amounts is reflected in employer contribution income. The net amounts of \$1,054,708 and \$1,184,564 are included in the Statements of Net Assets Available for Benefits as employer contributions receivable at December 31, 2024 and 2023, respectively.
- E. Cash - Contractors' Escrow - This amount represents cash held in escrow on behalf of certain contributing employers. The monies are intended to safeguard the Plan in the event of nonpayment of contributions by the employers.
- F. Recognition of Income from Investments - Income from investments is recognized on the accrual basis. Security transactions are accounted for on a trade date basis. Net appreciation (depreciation) in fair value of investments is reflected in the Statements of Changes in Net Assets Available for Benefits.
- G. Fixed Assets - Fixed assets are stated at cost. Depreciation expense is recorded using the straight-line method over the estimated useful lives of the assets. Expenditures for maintenance and repairs are expensed as incurred. See Note 5.

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

3. FAIR VALUE MEASUREMENTS

Current accounting standards, codified in ASC Topic 820 - *Fair Value Measurement* require disclosures about assets and liabilities that are measured and reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the “exit price”) in an orderly transaction between market participants at the measurement date.

These standards provide a fair value hierarchy that prioritizes the inputs to valuation techniques used to determine fair value of assets and liabilities. In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates, yield curves and other information that is observable or is derived principally from or corroborated by observable market data. Level 3 inputs are unobservable inputs used to the extent observable inputs are not available. These include inputs that are available in situations where there is little, if any, market activity for the related asset or liability. The inputs into the determination of fair value require significant management judgment. Due to the inherent uncertainty of these estimates, these values may differ materially from the values that would have been used had a ready market for these investments existed. In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The following is a description of the valuation methodologies used for investments measured at fair value, including the general classification of such investments in the fair value hierarchy.

Short term investment funds are valued based on the Net Asset Value (NAV) provided by the Administrator of the short term investment fund. When they are valued at fair value using quoted market prices for identical assets, on an active market, they are considered Level 1 of the fair value hierarchy. When such quoted market prices are not available and the value is based on underlying assets which are not traded on an active market or based on observable inputs, such as market interest rates and quoted prices for similar assets, these investments are considered Level 2 of the fair value hierarchy.

Common/collective trusts are valued using the Net Asset Value (NAV) provided by the Administrator of the common/collective trust. The NAV is based on the value of the underlying assets of the common/collective trust less liabilities of the common/collective trust divided by the number of shares or units outstanding. Certain common/collective trust’s underlying assets may include alternative investments such as certain real estate assets, hard-to-value arrangements and other assets for which sufficient observable information is not available. This investment is not classified in the fair value hierarchy in accordance with ASU 2015-07 described in Note 2.

The Plan’s interests in limited partnerships are valued at fair value using their Net Asset Value (NAV) or capital account balances, provided by the entity in which the Plan is invested based on the application of U.S. GAAP to the assets and liabilities of the partnership. Certain limited partnership’s underlying assets may include alternative investments such as certain real estate assets, hard-to-value arrangements and other assets for which sufficient observable information is not available.

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

3. FAIR VALUE MEASUREMENTS (Continued)

For investment contracts with an insurance company the financial statements reflect contract value. The most pertinent valuation is contract value which is the value at which participants execute transactions, such as new investments and withdrawals for retirement.

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

The following table was prepared to agree to the total investments by class as reflected on the Schedule of Assets (Held at End of Year) which agrees to the respective amounts reflected on the Statements of Net Assets Available for Benefits.

The following table summarizes the valuation of the Plan's assets by class according to the above fair value hierarchy, as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Short term investment funds	\$ 1,045,975	\$ -	\$ -	\$ 1,045,975
Corporate obligations	-	28,472,434	-	28,472,434
Common stocks	<u>10,015,110</u>	<u>-</u>	<u>-</u>	<u>10,015,110</u>
Total assets in the fair value hierarchy	<u>\$ 11,061,085</u>	<u>\$ 28,472,434</u>	<u>\$ -</u>	<u>\$ 39,533,519</u>
Investments measured at net asset value ⁽¹⁾				
Common/collective trusts				\$ 34,184,052
Limited partnership				<u>43,656,219</u>
Total investments measured at net asset value				<u>77,840,271</u>
Total investments, at fair value				<u>\$ 117,373,790</u>

(1) In accordance with ASC 820-10, certain investments that were 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 these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

(Continued...)

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

3. FAIR VALUE MEASUREMENTS (Continued)

The following table provides additional information for investments in entities that the Plan has estimated fair value using the net asset value per share at December 31, 2024:

	<u>Fair Value</u>	<u>Unfunded</u> <u>Commitments</u>	<u>Redemption</u> <u>Frequency</u> <u>(If Currently</u> <u>Eligible) (a)</u>	<u>Redemption</u> <u>Notice</u> <u>Period (a)</u>
Common/collective trusts (b)	\$ 28,148,893	\$ -	1-7 days	1 day
Common/collective trusts (d)	<u>6,035,159</u>	<u>-</u>	Monthly	10 days
Total Common/collective trusts	<u>34,184,052</u>	<u>-</u>		
Limited partnerships (c)	12,889,542	-	Quarterly	60 days
Limited partnerships (c)	8,630,194	-	Quarterly	60 days
Limited partnerships (k)	7,646,635	-	Quarterly	60 days
Limited partnerships (l)	5,391,323	-	Quarterly	60 days
Limited partnerships (m)	7,132,398	-	Quarterly	60 days
Limited partnerships (n)	<u>1,966,127</u>	<u>5,460,302</u>	Quarterly	60 days
Total Limited partnerships	<u>43,656,219</u>	<u>5,460,302</u>		
	<u>\$ 77,840,271</u>	<u>\$ 5,460,302</u>		

(a) - Redemption frequency, redemption notice period and the length of time until the Plan receives its assets from redemption may vary for each investment based on the governing documents of each investment.

