

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 05/01/1954
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) BOARD OF TRUSTEES OF PLUMBERS LU 690 HEALTH PLAN 2791 SOUTHAMPTON ROAD PHILADELPHIA, PA 19154-1296
2b Employer Identification Number (EIN) 23-1512313
2c Plan Sponsor's telephone number 215-677-6900
2d Business code (see instructions) 238220

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input 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:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5		1523
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)		941
6a(2) Total number of active participants at the end of the plan year	6a(2)		900
b Retired or separated participants receiving benefits.....	6b		136
c Other retired or separated participants entitled to future benefits	6c		444
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d		1480
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e		
f Total. Add lines 6d and 6e	6f		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		121

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

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

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

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

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

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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS LU 690 HEALTH PLAN		D Employer Identification Number (EIN) 23-1512313

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

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF PENNSYLVANIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1667011	54798	3201	2296	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 2903	(b) Total amount of fees paid 0
--	--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DELAWARE VALLEY HLTH CARE COALITION **2980 SOUTHAMPTON ROAD**
PHILADELPHIA, PA 19154

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2903			3

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	598828
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS LU 690 HEALTH PLAN</p>	<p>D Employer Identification Number (EIN) 23-1512313</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
FIDELIO INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-2436056	28231	PU0113	150	01/01/2024	12/31/2024

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	77021
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

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OMB No. 1210-0110

2024

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A Name of plan PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS LU 690 HEALTH PLAN	D Employer Identification Number (EIN) 23-1512313

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

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	158580	885	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 18885	(b) Total amount of fees paid 0
---	--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WADE FINANCIAL INC. 1225 SCARLETT OAK DR CHALFONT, PA 18914

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18885			3

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	173985	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	-21618	
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))	9a(4)		152367
b	Benefit charges (1) Claims paid	9b(1)	100000	
	(2) Increase (decrease) in claim reserves	9b(2)	-42410	
	(3) Incurred claims (add (1) and (2))	9b(3)		57590
	(4) Claims charged	9b(4)		57590
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)	18886	
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)	18247	
	(E) Taxes	9c(1)(E)	3047	
	(F) Charges for risks or other contingencies	9c(1)(F)	11855	
	(G) Other retention charges	9c(1)(G)	42743	
	(H) Total retention	9c(1)(H)		94778
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		32527
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS LU 690 HEALTH PLAN</p>	<p>D Employer Identification Number (EIN) 23-1512313</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
GERBER LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-2611847	70939	GL-0181-VU	1480	01/01/2024	12/31/2024

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	644856
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS LU 690 HEALTH PLAN	D Employer Identification Number (EIN) 23-1512313	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

AETNA

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	1244399	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, LLC

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	123461	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)

BOYD WATERSON ASSET MGMT, LLC

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	119703	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)

EMPLOYEE A

23-1573070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	93265	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)

EMPLOYEE B

23-1573070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	82390	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE 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	79558	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)

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	48037	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)

EMPLOYEE C

23-1573070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	45130	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)

O'DONOGHUE & O'DONOGHUE LLP

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	42346	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)

EMPLOYEE D

23-1573070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	41498	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)

DANIEL A. WINTERS AND 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	37489	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)

EMPLOYEE E

23-1573070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	37147	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)

KANG HAGGERTY

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	36438	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)

EMPLOYEE F

23-1573070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	35481	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)

EMPLOYEE G

23-1573070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	35131	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)

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	30311	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)

INVESTMENT PERFORMANCE SERVICES

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?
99	NONE	29250	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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	28018	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"/>

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)

EMPLOYEE H

23-1573070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	27913	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)

ALLIED TRADES ASSISTANCE PROGRAM

23-2591093

(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	NONE	27373	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)

ELMCRX SOLUTIONS LLC

37-1853309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	19193	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)

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	11079	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)

NVA

74-3033381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	7472	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)

COMPUTAT SYSTEMS, INC.

14-1834265

(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	NONE	6870	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(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	38
(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.	
S&P 500 INDEX SL CTF 04-1867445	STATE STREET RECEIVED THE FOLLOWING ELIGIBLE INDIRECT COMPENSATION. THERE WERE INVESTMENT MANAGEMENT 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	41
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 LOCAL UNION NO. 690 HEALTH PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS LU 690 HEALTH PLAN	D Employer Identification Number (EIN) 23-1512313

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)	3030461	2600296
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1402273	1247743
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2748465	3985247
(2) U.S. Government securities	1c(2)	10657660	13070903
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	5237946	4754788
(B) All other	1c(3)(B)	22334976	25387433
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	10234103	8143301
(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)	8307370	8757330
(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	0	15741
f Total assets (add all amounts in lines 1a through 1e).....	1f	63953254	67962782
Liabilities			
g Benefit claims payable.....	1g	4239964	4151235
h Operating payables.....	1h	245067	434338
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4485031	4585573
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	59468223	63377209

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)	24935429	
(B) Participants.....	2a(1)(B)	1354486	
(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)		26289915
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	76322	
(B) U.S. Government securities.....	2b(1)(B)	326431	
(C) Corporate debt instruments.....	2b(1)(C)	1310065	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	140580	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1853398
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	29960163	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	30229415	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-269252
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	960830	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		756745
(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		1168050
d Total income. Add all income amounts in column (b) and enter total	2d		30759686

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23803732	
(2) To insurance carriers for the provision of benefits	2e(2)	796665	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		24600397
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)	497753	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	37489	
(5) Investment advisory and investment management fees	2i(5)	318802	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	79558	
(8) Legal fees	2i(8)	138420	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1178281	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2250303
j Total expenses. Add all expense amounts in column (b) and enter total	2j		26850700

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3908986
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 _____.

