

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 & PIPEFITTERS HEALTH & WELFARE INSURANCE
1b Three-digit plan number (PN) 501
1c Effective date of plan 02/01/1952
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 PLUMBERS AND PIPEFITTERS LOCAL 553 HEALTH & WELFARE
2 SOUTH WESLEY DRIVE EAST ALTON, IL 62024-2031 2 SOUTH WESLEY DR EAST ALTON, IL 62024
2b Employer Identification Number (EIN) 37-0695761
2c Plan Sponsor's telephone number 618-259-6787
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: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	423
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	250
	6a(2)	263
	6b	170
	6c	
	6d	433
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	52

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 4D 4E 4F 4L 4Q

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 & PIPEFITTERS HEALTH & WELFARE INSURANCE</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 PLUMBERS AND PIPEFITTERS LOCAL 553 HEALTH & WELFARE</p>	<p>D Employer Identification Number (EIN) 37-0695761</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10453		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	(b) Total amount of fees paid
0	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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	294830
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 & PIPEFITTERS HEALTH & WELFARE INSURANCE	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES PLUMBERS AND PIPEFITTERS LOCAL 553 HEALTH & WELFARE	D Employer Identification Number (EIN) 37-0695761	

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

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

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

BRADLEY BEST

37-0695761

(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	EMPLOYEE	125070	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GROUP ADMINISTRATORS, LTD.

953 AMERICAN LANE, SUITE 100
SCHAMBURG, IL 60173

(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	102180	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)

MERYL KEENAN

37-0695761

(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	EMPLOYEE	51896	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)

MARSH & MCLENNAN AGENCY

26-3237576

(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	22758	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)

MORICE LIST & ASSOC. LLC

8700 MANCHESTER RD
ST LOUIS, MO 63144

82-1514691

(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	19500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANDERS MINKLER HUBER & HELM LLP

43-0831507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	15000	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)

HAMMOND & SHINNERS, PC

13205 MANCHESTER RD.
DES PERES, MO 63131

(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	8523	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL SELECT INSURANCE

333 WEST 34TH ST.
NEW YORK, NY 10001

(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	7809	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)

EKON BENEFITS

4940 WASHINGTON AVE
ST LOUIS, MO 63108

43-1317863

(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	6710	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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 & PIPEFITTERS HEALTH & WELFARE INSURANCE	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES PLUMBERS AND PIPEFITTERS LOCAL 553 HEALTH & WELFARE	D Employer Identification Number (EIN) 37-0695761

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	876509	320789
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	290524	327313
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	178496	239402
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	127759	922959
(2) U.S. Government securities	1c(2)	1708689	1491821
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1191136	1704319
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1117767	953400
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1548923	998628
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	6605	125

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	7046408	6958756
Liabilities			
g Benefit claims payable.....	1g	727678	431369
h Operating payables.....	1h	99837	213841
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	827515	645210
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6218893	6313546

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)	2977230	
(B) Participants.....	2a(1)(B)	264886	
(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)		3242116
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	39265	
(B) U.S. Government securities.....	2b(1)(B)	31518	
(C) Corporate debt instruments.....	2b(1)(C)	47419	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		118202
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	25735	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	64656	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		90391
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3358989	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3182701	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		176288
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	40375	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		71069
c Other income	2c		67452
d Total income. Add all income amounts in column (b) and enter total.....	2d		3805893

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2907911	
(2) To insurance carriers for the provision of benefits	2e(2)	274550	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3182461
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	125173	
(3) Recordkeeping fees	2i(3)	18000	
(4) IQPA audit fees	2i(4)	26485	
(5) Investment advisory and investment management fees	2i(5)	10623	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	6710	
(8) Legal fees	2i(8)	8523	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	333265	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		528779
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3711240

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		94653
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ANDERS MINKLER HUBER HELM LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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.		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

PLUMBERS AND PIPEFITTERS LOCAL NO. 553 HEALTH AND WELFARE TRUST FUND

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

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Independent Auditors' Report

Board of Trustees
Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
East Alton, IL

Opinion

We have audited the accompanying financial statements of Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

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

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Additional Information

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

A handwritten signature in blue ink that reads "Anders Minkler Heber & Helms LLP".