(b) - The per unit net asset value of the Fund is determined each business day. Redemptions of Fund units may be made on such days, based upon the closing market value on the Valuation Date of the investments bought or sold and the transaction price per unit of the Fund. From time to time, the Trustee of the Lending Funds may exercise its rights in order to protect all participants in the State Street Bank securities lending funds. The objectives of these withdrawal safeguards include to protect the interest of all participants, while providing the maximum level of liquidity that can be prudently made available to all participants. Withdrawal safeguards may limit redemptions.

(Continued...)

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

3. FAIR VALUE MEASUREMENTS (Continued)

(c) - The per unit net asset value of the Fund shall be established on any valuation date by the general partner based on the following calculation methodology. On any given valuation date, the net asset value per unit will equal the Fund net asset value divided by the total number of outstanding units, in each case as of the end of the immediately preceding calendar quarter (subject to any adjustment deemed necessary or appropriate by the general partner to take into account activity occurring subsequent to the end of such immediately preceding calendar quarter) or, if the determination takes value on a date other than the calendar quarter end date, as such valuation date. The net asset value of the assets of the Fund (the “net asset value”) will be maintained on the books of the Fund and will be calculated by the general partner as of the last business day of each calendar quarter and as of any other date as may be determined by the general partner in its sole discretion (each, a “valuation date”). Due to the unique characteristics of government-leased properties and the long-term nature of many of the lease terms, properties will be valued at the cost of acquisition until there is a significant event at the Property; provided, however, that each property will be appraised no less often than every three years. A significant event may include lease renewals, lease extensions, lease terminations, significant capital expenditures at the property or significant change in the capital markets, among other events that may materially change the value of the asset.

(d) - The objective of the Fund is to permit qualified retirement plans and certain governmental plans to comeingle their assets for investment purposes. The fund values all investments at fair value. Fair value is a market-based measure considered from the perspective of a market participant rather than an entity-specific measure. Therefore, even when market assumptions are not readily available, the Fund’s own assumptions are set to reflect those that market participants would use in pricing the asset or liability at the measurement date. The Fund uses prices and inputs that are current and best available as of the measurement date, including during periods of market dislocation

A description of the significant investment strategies of the securities that the Plan has estimated fair value using the net asset value per share at December 31, 2024 are as follows:

Limited Partnerships:

Boyd Waterson GSA Fund, LP and Boyd Watterson State Government Fund, LP - The investment objective of the Funds is to generate a stable stream of investment grade current income while also preserving wealth using risk parameters and portfolio management strategies established by the general partner. The Funds intend to meet this objective through the purchase of real estate assets that are one-hundred percent (100%) leased to the Federal Agencies for remaining terms of at least seven (7) years on a weighted average basis in length. The Federal Agencies’ high credit rating is expected to provide a well-defined cash flow stream that the Fund does not expect will vary from the leased terms over the course of an investment.

(k) - The class includes an investment in a limited partnership. The redemption notice period is 65 calendar days. The liquidity terms are quarterly with two year lockup. The Fund’s investment objective is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations, though at times the Fund will have exposure to other assets, instruments and markets.

(Continued...)

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

3. FAIR VALUE MEASUREMENTS (Continued)

(l) - This class includes investments in limited partnerships. A Limited Partner may, upon at least 10 days' prior written notice, request the redemption of some or all of the Units held by such Limited Partner as of the last day of each month, subject to the discretion of the General Partner to waive or modify any terms related to redemptions for any Limited Partner. In general, redemptions of Units representing less than 90% of a Limited Partner's Capital Account will be paid in full to the Limited Partner within 5 days of the relevant 4 redemption. A Limited Partner who redeems Units representing 90% or more the Limited Partner's Capital Account will generally be paid 90% of the redemption proceeds within 5 business days of the relevant redemption date, without interest for the period from such redemption date to the payment date, with the remaining 10% to be remitted promptly after the final calculation of the Net Asset Value per Unit of the Units redeemed.

(m) - This class includes investments in a limited partnership. The investments represent interests in a non-redeemable, close-end private investment funds that do not trade in an active market and represent illiquid long-term investments that generally require future capital contributions. Investments in underlying funds carried at NAV. The general partner establishes valuation processes and procedures to determine that the valuation techniques for investments are fair, consistent and verifiable. The valuations are performed on a quarterly basis for all of the investments. The general partner shall cause the partnership to make distributions of investment proceeds to the partners periodically at such times as it deems appropriate; provided that, investment proceeds in the form of cash shall be distributed as soon as reasonably practicable.

(n) - This class includes investments in a limited partnership. The investment pools capital to invest in undervalued real estate assets primarily multifamily properties. In the ordinary course of business, the General Partner directly pays for the organizational expenses and operating expenses (as defined in the LPA) on behalf of the Partnership. In turn, the Partnership records and reimburses the General Partner for these expenses that are required to be borne by the Partnership. No partner shall have the right to sell/withdraw capital from the partnership.

(Continued...)