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN
EIN 23-1512313; PLAN NO. 501

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 HEALTH PLAN
EIN 23-1512313; PLAN NO. 501

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 HEALTH 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 Health Plan

Opinion

We have audited the accompanying financial statements of the Plumbers Local Union No. 690 Health 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 HEALTH 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, \$1,234,708; 2023, \$1,601,324).....	\$ 1,234,708	\$ 1,601,324
U.S. government and agency obligations (cost - 2024, \$13,581,609; 2023, \$11,130,480)	13,070,903	10,657,660
Corporate obligations (cost - 2024, \$30,607,087; 2023, \$28,374,576).....	30,142,221	27,572,922
Limited partnership (cost - 2024, \$9,038,996; 2023, \$10,113,730).....	8,143,301	10,234,103
Common/collective trusts (cost - 2024, \$2,616,760; 2023, \$3,102,432).....	<u>8,757,330</u>	<u>8,307,370</u>
Total	<u>61,348,463</u>	<u>58,373,379</u>
Receivables:		
Employer contributions	2,600,296	3,030,461
Other receivables	566,957	927,007
Interest	<u>451,892</u>	<u>417,004</u>
Total	<u>3,619,145</u>	<u>4,374,472</u>
Cash	2,621,473	992,311
Cash - contractors' escrow	<u>129,066</u>	<u>154,830</u>
Total	<u>2,750,539</u>	<u>1,147,141</u>
Prepaid expenses	<u>43,679</u>	<u>42,248</u>
Right-of-use asset.....	<u>185,215</u>	<u>16,014</u>
Fixed assets, net		
of accumulated depreciation	<u>15,741</u>	<u>-</u>
Total	<u>67,962,782</u>	<u>63,953,254</u>
LIABILITIES:		
Accounts payable	120,057	74,223
Lease liabilities.....	185,215	16,014
Contractors' escrow	<u>129,066</u>	<u>154,830</u>
Total	<u>434,338</u>	<u>245,067</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 67,528,444</u>	<u>\$ 63,708,187</u>

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

PLUMBERS LOCAL UNION NO. 690 HEALTH 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	\$ 1,448,323	\$ 2,012,438
Interest and dividends	<u>1,853,398</u>	<u>2,120,344</u>
Total	3,301,721	4,132,782
Less investment expenses	<u>(318,802)</u>	<u>(296,208)</u>
Total	<u>2,982,919</u>	<u>3,836,574</u>
Contributions and other income:		
Employer contributions	24,935,429	26,582,596
Participant contributions	1,354,486	1,345,836
Prescription drug processing refund	1,162,153	1,207,253
Other income	<u>5,897</u>	<u>57,252</u>
Total	<u>27,457,965</u>	<u>29,192,937</u>
Total	<u>30,440,884</u>	<u>33,029,511</u>
DEDUCTIONS:		
Benefits:		
Health benefits paid to or for participants, beneficiaries and dependents	23,892,461	25,049,991
Premiums paid under insurance and similar arrangements	<u>796,665</u>	<u>1,175,187</u>
Total	<u>24,689,126</u>	<u>26,225,178</u>
Administrative service fees	<u>660,292</u>	<u>650,589</u>
Administrative expenses	<u>1,271,209</u>	<u>1,366,987</u>
Total	<u>26,620,627</u>	<u>28,242,754</u>
NET INCREASE	3,820,257	4,786,757
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>63,708,187</u>	<u>58,921,430</u>
END OF YEAR	<u>\$ 67,528,444</u>	<u>\$ 63,708,187</u>

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

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

1. DESCRIPTION OF PLAN

The following brief description of the 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 defined benefit collectively bargained health and welfare plan covering eligible plumbing and metal trades workers, including eligible apprentices and certain retirees, and dependents thereof. The Plan was formed in 1950 under an Agreement and Declaration of Trust 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 part and the Mechanical Contractors Association Of Eastern Pennsylvania, Inc. and the Independent Plumbing Contractors on the other part. The Plan was amended and restated effective January 1, 2015. The Plan is operated and administered by eight trustees provided for in the Agreement and Declaration of Trust and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- B. Benefits - Participants satisfying eligibility requirements, and their dependents, are provided coverage for hospital, surgical, dental, prescription, substance abuse, weekly income, hearing, vision, accidental death and dismemberment, death, and related benefits.

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 is referred to in these notes as "ASC".
- C. Valuation of Investments - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

(Continued...)