October 15, 2025

Chesterfield, Missouri

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets	<u>2024</u>	<u>2023</u>
Investments, at Fair Value	\$ 6,071,127	\$ 5,694,274
Receivables		
Employer contributions receivable	327,313	290,524
Due from related parties	192,568	134,823
Other	18,791	18,770
Accrued interest and dividend income	<u>28,043</u>	<u>24,903</u>
Total Receivables	<u>566,715</u>	<u>469,020</u>
Prepaid Insurance	125	6,605
Cash - Noninterest Bearing	<u>320,789</u>	<u>876,509</u>
Total Assets	<u>6,958,756</u>	<u>7,046,408</u>
Liabilities		
Reciprocity Payable	194,750	82,591
Accounts Payable and Accrued Expenses	14,488	13,325
Payroll Liabilities	<u>4,603</u>	<u>3,921</u>
Total Liabilities	<u>213,841</u>	<u>99,837</u>
Net Assets Available for Benefits	<u>\$ 6,744,915</u>	<u>\$ 6,946,571</u>

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions to Net Assets:		
Investment Income:		
Interest and dividend income	\$ 208,593	\$ 231,973
Net appreciation in fair value of investments	287,732	387,120
	496,325	619,093
Less: investment expense	(10,623)	(13,246)
Net Investment Income	485,702	605,847
Contributions:		
Employer contributions	2,977,230	2,841,891
Participant contributions	264,886	291,133
Total Contribution Income	3,242,116	3,133,024
Rebates	53,723	25,015
Other Income	13,729	89,920
Total Additions	3,795,270	3,853,806
Deductions from Net Assets:		
Benefits Paid Directly to/for Participants:		
Medical benefits, net	3,119,999	4,675,609
Disability benefits	9,200	21,600
Pharmacy benefits	75,021	95,729
Medical benefits reinsurance premium	274,550	154,127
Claim review expense	167,961	160,198
Total Benefits Paid	3,646,731	5,107,263
Administrative expenses	350,195	320,683
Total Deductions	3,996,926	5,427,946
Net Decrease	(201,656)	(1,574,140)
Net Assets Available for Benefits, Beginning of Year	6,946,571	8,520,711
Net Assets Available for Benefits, End of Year	\$ 6,744,915	\$ 6,946,571

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
Statements of Benefit Obligations
December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Claims payable, premiums payable, and claims incurred but not reported	\$ 431,369	\$ 727,678
Postemployment Benefit Obligations, Net of Amounts Currently Payable:		
Accumulated eligibility credits	2,025,145	1,805,996
Total Obligations Other than Postretirement Benefit Obligations	2,456,514	2,533,674
Postretirement Benefit Obligations, Net of Amounts Currently Payable:		
Current retirees	12,129,240	12,292,062
Other participants fully eligible for benefits	503,321	978,854
Other participants not yet fully eligible for benefits	14,341,793	13,712,163
Total Postretirement Benefit Obligations	26,974,354	26,983,079
Total Benefit Obligations, End of Year	\$ 29,430,868	\$ 29,516,753

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
Statements of Changes in Benefit Obligations
Years Ended December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Balance at beginning of year	\$ 727,678	\$ 478,414
Claims and premiums reported and approved for payment	3,182,461	5,042,202
Claims and premiums paid	<u>(3,478,770)</u>	<u>(4,792,938)</u>
Balance at end of year	<u>431,369</u>	<u>727,678</u>
 Postemployment Benefit Obligations, Net of Amounts Currently Payable:		
Balance at beginning of year	1,805,996	862,673
Net change during year	<u>219,149</u>	<u>943,323</u>
Balance at end of year	<u>2,025,145</u>	<u>1,805,996</u>
 Total Obligations Other than Postretirement benefit Obligations	<u>2,456,514</u>	<u>2,533,674</u>
 Postretirement Benefit Obligations, Net of Amounts Currently Payable:		
Balance at beginning of year	26,983,079	27,242,790
Increase (decrease) during the year attributable to:		
Benefits earned and other changes	3,443,476	(1,194,878)
Changes in actuarial assumptions	<u>(3,452,201)</u>	<u>935,167</u>
Balance at end of year	<u>26,974,354</u>	<u>26,983,079</u>
 Total Benefit Obligations, End of Year	<u>\$ 29,430,868</u>	<u>\$ 29,516,753</u>

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Plan

The following description of Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund (the "Plan") provides only general information. Participants of the Plan should refer to the plan document and the summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit health and welfare plan. The Plan was established and is maintained pursuant to a collective bargaining agreement ("CBA") between Plumbers and Pipefitters Local 553 (the "Union") and the participating employers (the "Employers") to provide medical, vision, pharmacy, dental, accidental death and dismemberment, and disability benefits to participants and their beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

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

Eligibility

Participants become initially eligible for benefits on the first day of the month following completion of 1,560 hours of work during the twelve month period beginning on the employee's date of hire of employment with an Employer who is subject to the CBA or to such other participation agreements as approved by the Trustees. Once the eligibility requirements are met, certain eligible dependents are also covered under the Plan upon submission of the applicable enrollment form and supporting documents to the Plan's management.