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

3. FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes the valuation of the Plan's assets by class according to the above fair value hierarchy, as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Short term investment funds	\$ 1,530,565	\$ -	\$ -	\$ 1,530,565
Corporate obligations	-	28,561,861	-	28,561,861
Common stocks	<u>10,689,785</u>	<u>-</u>	<u>-</u>	<u>10,689,785</u>
Total assets in the fair value hierarchy	<u>\$ 12,220,350</u>	<u>\$ 28,561,861</u>	<u>\$ -</u>	<u>\$ 40,782,211</u>
Investments measured at net asset value ⁽¹⁾				
Common/collective trusts				\$ 36,355,483
Limited partnership				<u>35,167,566</u>
Total investments measured at net asset value				<u>71,523,049</u>
Total investments, at fair value				<u>\$ 112,305,260</u>

(1) In accordance with ASC 820-10, certain investments that were 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 these tables 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 table provides additional information for investments in entities that the Plan has estimated fair value using the net asset value per share at December 31, 2023:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible) (a)</u>	<u>Redemption Notice Period (a)</u>
Common/collective trusts (b)	\$ 26,179,454	\$ -	1-7 days	1 day
Common/collective trusts (d)	<u>10,176,029</u>	<u>-</u>	Monthly	10 days
Total Common/collective trusts	<u>36,355,483</u>	<u>-</u>		
Limited partnerships (c)	18,993,429	-	Quarterly	60 days
Limited partnerships (c)	9,204,159	-	Quarterly	60 days
Limited partnerships (k)	<u>6,969,978</u>	<u>-</u>	Quarterly	60 days
Total Limited partnerships	<u>35,167,566</u>	<u>-</u>		
	<u>\$ 71,523,049</u>	<u>\$ -</u>		

(Continued...)

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

3. FAIR VALUE MEASUREMENTS (Continued)

(a) - Redemption frequency, redemption notice period and the length of time until the Plan receives its assets from redemption may vary for each investment based on the governing documents of each investment.

(b) - The per unit net asset value of the Fund is determined each business day. Redemptions of Fund units may be made on such days, based upon the closing market value on the Valuation Date of the investments bought or sold and the transaction price per unit of the Fund. From time to time, the Trustee of the Lending Funds may exercise its rights in order to protect all participants in the State Street Bank securities lending funds. The objectives of these withdrawal safeguards include to protect the interest of all participants, while providing the maximum level of liquidity that can be prudently made available to all participants. Withdrawal safeguards may limit redemptions.

(c) - The per unit net asset value of the Fund shall be established on any valuation date by the general partner based on the following calculation methodology. On any given valuation date, the net asset value per unit will equal the Fund net asset value divided by the total number of outstanding units, in each case as of the end of the immediately preceding calendar quarter (subject to any adjustment deemed necessary or appropriate by the general partner to take into account activity occurring subsequent to the end of such immediately preceding calendar quarter) or, if the determination takes value on a date other than the calendar quarter end date, as such valuation date. The net asset value of the assets of the Fund (the "net asset value") will be maintained on the books of the Fund and will be calculated by the general partner as of the last business day of each calendar quarter and as of any other date as may be determined by the general partner in its sole discretion (each, a "valuation date"). Due to the unique characteristics of government-leased properties and the long-term nature of many of the lease terms, properties will be valued at the cost of acquisition until there is a significant event at the Property; provided, however, that each property will be appraised no less often than every three years. A significant event may include lease renewals, lease extensions, lease terminations, significant capital expenditures at the property or significant change in the capital markets, among other events that may materially change the value of the asset.

(d) - The objective of the Fund is to permit qualified retirement plans and certain governmental plans to comeingle their assets for investment purposes. The fund values all investments at fair value. Fair value is a market-based measure considered from the perspective of a market participant rather than an entity-specific measure. Therefore, even when market assumptions are not readily available, the Fund's own assumptions are set to reflect those that market participants would use in pricing the asset or liability at the measurement date. The Fund uses prices and inputs that are current and best available as of the measurement date, including during periods of market dislocation.

A description of the significant investment strategies of the securities that the Plan has estimated fair value using the net asset value per share at December 31, 2023 are as follows:

Limited Partnership:

Boyd Waterson GSA Fund, LP and Boyd Watterson State Government Fund, LP - The investment objective of the Fund is to generate a stable stream of investment grade current income while also preserving wealth using risk parameters and portfolio management strategies established by the general partner. The Fund intends to meet this objective through the purchase of real estate assets that are one-hundred percent (100%) leased to the Federal Agencies for remaining terms of at least seven (7) years on a weighted average basis in length. The Federal Agencies' high credit rating is expected to provide a well-defined cash flow stream that the Fund does not expect will vary from the leased terms over the course of an investment.

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

3. FAIR VALUE MEASUREMENTS (Concluded)

(k) - The class includes an investment in a limited partnership. The redemption notice period is 65 calendar days. The liquidity terms are quarterly with two year lockup. The Fund's investment objective is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations, though at times the Fund will have exposure to other assets, instruments and markets.

4. FULLY BENEFIT RESPONSIVE GUARANTEED INVESTMENT CONTRACTS

The Plan invests in a collective investment fund that invests primarily in fully benefit-responsive guaranteed investment contracts, including stable value investment contracts and synthetic investment contracts. At December 31, 2024 and 2023, the Plan's investment, at contract value, was \$29,845,652 and \$24,983,430, respectively.

The contract issuers are contractually obligated to repay the principal and interest at specified interest rates that are guaranteed to the investment fund and the fund is obligated to provide to the Plan. The crediting rates are based on a formula established by the contract issuers, but may not be less than zero percent. The crediting rate is reviewed periodically for resetting, as defined in the contract. The contracts cannot be terminated before the scheduled maturity dates.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive contracts is dependent upon the third-party contract issuers' ability to meet their financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments.