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

- 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 includes amounts due to the plan from delinquent contributing employers and related receivables totaling \$2,669,379 and \$3,099,996, which have been recorded in financial statements as of December 31, 2024 and 2023, respectively.

As of December 31, 2024 and 2023, the allowance for the amounts considered uncollectible is \$69,083 and \$69,535, respectively. The net effect of recognizing employer contributions receivable and allowances for the uncollectible amounts is reflected in employer contributions income. The net amounts of \$2,600,296 and \$3,030,461 are included in the Statements of Net Asset Available for Benefits as employer contributions receivable at December 31, 2024 and 2023, respectively.

- E. Other Receivable - This comprised of amounts the Plan considers due at fiscal year end, including amounts related to stop loss insurance coverage, amounts related to benefits such as prescription rebates receivable and related amounts at December 31, 2024 and 2023.
- F. 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.
- G. Benefit Obligations - The Plan's benefit obligations include estimates for claims payable and claims incurred but not reported, accumulated eligibility credits and postretirement benefit obligations. These estimates were determined by an independent actuary. See Note 3.
- H. 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.
- I. Fixed Assets - Fixed assets are stated at cost less accumulated depreciation. Depreciation is provided over the estimated useful lives of assets by use of the straight-line method. See also Note 5.

When an asset is sold, retired or otherwise disposed of the cost of the property and the related accumulated depreciation are removed from the respective accounts and any resulting gains or losses are reflected in the statements of changes in net assets available for benefits.

(Continued...)

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Concluded)

K. Reconciliation of Financial Statements to Form 5500 - The following is a reconciliation of net assets available for benefits according to the financial statements to Form 5500:

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 67,528,444	\$ 63,708,187
Less: Claims payable, claims incurred but not reported and premiums due to insurers	<u>(4,151,235)</u>	<u>(4,239,964)</u>
Net assets available for benefits per Form 5500	<u>\$ 63,377,209</u>	<u>\$ 59,468,223</u>

The following is a reconciliation of health claim payments according to the financial statements to Form 5500:

	<u>Year ended</u>
	<u>December 31, 2024</u>
Health claims paid to or for participants, beneficiaries, and dependents and premiums paid under insurance and similar arrangements per the financial statements	\$ 24,689,126
Add: Claims payable, claims incurred but not reported and premiums due to insurers at December 31, 2024	4,151,235
Less: Claims payable, claims incurred but not reported and premiums due to insurers at December 31, 2023	<u>(4,239,964)</u>
Benefit payments and payments to provide benefits per Form 5500	<u>\$ 24,600,397</u>

Claims payable, claims incurred but not reported and premiums due to insurers are recorded as a liability on Form 5500 in accordance with the reporting requirements.

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

3. BENEFIT OBLIGATIONS

The Plan's benefit obligations consist of (a) amounts currently payable to or for participants, (b) other obligations for current benefit coverage and (c) postretirement benefit obligations.

Plan obligations for health claims incurred but not reported and for accumulated eligibility credits at December 31, 2024 and 2023 are presented at the present value of the estimated amounts, as determined by an independent actuary.

Postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to participants' services rendered to the valuation date, net of the actuarial present value of estimated future contributions, for postretirement benefits, from participants.

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

The Plan's benefit obligations as of December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Claims payable, claims incurred but not reported and premium due to insurers	\$ <u>4,151,235</u>	\$ <u>4,239,964</u>
Accumulated eligibility credits, net of amounts currently payable	<u>28,860,655</u>	<u>29,983,784</u>
Postretirement benefit obligations:		
Current retirees	47,962,215	44,776,532
Other participants fully eligible for benefits	27,622,723	26,112,934
Other participants not yet fully eligible for benefits	<u>69,432,671</u>	<u>70,279,363</u>
Total	<u>145,017,609</u>	<u>141,168,829</u>
Plan's total benefit obligations	<u>\$ 178,029,499</u>	<u>\$ 175,392,577</u>

The significant actuarial assumptions used in determining the present value of postretirement benefit obligations as of December 31, 2024 were (a) life expectancy of participants (for healthy lives, 130% of the SOA RPH-2014 Blue Collar Mortality table with separate rates for annuitants and non-annuitants (headcount weighted) - there is no projected mortality improvement; for disabled lives, 130% of the SOA RPH-2014 Disabled Retiree Mortality table (headcount weighted) - there is no projected mortality improvement; (b) retirement age assumptions (retirement ages were assumed to range from 55 to 70 or older, with varying assumed frequencies); (c) discount rate (5.0%) and (d) health care cost-trend rate (4.75% annual rate of increase was assumed per year for the 2024 Plan year and years thereafter).

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PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

3. BENEFIT OBLIGATIONS (Continued)

The health care cost trend rate assumption ((d), above) has a significant effect on the amounts reported above. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$22,296,265 and \$21,080,364, respectively.

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

On December 8, 2003, the President of the United States of America signed into law the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act). The Act introduces a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D.