While the Plan's investment as of December 31, 2024 and 2023 was fully benefit-responsive, the termination by the Plan of any arrangement, under certain conditions, including sponsor withdrawals (i.e. withdrawals resulting from Plan termination, merger, spin-off, Plan amendment, etc.) could result in either a charge for investment loss or a fair value adjustment at the time of withdrawal. No such sponsor withdrawals occurred during 2024 and 2023 and none is anticipated by the Plan's management.

At December 31, 2024, no events are probable of occurring that might limit the ability of the Plan or the participants to transact at contract value.

The objective of the Morley Stable Value Fund (Fund) is to provide preservation of capital, relatively stable returns consistent with its comparatively low risk profile, and liquidity for benefit-responsive payments. The Fund seeks to achieve this objective by investing primarily in a variety of high quality stable value investment contracts (the performance of which may be predicated on underlying fixed income securities), as well as cash and cash equivalents. It is intended that the Fund's stable value investment contracts will maintain a minimum weighted average credit quality rating of A or better. The underlying fixed income securities must be rated investment grade and meet issuer diversification guidelines. The duration of the Fund's investments will not exceed 4 years. The Fund is typically appropriate for investors who desire low volatility, stable principal value, and returns commensurate with a capital preservation objective for a component of their retirement savings. The Fund is designed for long term retirement investing.

Unitholder transactions are processed daily, or as applicable, by the Fund at the current net asset value at contract value and are considered as made immediately after the daily valuation. Withdrawals from the Fund for benefit payments and participant transfers to noncompeting options to be paid to plan participants shall be made within 30 days after written notification has been received and are considered as made immediately after the next valuation date subsequent to the Trustee's approval. Withdrawals, other than for benefit payments and participant transfers to noncompeting options, require a twelve month advance written notice.

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

4. FULLY BENEFIT RESPONSIVE GUARANTEED INVESTMENT CONTRACTS (Concluded)

Included in this advance written notice requirement are full or partial withdrawals of assets invested in the Fund resulting from plan sponsor directed actions.

5. FIXED ASSETS

Fixed assets and accumulated depreciation at December 31, 2024 and 2023 consisted of the following:

	<u>2024</u>	<u>2023</u>
Fixed assets	\$ 27,532	\$ 23,831
Less: accumulated depreciation	<u>(24,201)</u>	<u>(23,831)</u>
Net	<u>\$ 3,331</u>	<u>\$ -</u>

Depreciation expense included in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023 was \$370 and \$0, respectively.

During the year ended December 31, 2023, \$39,522 disbursed for changes to Plans' systems, that were planned to be used in administration and previously capitalized, were determined to not represent an asset of the Plan and were expensed, and the related cost and accumulated depreciation were removed from the respective accounts.

6. LEASE

The Plan is obligated under a lease for office premises in Philadelphia, Pennsylvania, owned by Plumbers Local Union No. 690 of the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada. The non-cancelable operating lease terminates on April 30, 2029. As of December 31, 2024, the following is a schedule by year of future minimum rental payments required under this operating lease.

<u>Year ending December 31,</u>	<u>Amount</u>
2025	\$ 7,633
2026	7,785
2027	7,941
2028	8,100
2029	<u>2,718</u>
	34,177
Less imputed interest	<u>(4,711)</u>
Total	<u>\$ 29,466</u>

In accordance with ASU 2016-01, a right-of-use asset and lease liability were recorded for the lease. As of December 31, 2024 and 2023, the right-of-use asset and the associated lease liability were \$29,466 and \$2,548, respectively, and the associated right-of-use amortization for the year then ended was \$7,455 and \$7,712, respectively. The Statement of Net Assets Available for Benefits reflects the right-of-use asset, net of amortization, and the associated lease liability. The weighted average remaining lease term as of December 31, 2024 is 52 months and as of December 31, 2023 is 4 months and the average discount rate as of December 31, 2024 and 2023 was 4.64% and 2.34%, respectively.

Rent expense of \$7,642 and \$7,811 for the years ended December 31, 2024 and 2023, respectively, is reflected in the Statements of Changes in Net Assets Available for Benefits.

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

7. FUNDING POLICY

Employer contributions to the Plan are determined for plumbing workers by collective bargaining agreements between Local Union No. 690 of the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada on the one part, and the Mechanical Contractors Association of Eastern Pennsylvania, Inc., which is now the Mechanical & Service Contractors Association of Eastern Pennsylvania, Inc (Association) and Independent Plumbing Contractors, respectively, on the other part. The agreements expire on April 30, 2027.

Employer contributions for metal trades workers are determined by collective bargaining agreements between Auxiliary Local Union No. 690 of the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada and Independent Plumbing and Heating Supply Houses. The agreements expire on June 30, 2026.

8. TRANSACTIONS WITH AFFILIATES

The Plan shares assets and certain administrative expenses, including expenses related to sharing both office space and leased assets, with the following affiliated entities:

Administrative expenses are allocated to the following based upon a pro-rata percentage:

Plumbers Local Union No. 690:

Pension Plan

Health Plan

Apprenticeship Training Fund

Plumbers Local Union No. 690 - Metal Trades

Division Pension Plan

Pension Plan for Employees of Plumbers

Local Union No. 690 Benefit Funds

Plumbers Local Union No. 690 of the United Association of
Journeymen and Apprentices of the Plumbing and
Pipefitting Industry of the United States and Canada

Auxiliary Local Union No. 690 Metal Trades Division of the
United Association of Journeymen and Apprentices
of the Plumbing and Pipefitting Industry of the
United States and Canada

The administrative expense of the Plumbers Local Union No. 690 Thomas J. McNulty Annual Scholarship Fund is \$12,810 per year. These are the annual charges for allocated expenses based upon management's estimates of relative effort and cost, including an analysis of time and expenses.