The following factors affected the change in the Plan's benefit obligations for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Claims payable, claims incurred but not reported and premiums to insurers:		
Balance at beginning of year	\$ 4,239,964	\$ 3,652,216
Net change during the year	<u>(88,729)</u>	<u>587,748</u>
Balance at end of year	<u>4,151,235</u>	<u>4,239,964</u>
Accumulated eligibility credits, net of amounts currently payable:		
Balance at beginning of year	29,983,784	26,457,947
Net change during year	<u>(1,123,129)</u>	<u>3,525,837</u>
Balance at end of year	<u>28,860,655</u>	<u>29,983,784</u>
Postretirement benefit obligations:		
Balance at beginning of year	141,168,829	129,171,710
Benefits earned and other changes, including (gains)/losses	3,241,102	(2,477,316)
Benefits and provider payments	(4,110,020)	(4,843,085)
Passage of time	7,246,320	6,609,732
Plan Amendment	-	4,255,964
Changes in actuarial assumptions	<u>(2,528,622)</u>	<u>8,451,824</u>
Balance at end of year	<u>145,017,609</u>	<u>141,168,829</u>
Plan's total benefit obligations at end of year	<u>\$ 178,029,499</u>	<u>\$ 175,392,577</u>

The costs of the postretirement benefits are shared by the Plan's participating employers and retirees. In addition to deductibles and co-payments, retirees eligible for Medicare pay an optional \$125 per person (\$250 per family) per month for the year ended December 31, 2024 and 2023, respectively, for supplemental benefits and retirees not eligible for Medicare pay and optional \$150 per person (\$300 per family) per month as of December 31, 2024 and 2023, respectively.

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

3. BENEFIT OBLIGATIONS (Concluded)

The Plan's deficiency of net assets available for benefits over Plan's total benefit obligations at December 31, 2024 and 2023 relates primarily to the postretirement benefit obligations, which is not planned to be fully funded by the contribution rate provided by the current collective bargaining agreement. It is expected that future benefits will be funded, as they are payable, by employer contributions and retiree contributions. Because this deficiency is based upon the actuarial present value of expected postretirement benefits planned to be funded by the items noted above, the Board of Trustees monitors the funded status of the Plan to assess any possible changes, including changes in the terms of the Plan document, which may be necessary.

4. 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.

U.S. government and agency obligations are valued at fair value using quoted market prices for identical assets, on an active market, and are considered Level 1 of the fair value hierarchy. When such quoted market prices are not available and the value is 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.

Corporate obligations are valued at fair value using quoted market prices for identical assets, on an active market, and are considered Level 1 of the fair value hierarchy. When such quoted market prices are not available the value is 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.

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PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

4. FAIR VALUE MEASUREMENTS (Continued)

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.

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.

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 Statement 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	\$ 1,234,708	\$ -	\$ -	\$ 1,234,708
U.S. government and agency obligations	-	13,070,903	-	13,070,903
Corporate obligations	<u>-</u>	<u>30,142,221</u>	<u>-</u>	<u>30,142,221</u>
Total assets in the fair value hierarchy	<u>\$ 1,234,708</u>	<u>\$ 43,213,124</u>	<u>\$ -</u>	<u>\$ 44,447,832</u>
Investments measured at net asset value ⁽¹⁾				
Common/collective trusts				\$ 8,757,330
Limited partnership				<u>8,143,301</u>
Total investments at net asset value				<u>16,900,631</u>
Total investments, at fair value				<u>\$ 61,348,463</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.

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PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

4. 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)	\$ 8,757,330	\$ -	1-7 days	1 day
Limited partnership (c)	<u>8,143,301</u>	<u>-</u>	Quarterly	60 days
	<u>\$16,900,631</u>	<u>\$ -</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.

(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.

(Continued...)

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

4. FAIR VALUE MEASUREMENTS (Continued)

A description of the significant investment strategy of the security that the Plan has estimated fair value using the net asset value per share at December 31, 2024 is as follows.

Limited partnership:

Boyd Waterson GSA 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 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.

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	\$ 1,601,324	\$ -	\$ -	\$ 1,601,324
U.S. government and agency obligations	-	10,657,660	-	10,657,660
Corporate obligations	-	<u>27,572,922</u>	-	<u>27,572,922</u>
Total assets in the fair value hierarchy	<u>\$ 1,601,324</u>	<u>\$ 38,230,582</u>	<u>\$ -</u>	<u>\$ 39,831,906</u>
Investments measured at net asset value ⁽¹⁾				
Common/collective trusts				\$ 8,307,370
Limited partnership				<u>10,234,103</u>
Total investments at net asset value				<u>18,541,473</u>
Total investments, at fair value				<u>\$ 58,373,379</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.

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

4. 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, 2023:

	<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)	\$ 8,307,370	\$ -	1-7 days	1 day
Limited partnership (c)	<u>10,234,103</u>	<u>-</u>	Quarterly	60 days
	<u>\$18,541,473</u>	<u>\$ -</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.

(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.

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

4. FAIR VALUE MEASUREMENTS (Concluded)

A description of the significant investment strategy of some of the investments that the Plan has estimated fair value using the net asset value per share at December 31, 2023 is as follows:

Limited partnership:

Boyd Waterson GSA 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.