The administrative expense of the Plumbers Local Union No. 690 Vacation Fund is \$10,430 per year. These are the annual charges for allocated expenses based upon management's estimates of relative effort and cost, including an analysis of time and expenses.

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

9. RISKS AND UNCERTAINTIES

The Plan invests in various assets for investment. Investments are exposed to various risks such as interest rate, market and credit risks and the risk of compliance of the issuer and/or other parties. Due to the level of risk associated with certain investments it is at least reasonably possible that changes in values of certain investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

To provide benefits the Plan maintains a significant portion of its assets in investments, which are subject to fluctuation in value. Further, the Plan is subject to risks associated with each investment, such as compliance of the issuer with certain contractual obligations. The Plan minimizes concentrations of risk by hiring professionals to manage and evaluate investments and by diversifying the holdings in its investment portfolio, which limits the amount of credit exposure to any one issuer.

The COVID – 19 pandemic adversely affected global economic activity and influenced the values of certain investments and other assets. These conditions may adversely affect the Plan, although the extent of any impact on the Plan cannot be predicted at this time.

10. EMPLOYEE BENEFIT PLANS

The Plan contributes to two domestic multiemployer defined benefit pension plans for employees it shares with other entities (See Note 8). The risks of participating in a multiemployer plan are different than those of a single-employer plan in that assets contributed are pooled and may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to a multiemployer plan, the unfunded obligations of the plan may be borne by the remaining participating employers. If an employer stops participating in a multiemployer plan, it may be required to pay an amount based on the underfunded status of the multiemployer plan, referred to as a withdrawal liability.

The Plan participated in multiemployer plans for the annual periods ended December 31, 2024 and 2023 as outlined in the table below. The most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for the plans' years ended in June 30, 2024 and 2023 or December 31, 2024 and 2023, as applicable, respectively. The zone status is based on information received from each plan and is certified by its actuary. "FIP/RP Status Pending/Implemented" column indicates whether a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented.

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

10. EMPLOYEE BENEFIT PLANS (Concluded)

Plan Name	EIN/Pension Plan Number	Pension Protection Act Zone Status June 30		FIP/RP Status Pending/ Implemented	Contributions		Surcharge Imposed	Expiration Date of Agreement
		2024	2023		December 31, 2024	2023		
Plumbers Local Union No. 690 Pension Plan (June year end)	23-6405018001	Not Endangered or Critical (Green)	Not Endangered or Critical (Green)	Not Applicable	\$7,136	\$7,137	No	(a)
Teamsters Pension Trust Fund of Philadelphia and Vicinity (December year end)	23-1511735001	Endangered (Yellow)	Endangered (Yellow)	FIP Implemented November 10, 2010	\$11,057	\$10,625	No	(a)
Total					\$18,193	\$17,762		

(a) Contributions to the Plan are pursuant to a participation agreement that does not reflect an expiration date.

The Plan was not listed in the above plans' Form 5500s as providing more than 5% of the total contributions for either Plan.

In addition, the Plan participates in a multiemployer arrangement that provides postretirement benefits other than pensions, with the Plumbers Local Union No. 690 Health Plan. This arrangement generally provides medical, dental, prescription, substance abuse, weekly income, death and life benefits for eligible active employees and retirees and their dependents. Contributions to the multiemployer plan that provides postretirement benefits other than pensions were \$10,770 and \$10,812 for the years ended December 31, 2024 and 2023, respectively.

The Plan participates in various additional employee benefit plans to provide benefits to eligible employees it shares with other entities. Contributions made in 2024 and 2023 to a multiemployer defined contribution employee benefit pension plan were \$7,356 and \$7,194, respectively; to a multiemployer welfare employee benefit plan that does not provide postretirement benefits were \$13,018 and \$14,038, respectively; and to a single employer defined benefit pension plan were \$23,976 and \$15,748, respectively.

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

11. SUBSEQUENT EVENTS

ASC Topic 855 - *Subsequent Events* establishes standards of accounting for the disclosure of events that take place after the date of the financial statements, but before the financial statements are issued. Depending upon facts and circumstances, for certain subsequent events their effect must be recognized in the financial statements while for others applicable information should be disclosed in the notes to the financial statements. Plan management has evaluated subsequent events occurring between December 31, 2024 and the date the financial statements were available to be issued, October 14, 2025, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements except as noted below.

12. PLAN CONTINUATION

It is the present intention of the Trustees to continue the Plan indefinitely. In the event of the termination of the Plan for any reason, the assets of the Plan shall be liquidated and allocated to or for the exclusive benefit of the participants and other persons entitled to benefits from the Plan.

13. TAX STATUS

On April 20, 2015, the Internal Revenue Service advised the Plan it made a favorable determination of the Plan's tax status and it is exempt from federal income taxes pursuant to Internal Revenue Code (IRC) Section 401(a). The Plan is not, however, exempt from taxes on net income from unrelated business activities, if any. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter. No change in the Plan's tax status is anticipated. The Trustees believe that the Plan is being operated in compliance with all applicable requirements and, therefore, believe that the Plan continues to be qualified and tax exempt. No provision for income taxes has been included in the financial statements.

ASC Topic 740 - *Income Taxes* clarifies the accounting for uncertainty in income taxes recognized in an organization's financial statements and prescribes a recognition threshold and measurement attribute for tax positions taken or expected to be taken on a tax return, including the entity's status as a tax-exempt entity. The Plan has determined there is no impact of ACS Topic 740 on its financial statements for the years ended December 31, 2024 and 2023.