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	\$ 180,433	\$ 162,943
Less: accumulated depreciation	<u>(164,692)</u>	<u>(162,943)</u>
Net	<u>\$ 15,741</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 \$1,749 and \$0, respectively.

During the year ended December 31, 2023, \$186,800 disbursed for changes to the 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 their respective accounts.

6. 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 are determined for metal trades workers by collective bargaining agreements between the Auxiliary 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 Plumbing and Heating Supply House Employers Association and Independent Plumbing and Heating Supply Houses on the other part. The agreements expire on June 30, 2026.

To maintain eligibility, certain participants must contribute to the Plan amounts determined by the Board of Trustees, which amounts may be changed by the Trustees.

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

7. LEASES

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 ended December 31,</u>	<u>Amount</u>
2025	\$ 47,977
2026	48,937
2027	49,915
2028	50,914
2029	<u>17,083</u>
	214,826
Less imputed interest	<u>(29,611)</u>
Total	<u>\$ 185,215</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 \$185,215 and \$16,014, respectively, and the associated right-of-use amortization for the year then ended was \$46,861 and \$48,478, 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 \$48,037 and \$49,095 for the years ended December 31, 2024 and 2023, respectively, is reflected in the Statements of Changes in Net Assets Available for Benefits.

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

Apprenticeship Training Fund

Supplemental Retirement Plan

Plumbers Local Union No. 690 Metal Trades

Division Pension Plan

Pension Plan for Employees of Plumbers

Local Union No. 690 Benefit Fund

Plumbers Local Union No. 690 of the United Association of

Journeyman and Apprentices of the Plumbing and Pipe

Fitting Industry of the United States and Canada

(Continued...)

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

8. TRANSACTIONS WITH AFFILIATES (Concluded)

Auxiliary Local Union No. 690 Metal Trades Division of the
United Association of Journeymen and Apprentices
of the Plumbing and Pipe Fitting 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.

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

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.

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

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’s participation in multiemployer plans for the annual periods ended December 31, 2024 and 2023 is outlined in the table on the next page. 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 and 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.

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
		December 31, 2024	2023		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	\$33,727	\$33,733	No	(a)
Teamsters Pension Trust Fund of Philadelphia and Vicinity (December year end)	23-1511735001	Endangered (Yellow)	Endangered (Yellow)	FIP Implemented November 10, 2010	\$52,256	\$50,216	No	(a)
Total					\$85,983	\$83,949		

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

10. EMPLOYEE BENEFIT PLANS (Concluded)

(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 of the plans.

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 \$50,901 and \$51,103 for the years ended December 31, 2024 and 2023, respectively.

The Plan participates in various additional employee benefit plans to provide benefits to employees of the Plan and fund office employees. Contributions made in 2024 and 2023 to a multiemployer defined contribution employee benefit pension plan were \$34,766 and \$34,003 respectively; to a multiemployer welfare employee benefit plan that does not provide postretirement benefits were \$61,530 and \$66,348, respectively; and to a single employer defined benefit pension plan were \$113,320 and \$74,428, respectively.

11. PLAN AMENDMENTS

During the year ended December 31, 2023, the Plan was changed by the following significant amendment which is reflected in the actuarial present value of accumulated benefit obligations. See Note 3.

Effective January 1, 2024, the Plan approved to increase the amount allowed for covered eligible expenses per year for covered retirees and their dependents from \$1,500 to \$2,000 per year.

12. 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. Management evaluated subsequent events occurring between December 31, 2024 and the date the financial statements were initially 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.

13. 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 Trustees shall use the monies available to pay all obligations of the Plan. Should there be a surplus after the payment of all obligations it shall be applied by the Trustees in such manner as will best effectuate the purpose of the Plan.

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

14. TAX STATUS

On May 23, 2003, 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 501(a), as an organization described in IRC Section 501(c)(9). 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 ASC Topic 740 on its financial statements for the years ended December 31, 2024 and 2023. The Plan is no longer subject to federal examination for the years ended prior to December 31, 2021.

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN

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

<u>DESCRIPTION</u>	<u>2024</u>	<u>2023</u>
Salaries	\$ 462,731	\$ 467,440
Payroll taxes	35,022	35,473
Plumbers Local Union No. 690		
Industry Fund contributions	119,980	119,140
Teamsters of Philadelphia		
Pension and Welfare Fund contributions	113,200	116,263
Plumbers Local Union No. 690 Industry Funds		
Employees Pension Plan	113,320	74,428
Legal fees	138,420	103,700
Actuarial and consulting fees	79,558	68,980
Office rent, maintenance and taxes	48,037	49,095
Accounting and auditing fees	37,489	35,628
Insurance	28,018	26,332
Convention and travel	23,863	15,984
Equipment rent and maintenance	17,512	213,162
Printing and office supplies	16,182	14,549
ACA Transitional Reinsurance Program & PCORI Fee	11,645	10,719
Miscellaneous	10,317	1,177
Postage	7,840	9,166
Utilities	4,722	4,221
Depreciation expense	1,749	-
UARS service fees	1,604	1,530
Total	<u>\$ 1,271,209</u>	<u>\$ 1,366,987</u>

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN
EIN 23-1512313, PLAN NO. 501
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 SELECT #3802			710,079	\$ 710,090	\$ 710,090
	ALLSPRING GOVERNMENT MONEY MARKET FUND INSTL CLASS #1751			521,819	521,819	521,819
	ALLSPRING 100% TREASURY MONEY MARKET INSTL CLASS #3177			2,799	2,799	2,799
	TOTAL SHORT TERMS INVESTMENT FUNDS				<u>1,234,708</u>	<u>1,234,708</u>
U.S. GOVERNMENT AND AGENCY OBLIGATIONS:						
	FED HOME LN MTG CORP POOL #Q26208	4.500%	5/1/2044	43,481	47,211	41,661
	FED NATL MTG ASSN POOL #880113	7.232%	4/1/2036	985	992	987
	FED NATL MTG ASSN POOL #918331	5.500%	5/1/2037	11,015	11,927	11,088
	FED NATL MTG ASSN POOL #AL3164	3.000%	7/1/2027	22,862	23,955	22,441
	FED NATL MTG ASSN POOL #AS0061	3.000%	8/1/2028	35,002	36,676	34,117
	FED NATL MTG ASSN POOL #BK8920	4.000%	8/1/2048	19,435	19,663	18,046
	FED NATL MTG ASSN POOL #MA3775	3.500%	8/1/2049	65,176	66,816	58,493
	FED NATL MTG ASSN POOL #MA3802	3.000%	10/1/2049	81,188	82,012	70,094
	FED NATL MTG ASSN REMIC SER 2003-W6 CL 3A	6.500%	9/25/2042	5,266	5,491	5,323
	GOVT NATL MTG ASSN SER 2013-37 CL LG	2.000%	1/20/2042	11,579	11,472	11,203
	U.S. TREASURY NOTES	4.375%	5/15/2034	250,000	248,057	246,158
	U.S. TREASURY NOTES	3.500%	9/30/2029	350,000	344,189	336,767
	U.S. TREASURY NOTES	4.250%	6/30/2029	400,000	396,703	397,784
	U.S. TREASURY NOTES	4.625%	6/30/2026	400,000	398,828	402,144
	U.S. TREASURY NOTES	4.375%	8/31/2028	800,000	799,438	800,640
	U.S. TREASURY NOTES	3.875%	8/15/2034	850,000	839,607	803,709
	U.S. TREASURY NOTES	4.250%	6/30/2031	900,000	893,744	888,687
	U.S. TREASURY NOTES	4.000%	1/31/2029	950,000	945,473	936,985
	U.S. TREASURY NOTES	3.750%	6/30/2030	1,000,000	975,234	967,380
	U.S. TREASURY NOTES	0.625%	5/15/2030	10,000	9,917	8,205
	U.S. TREASURY NOTES	1.500%	2/15/2030	30,000	32,142	26,050
	U.S. TREASURY NOTES	0.250%	5/31/2025	160,000	159,450	157,403
	U.S. TREASURY NOTES	1.625%	8/15/2029	180,000	181,092	159,756
	U.S. TREASURY NOTES	0.625%	8/15/2030	200,000	198,359	162,418
	U.S. TREASURY NOTES	1.375%	11/15/2031	200,000	190,078	163,432
	U.S. TREASURY NOTES	0.375%	7/31/2027	200,000	198,266	181,138
	U.S. TREASURY NOTES	1.375%	1/31/2025	200,000	199,406	199,530
	U.S. TREASURY NOTES	0.250%	7/31/2025	230,000	229,961	224,770
	U.S. TREASURY NOTES	0.875%	9/30/2026	240,000	236,513	226,486
	U.S. TREASURY NOTES	1.250%	8/15/2031	320,000	319,750	261,146
	U.S. TREASURY NOTES	3.875%	11/30/2029	400,000	405,078	391,016
	U.S. TREASURY NOTES	1.750%	11/15/2029	530,000	532,026	470,025