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN

SUMMARY OF ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

<u>DESCRIPTION</u>	<u>2024</u>	<u>2023</u>
Salaries	\$ 97,905	\$ 98,901
Payroll taxes	7,410	7,506
Plumbers Local Union No. 690 Industry Fund contributions	25,386	25,208
Teamsters of Philadelphia Pension and Welfare Fund contributions	23,952	24,599
Plumbers Local Union No. 690 Industry Funds Employees Pension		
Plan contributions	23,976	15,748
Legal fees	18,682	19,127
Actuarial and consulting fees	12,645	9,900
Accounting and auditing fees	7,802	7,538
Office rent, maintenance and taxes	7,642	7,811
Insurance	6,254	5,936
Convention and travel	5,078	3,277
Printing and office supplies	4,934	46,708
Equipment rent and maintenance	3,167	2,544
Miscellaneous	2,338	322
Postage	1,659	1,939
Utilities	999	893
Depreciation expense	370	-
Total	<u>\$ 250,199</u>	<u>\$ 277,957</u>

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN
EIN 23-2487320, PLAN NO. 003
SCHEDULE H TO FORM 5500, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)			(d)	(e)
	<u>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</u>	<u>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>FACE VALUE OR SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
INVESTMENTS, AT FAIR VALUE:						
SHORT TERM INVESTMENT FUNDS:						
	ALLSPRING GOVERNMENT MONEY MARKET FUND INSTL #1751			838,970	\$ 838,970	\$ 838,970
	ALLSPRING GOVERNMENT MONEY MARKET FUND INSTL #3177			207,005	207,005	207,005
	TOTAL SHORT TERM INVESTMENT FUNDS				<u>1,045,975</u>	<u>1,045,975</u>
CORPORATE OBLIGATIONS:						
	AECOM	5.125%	03/15/27	788,000	770,075	780,435
	ALLEGHENY TECHNOLOGIES	4.875%	10/01/29	755,000	732,350	719,160
	BOYD GAMING CORP	4.750%	12/01/27	805,000	765,064	778,266
	CARE CAPITAL PROPERTIES	5.125%	08/15/26	795,000	757,452	794,380
	CARPENTER TECHNOLOGY	6.375%	07/15/28	790,000	785,651	790,119
	CDW LLC/CDW FINANCE	4.125%	05/01/25	800,000	780,941	794,440
	CENTENE CORP	4.250%	12/15/27	780,000	731,395	755,586
	CENTURY COMMUNITIES	6.750%	06/01/27	778,000	782,588	778,450
	CHARTER COMM OPT LLC	4.908%	07/23/25	800,000	803,757	799,048
	CLEVELAND-CLIFFS INC	5.875%	06/01/27	690,000	688,471	686,088
	CROWN AMER/CAP CORP VI	4.750%	02/01/26	805,000	814,684	796,200
	ENCOMPASS HEALTH CORP	4.750%	02/01/30	800,000	775,198	758,416
	ENLINK MIDSTREAM PARTNER	4.150%	06/01/25	835,000	800,106	831,418
	GLP CAPITAL LP / FIN II	5.375%	04/15/26	280,000	276,903	280,006
	GLP CAPITAL LP / FIN II	5.250%	06/01/25	510,000	553,449	509,883
	GXO LOGISTICS INC	6.250%	05/06/29	405,000	408,243	414,716
	H.B. FULLER CO	4.250%	10/15/28	655,000	617,291	616,054
	HILLENBRAND INC	4.500%	09/15/26	785,000	855,057	777,440
	HILTON WORLDWIDE FIN LLC	4.875%	04/01/27	795,000	810,277	784,164
	ICAHN ENTERPRISES/FIN	6.250%	05/15/26	231,000	224,097	229,034
	ICAHN ENTERPRISES/FIN	5.250%	05/15/27	425,000	394,213	402,382
	LAMAR MEDIA CORP	3.750%	02/15/28	835,000	758,379	783,055
	NMI HOLDINGS	6.000%	08/15/29	765,000	761,135	768,259
	ONEMAIN FINANCE CORP	3.500%	01/15/27	460,000	427,555	438,785
	ONEMAIN FINANCE CORP	3.875%	09/15/28	275,000	254,587	253,424
	PENSKE AUTOMOTIVE GROUP	3.500%	09/01/25	815,000	818,576	804,674
	SBA COMMUNICATIONS CORP	3.875%	02/15/27	825,000	832,546	789,789
	SERVICE CORP INTL	4.625%	12/15/27	805,000	761,547	783,312
	SILGAN HOLDINGS INC	4.125%	02/01/28	815,000	736,609	777,844
	SLM CORP	4.200%	10/29/25	370,000	378,142	366,692
	SLM CORP	3.125%	11/02/26	445,000	404,388	424,499
	SPRINGLEAF FINANCE CORP	7.125%	03/15/26	100,000	101,668	101,796
	STARWOOD PROPERTY TRUST	4.750%	03/15/25	393,000	406,334	392,796
	SUNOCO LP/FINANCE CORP	6.000%	04/15/27	780,000	807,730	778,456
	TEGNA INC	4.625%	03/15/28	845,000	760,714	798,525
	TELEFLEX INC	4.625%	11/15/27	805,000	772,630	780,093
	TENET HEALTHCARE CORP	5.125%	11/01/27	430,000	422,694	421,129
	TENET HEALTHCARE CORP	4.250%	06/01/29	380,000	351,131	356,744