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN
EIN 23-1512313, PLAN NO. 501
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>
	U.S. TREASURY NOTES	2.125%	5/15/2025	475,000	461,938	471,281
	U.S. TREASURY NOTES	2.875%	5/15/2028	500,000	495,723	477,600
	U.S. TREASURY NOTES	2.125%	5/31/2026	500,000	471,719	485,525
	U.S. TREASURY NOTES	0.375%	9/30/2027	650,000	646,623	584,916
	U.S. TREASURY NOTES	1.125%	2/29/2028	700,000	691,824	634,949
	U.S. TREASURY NOTES	2.750%	8/15/2032	735,000	680,044	651,820
	U.S. TREASURY NOTES	2.000%	11/15/2026	1,125,000	1,094,212	1,079,730
	TOTAL U.S. GOVERNMENT AND AGENCY OBLIGATIONS				13,581,609	13,070,903
	CORPORATE OBLIGATIONS:					
	ABBVIE INC	3.200%	11/21/2029	100,000	109,892	92,815
	ABBVIE INC	3.800%	3/15/2025	100,000	111,408	99,819
	ADVANCE AUTO PARTS	5.950%	3/9/2028	200,000	204,840	201,808
	AECOM	5.125%	3/15/2027	590,000	576,587	584,336
	ALLEGHENY TECHNOLOGIES	4.875%	10/1/2029	625,000	606,250	595,331
	AMEREN CORP	3.500%	1/15/2031	125,000	112,729	114,074
	AMGEN INC	5.150%	3/2/2028	125,000	124,783	125,910
	ANTHEM INC	4.101%	3/1/2028	200,000	214,626	195,450
	AT&T INC	4.350%	3/1/2029	100,000	112,887	97,833
	BAKER HUGHES LLC/CO-OBL	3.337%	12/15/2027	200,000	203,656	192,906
	BANK OF AMERICA CORP	3.419%	12/20/2028	100,000	107,021	95,877
	BANK OF AMERICA CORP	3.500%	4/19/2026	200,000	201,552	197,014
	BERKSHIRE HATHAWAY INC	3.125%	3/15/2026	155,000	149,511	152,621
	BOYD GAMING CORP	4.750%	12/1/2027	680,000	649,021	657,417
	BP CAPITAL MARKETS	3.279%	9/19/2027	120,000	113,386	116,011
	CARE CAPITAL PROPERTIES	5.125%	8/15/2026	585,000	557,994	584,544
	CARPENTER TECHNOLOGY	6.375%	7/15/2028	660,000	657,044	660,099
	CDW LLC/CDW FINANCE	4.125%	5/1/2025	600,000	584,710	595,830
	CENTENE CORP	4.250%	12/15/2027	565,000	529,611	547,316
	CENTURY COMMUNITIES	6.750%	6/1/2027	655,000	659,097	655,380
	CHARTER COMM OPT LLC	4.908%	7/23/2025	585,000	587,588	584,304
	CITIGROUP INC	3.400%	5/1/2026	100,000	99,883	98,276
	CLEVELAND-CLIFFS INC	5.875%	6/1/2027	660,000	657,622	656,258
	CROWN AMER/CAP CORP VI	4.750%	2/1/2026	675,000	684,165	667,622
	DCP MIDSTREAM OPERATING	5.375%	7/15/2025	277,000	307,320	277,343
	DUKE ENERGY FLORIDA LLC	2.400%	12/15/2031	300,000	299,547	253,133
	ENCOMPASS HEALTH CORP	4.750%	2/1/2030	670,000	650,034	635,173
	ENLINK MIDSTREAM PARTNER	4.150%	6/1/2025	582,000	559,958	579,503
	EQUIFAX INC	3.100%	5/15/2030	150,000	162,308	136,076
	GLP CAPITAL LP / FIN II	5.375%	4/15/2026	235,000	233,867	235,005
	GLP CAPITAL LP / FIN II	5.250%	6/1/2025	350,000	387,541	349,920
	GOLDMAN SACHS GROUP INC	4.482%	8/23/2028	250,000	242,938	247,108
	GXO LOGISTICS INC	6.250%	5/6/2029	380,000	385,446	389,116
	H.B. FULLER CO	4.250%	10/15/2028	710,000	673,531	667,783
	HILLENBRAND INC	4.500%	9/15/2026	560,000	615,580	554,607
	HILTON WORLDWIDE FIN LLC	4.875%	4/1/2027	600,000	614,833	591,822
	HOME DEPOT INC	4.000%	9/15/2025	115,000	113,873	114,612
	ICAHN ENTERPRISES/FIN	6.250%	5/15/2026	183,000	178,039	181,443
	ICAHN ENTERPRISES/FIN	5.250%	5/15/2027	395,000	369,101	373,978
	INTEL CORP	4.875%	2/10/2028	250,000	249,793	248,725