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN
EIN 23-2487320, PLAN NO. 003
SCHEDULE H TO FORM 5500, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)			(d)	(e)
	<u>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</u>	<u>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>DESCRIPTION OF INVESTMENT FACE VALUE OR SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	TEVA PHARMACEUTICALS	4.750%	05/09/27	175,000	167,588	170,769
	TEVA PHARMACEUTICALS	6.750%	03/01/28	120,000	120,900	122,527
	TEVA PHARMACEUTICALS	3.150%	10/01/26	495,000	445,011	475,646
	UNDER ARMOUR INC	3.250%	06/15/26	825,000	830,585	796,455
	UNITED RENTALS NORTH AM	5.500%	05/15/27	810,000	820,611	805,164
	WESTERN DIGITAL CORP	4.750%	02/15/26	810,000	854,265	802,192
	WESTERN MIDSTREAM	3.100%	02/01/25	630,000	621,573	628,412
	WYNDHAM WORLDWIDE CORP	4.500%	04/01/27	530,000	514,002	530,090
	WYNDHAM WORLDWIDE CORP	5.100%	10/01/25	245,000	257,257	245,622
	TOTAL CORPORATE OBLIGATIONS				28,515,419	28,472,434
COMMON STOCKS:						
	AAR CORP			1,337	96,308	81,931
	AECOM			1,299	80,368	138,759
	AGREE RLTY CORP			1,225	91,138	86,300
	AIR LEASE CORP			2,250	108,855	108,473
	ALIGHT INC			7,234	68,801	50,059
	ANTERO RESOURCES CORP			1,692	53,500	59,305
	API GROUP CORP			4,384	89,433	157,692
	ARCOSA INC			1,675	89,852	162,040
	AVANTOR INC			4,783	155,313	100,778
	BATH & BODY WORKS INC			3,163	136,564	122,630
	BEACON ROOFING SUPPLY INC			1,689	147,929	171,569
	BERKLEY W R CORP			1,731	71,233	101,298
	BOOT BARN HOLDINGS INC			727	94,973	110,373
	CHART INDUSTRIES INC			655	94,199	125,000
	CHECK POINT SOFTWARE TECH			548	86,649	102,312
	CHEMED CORP			296	158,042	156,820
	CHURCHILL DOWNS INC			1,176	109,104	157,043
	CLEAN HARBORS INC			635	104,295	146,139
	COLLIERS INTL GROUP INC			1,058	114,916	143,856
	CONCENTRIX CORP			1,521	170,887	65,814
	CORE & MAIN INC			1,757	67,422	89,449
	CRANE NXT CO			1,552	68,441	90,357
	DANA INC			7,364	90,400	85,128
	EAGLE MATLS			654	88,425	161,381
	EXPEDIA INC			643	99,843	119,810
	FED AGRIC MTG CORP CL C			508	84,457	100,051
	FIDELIS INSURANCE HOLDINGS LTD			5,845	93,520	105,970
	FIRST AMERICAN FINANCIAL CORP			2,200	130,647	137,368
	FIVE9 INC			2,627	112,406	106,761
	FLUOR CORP			1,399	77,821	68,999
	GFL ENVIRONMENTAL INC			2,627	92,550	117,007
	HEALTH EQUITY INC			1,380	111,314	132,410
	HERC HOLDINGS INC			621	70,300	117,574
	HOME BANCSHARES INC			4,418	98,167	125,029
	HUNT J B TRANS SVCS INC			602	100,499	102,737
	ICON PLC			580	127,514	121,632
	INGERSOLL-RAND INC			885	42,558	80,057
	INTAPP INC			1,842	67,707	118,054
	INTERNATIONAL SEAWAYS INC			1,656	27,525	59,517
	ITT INC			1,340	120,345	191,459
	JAZZ PHARMACEUTICALS PLC			1,431	198,254	176,228
	KADANT INC			432	76,997	149,036
	KBR INC			1,485	93,267	86,026

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN
EIN 23-2487320, PLAN NO. 003
SCHEDULE H TO FORM 5500, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)			(d)	(e)	
	<u>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>FACE VALUE OR SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	KORN/FERRY INTL				1,804	110,126	121,680
	LANTHEUS HOLDINGS INC				1,364	109,026	122,023
	LITHIA MOTORS INC CL A				293	91,661	104,727
	LITTELFUSE INC				415	100,953	97,795
	LIVE OAK BANCSHARES INC				1,781	69,628	70,439
	MOOG INC CL A				740	82,676	145,662
	NEXSTAR MEDIA GROUP INC				603	87,181	95,256
	NOMAD FOODS LTD				7,504	168,198	125,917
	NORTHERN OIL AND GAS INC				1,926	62,574	71,570
	OPTION CARE HEALTH INC				4,573	140,447	106,094
	PACKAGING CORP OF AMERICA				509	68,433	114,590
	PAGERDUTY INC				2,345	49,816	42,820
	PINTEREST INC				3,153	95,274	91,437
	POST HOLDINGS INC				1,491	120,067	170,660
	PROSPERITY BANCSHARES INC				1,480	102,720	111,518
	PULTE GROUP INC				1,012	51,376	110,207
	REINSURANCE GROUP AMERICA CLASS A				644	70,794	137,578
	RELIANCE INC				383	57,040	103,127
	ROIVANT SCIENCES LTD				10,390	111,581	122,914
	SENSATA TECHNOLOGIES HOLDING PLC				2,551	101,745	69,897
	SKECHERS U S A INC CL A				1,974	95,843	132,732
	SS&C TECHNOLOGIES HOLDINGS INC				2,099	154,673	159,062
	TALEN ENERGY CORP				813	52,641	163,795
	TD SYNEX CORP				1,463	158,016	171,580
	TECHNIPFMC LIMITED				3,618	111,438	104,705
	TELEPHONE AND DATA SYSTEMS INC				4,552	80,675	155,269
	TEMPUR SEALY INTL				1,472	72,731	83,448
	TENET HEALTHCARE CORP				800	48,752	100,984
	TIDEWATER INC				1,258	59,963	68,825
	TRANSUNION				1,341	91,264	124,324
	TRAVEL + LEISURE CO				2,388	131,620	120,475
	TTM TECHNOLOGIES INC				3,870	69,915	95,783
	UFP INDUSTRIES INC				1,078	78,693	121,437
	UFP TECHNOLOGIES INC				303	48,585	74,087
	UGI CORP				1,883	51,253	53,157
	UNITED STATES CELLULAR CORP				2,119	61,646	132,904
	UNITED THERAPEUTICS CORP				386	91,559	136,196
	VISTRA CORP				1,419	31,278	195,638
	VONTIER CORP				3,737	120,651	136,288
	WEATHERFORD INTL LTD				1,939	178,700	138,890
	WESTERN ALLIANCE BANCORPORATION				1,828	121,391	152,710
	WESTERN DIGITAL CORP				2,323	150,516	138,520
	WEX INC				731	121,883	128,159
	TOTAL COMMON STOCKS					<u>8,297,740</u>	<u>10,015,110</u>