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN
EIN 23-1512313, PLAN NO. 501
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>
	INTERCONTINENTALEXCHANGE	3.750%	12/1/2025	200,000	210,544	198,523
	INTUIT INC	5.200%	9/15/2033	250,000	248,558	250,498
	JABIL INC	4.250%	5/15/2027	125,000	124,478	123,269
	JPMORGAN CHASE & CO	3.782%	2/1/2028	160,000	168,902	156,606
	LAMAR MEDIA CORP	3.750%	2/15/2028	590,000	534,775	553,296
	MERCK & CO INC	2.750%	2/10/2025	80,000	77,163	79,848
	MORGAN STANLEY	2.699%	1/22/2031	100,000	105,909	88,851
	MORGAN STANLEY	3.875%	1/27/2026	100,000	109,284	99,226
	NATIONAL RURAL UTIL	4.450%	3/13/2026	300,000	296,559	299,349
	NMI HOLDINGS	6.000%	8/15/2029	655,000	653,407	657,790
	ONEMAIN FINANCE CORP	3.500%	1/15/2027	260,000	240,172	248,009
	ONEMAIN FINANCE CORP	3.875%	9/15/2028	345,000	319,811	317,931
	ONEOK INC	6.050%	9/1/2033	175,000	174,958	180,080
	PENSKE AUTOMOTIVE GROUP	3.500%	9/1/2025	580,000	590,403	572,651
	PFIZER INC	0.800%	5/28/2025	300,000	298,128	295,385
	QUALCOMM INC	3.250%	5/20/2027	250,000	280,883	243,153
	REPUBLIC SERVICES INC	5.000%	4/1/2034	200,000	200,994	195,080
	SBA COMMUNICATIONS CORP	3.875%	2/15/2027	630,000	640,333	603,112
	SERVICE CORP INTL	4.625%	12/15/2027	595,000	563,986	578,971
	SILGAN HOLDINGS INC	4.125%	2/1/2028	615,000	555,887	586,962
	SIMON PROPERTY GROUP INC	1.750%	2/1/2028	200,000	200,454	182,958
	SLM CORP	4.200%	10/29/2025	685,000	707,201	678,876
	SPRINGLEAF FINANCE CORP	7.125%	3/15/2026	100,000	101,690	101,796
	STARWOOD PROPERTY TRUST	4.750%	3/15/2025	286,000	299,169	285,851
	STATE STREET CORP	4.857%	1/26/2026	115,000	114,757	114,985
	SUMITOMO MITSUI FINL GRP	3.784%	3/9/2026	200,000	207,956	197,956
	SUNOCO LP/FINANCE CORP	6.000%	4/15/2027	675,000	699,262	673,664
	T MOBILE USA INC	4.200%	10/1/2029	150,000	149,691	145,142
	TEGNA INC	4.625%	3/15/2028	710,000	643,807	670,950
	TELEFLEX INC	4.625%	11/15/2027	630,000	598,155	610,508
	TENET HEALTHCARE CORP	5.125%	11/1/2027	305,000	299,813	298,708
	TENET HEALTHCARE CORP	4.250%	6/1/2029	390,000	361,767	366,132
	TEVA PHARMACEUTICAL INDU	4.750%	5/9/2027	175,000	166,688	170,769
	TEVA PHARMACEUTICALS NE	6.750%	3/1/2028	170,000	172,644	173,580
	TEVA PHARMACEUTICALS NE	3.150%	10/1/2026	345,000	309,817	331,511
	THERMO FISHER SCIENTIFIC INC	5.000%	1/31/2029	250,000	249,430	252,115
	TJX COS INC	1.150%	5/15/2028	200,000	199,390	178,452
	UNDER ARMOUR INC	3.250%	6/15/2026	610,000	622,927	588,894
	UNION PACIFIC CORP	3.950%	9/10/2028	115,000	111,502	111,905
	UNITED RENTALS	5.500%	5/15/2027	557,000	567,084	553,675
	UNITEDHEALTH GROUP INC	4.250%	1/15/2029	150,000	149,718	147,012
	VICI PROPERTIES LP	4.750%	2/15/2028	340,000	331,332	337,141
	VMWARE INC	3.900%	8/21/2027	150,000	140,802	146,607
	WELLS FARGO & COMPANY	5.389%	4/24/2034	200,000	199,110	197,774
	WESTERN DIGITAL CORP	4.750%	2/15/2026	660,000	701,963	653,638
	WESTERN MIDSTREAM OPERAT	3.100%	2/1/2025	675,000	681,409	673,299
	WYNDHAM WORLDWIDE CORP	5.100%	10/1/2025	185,000	196,216	185,470
	WYNDHAM WORLDWIDE CORP	4.500%	4/1/2027	380,000	368,627	380,065
	TOTAL CORPORATE OBLIGATIONS				30,607,087	30,142,221

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN
EIN 23-1512313, PLAN NO. 501
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>CURRENT VALUE</u>
	COMMON/COLLECTIVE TRUST:					
	STATE STREET S&P 500 INDEX SECURITIES LENDING FUND				26,953	2,616,760
						8,757,330
	LIMITED PARTNERSHIP:					
	BOYD WATERSON GSA FUND, LP				8,256	9,038,996
						8,143,301
	TOTAL INVESTMENTS, AT FAIR VALUE				<u>\$ 57,079,160</u>	<u>\$ 61,348,463</u>

* PARTY-IN-INTEREST AS DEFINED BY ERISA

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN
EIN 23-1512313, PLAN NO. 501
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>PRICE</u>	<u>MATURITY</u>	<u>ASSET</u>	<u>VALUE OF</u>	<u>GAIN</u>
		<u>MATURITIES</u>		<u>AMOUNT</u>		<u>ASSET ON</u>	<u>(LOSS)</u>
						<u>TRANSACTION</u>	
						<u>DATE</u>	
ALLSPRING GOVERNMENT MONEY	61	-	\$ 6,928,968	\$ -	\$ -	\$ 6,928,968	\$ -
MARKET FUND INST CLASS #1751	-	48	-	7,307,150	7,307,150	7,307,150	-
ALLSPRING GOVERNMENT	96	-	3,256,329	-	-	3,256,329	-
MONEY MARKET FUND SELECT #3802	-	10	-	3,247,562	3,247,562	3,247,562	-

PLUMBERS LOCAL UNION NO. 690 HEALTH PLAN
EIN 23-1512313, PLAN NO. 501
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.