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN
EIN 23-2487320, PLAN NO. 003
SCHEDULE H TO FORM 5500, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)			(d)	(e)
	<u>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</u>	<u>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>DESCRIPTION OF INVESTMENT FACE VALUE OR SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
COMMON/COLLECTIVE TRUSTS:						
	HARDMAN JOHNSTON INTERNATIONAL EQUITY GROUP TRUST			142,431	4,027,604	6,035,159
	STATE STREET RUSSELL 1000 GROWTH INDEX SECURITY LENDING FUND			52,120	2,040,066	14,830,380
	STATE STREET RUSSELL 1000 VALUE INDEX SECURITY LENDING FUND			79,425	<u>4,652,368</u>	<u>13,318,513</u>
	TOTAL COMMON/COLLECTIVE TRUSTS				<u>10,720,038</u>	<u>34,184,052</u>
LIMITED PARTNERSHIPS:						
	BOYD WATERSON GSA FUND LP			13,068	14,453,962	12,889,542
	BOYD WATERSON STATE GOVERNMENT LP			8,676	9,469,362	8,630,194
	CORBIN ERISA OPPORTUNITY FUND LP			7,000,000	7,000,000	7,646,635
	FIRST EAGLE INTERNATIONAL VALUE FUND LP			1,983	5,500,000	5,391,323
	INSTITUTIONAL CREDIT FUND LP			7,000,000	7,000,000	7,132,398
	MESIROW FINANCIAL REAL ESTATE VALUE FUND LP			2,249,701	<u>2,249,701</u>	<u>1,966,127</u>
	TOTAL LIMITED PARTNERSHIPS				<u>45,673,025</u>	<u>43,656,219</u>
	TOTAL INVESTMENTS, AT FAIR VALUE				<u>94,252,197</u>	<u>117,373,790</u>
INVESTMENTS, AT CONTRACT VALUE:						
COMMON/COLLECTIVE TRUSTS:						
	MORLEY STABLE VALUE FUND			1,001,142	<u>29,663,263</u>	<u>29,845,652</u>
	TOTAL INVESTMENTS, AT CONTRACT VALUE				<u>29,663,263</u>	<u>29,845,652</u>
	TOTAL INVESTMENTS				<u>\$ 123,915,460</u>	<u>\$ 147,219,442</u>

* PARTY-IN-INTEREST AS DEFINED BY ERISA

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN
EIN 23-2487320, PLAN NO. 003
SCHEDULE H TO FORM 5500, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE OF PLAN ASSETS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a)	(b)		(c)	(d)	(g)	(h)	(i)
<u>IDENTITY OF PARTY INVOLVED</u>	<u>NUMBER OF</u>	<u>NUMBER OF</u>	<u>PURCHASE</u>	<u>SALE PRICE</u>	<u>COST OF</u>	<u>CURRENT</u>	<u>NET</u>
<u>DESCRIPTION</u>	<u>PURCHASES</u>	<u>SALES/</u> <u>MATURITIES</u>	<u>PRICE</u>	<u>MATURITY</u> <u>AMOUNT</u>	<u>ASSET</u>	<u>VALUE OF</u> <u>ASSET ON</u> <u>TRANSACTION</u> <u>DATE</u>	<u>GAIN</u> <u>(LOSS)</u>
ALLSPRING 100%	201	-	\$ 13,594,278	-	\$ -	\$ 13,594,278	-
MONEY MARKET FUND INST #1751	-	107	-	14,285,590	14,285,590	14,285,590	-
ALLSPRING GOVERNMENT	18	-	6,861,503	-	-	6,861,503	-
MONEY MARKET FUND INST #3177	-	6	-	6,654,781	6,654,781	6,654,781	-

PLUMBERS LOCAL UNION NO. 690 SUPPLEMENTAL RETIREMENT PLAN
EIN 23-2487320, PLAN NO. 003

SCHEDULE H TO FORM 5500, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE
CURRENT VALUE OF PLAN ASSETS

FOR THE YEAR ENDED DECEMBER 31, 2024

SEE ATTACHED FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES FOR THE
YEARS ENDED DECEMBER 31, 2024 AND 2023.