Participants will continue to remain eligible under the Plan during a subsequent twelve month period if they work 1,560 hours in covered employment for which contributions are made to the Plan. Participants may also continue to remain eligible for certain benefits through the use of accumulated eligibility credits for times of unemployment or after termination through the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

Contributions

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

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

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

Benefits

The Plan provides medical, vision, pharmacy, dental, accidental death and dismemberment, and disability benefits for participants and their families, as specified in the plan document. All of these benefits are self-insured by the Plan. The claims for all self-insured benefits are processed by the Plan's third-party claims processor under an administrative-services-only arrangement. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan uses a pharmacy benefit manager ("PBM"), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Stop Loss Coverage

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

Death and Accidental Dismemberment Benefits

The Plan provides death benefits for eligible active participants in the amount of \$5,000 for active participants. Additionally, the Plan provides accidental dismemberment benefits for eligible active participants in the amount of \$2,500 in the loss of a hand, foot or eye, and \$5,000 if more than one of the aforementioned is due to one accident.

Disability Benefits

All active Plan participants are eligible for disability coverage. Benefits begin on the 8th business day of disability and continue for a maximum of thirteen weeks in the amount of \$400 per week.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
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Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Fair Value Measurements

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

Employer Contributions Receivables

Employer contributions receivables represents Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not yet received by year-end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates the allowance for credit losses by regularly evaluating individual Employer receivables and considers an Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivables are written off when deemed uncollectible and collection enforcement efforts have failed to produce payments and additional efforts are not warranted. Management is of the opinion that no allowance for credit losses is necessary as of December 31, 2024 and 2023.

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
Notes to Financial Statements
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Rebates

Prescription rebates due from the Plan's PBM are recorded when earned. Rebates due at year end are recorded as a receivable on the statements of net assets available for benefits, with the offset being recorded on the statements of changes in net assets available for benefits as additions to net assets available for benefits. Pharmacy rebates receivable totaled \$18,791 and \$8,588 for years ended December 31, 2024 and 2023, respectively. Pharmacy rebates totaled \$53,723 and \$25,015 for the years ended December 31, 2024 and 2023, respectively.

Payment of Benefits

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

Plan Benefit Obligations

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

Administrative Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through October 15, 2025, the date on which the financial statements were available to be issued.

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

3. Postretirement Benefit Obligations

The amount reported as postretirement benefit obligations represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to December 31st. Postretirement benefits include the first year, then graded down each year over 7 years to an ultimate rate of 4.5% and future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's Employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date. The obligation is net of anticipated self-payments.

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

The current medical trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. The medical trend rate assumed for the years ended December 31, 2024 and 2023 was 5.75% per year for the first year, then graded down by 0.25% a year to an ultimate rate of 4.5%. If the assumed rates increased by one percentage point in each year, it would increase the postretirement obligation as of December 31, 2024 and 2023, to \$35,002,262 and \$33,860,140, respectively.

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

Actuarial Cost Method: Projected unit credit cost method in compliance with ASC 965

Discount Rates: 5.50% and 4.80% for 2024 and 2023, respectively

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
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December 31, 2024 and 2023

Mortality Rates:	
Preretirement	2024 and 2023- PRI-2012 Employee Blue Collar Table for males and females, with projected mortality improvement based on the most recent improvement scale published (Scale MP 2021)
Postretirement	2024 and 2023- PRI-2012 Annuitant Table for both males and females, with projected mortality improvement based on the most recent improvement scale published (Scale MP 2021)
Assumed Retirement Age:	Age 65
Expenses:	Included in claim cost development

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

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

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

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

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

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

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

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

	2024			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market fund	\$ 922,959	\$ 922,959	\$ -	\$ -
U.S. government and agency securities	1,491,821	-	1,491,821	-
Corporate bonds	1,704,319	-	1,704,319	-
Common stocks	953,400	953,400	-	-
Mutual funds	998,628	998,628	-	-
Total assets in fair value hierarchy	<u>\$ 6,071,127</u>	<u>\$ 2,874,987</u>	<u>\$ 3,196,140</u>	<u>\$ -</u>
	2023			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market fund	\$ 127,759	\$ 127,759	\$ -	\$ -
U.S. government and agency securities	1,708,689	-	1,708,689	-
Corporate bonds	1,191,136	-	1,191,136	-
Common stocks	1,117,767	1,117,767	-	-
Mutual funds	1,548,923	1,548,923	-	-
Total assets in fair value hierarchy	<u>\$ 5,694,274</u>	<u>\$ 2,794,449</u>	<u>\$ 2,899,825</u>	<u>\$ -</u>

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

5. Retirement Plan

The Plan contributes to one multiemployer defined benefit pension plan under the terms of a collective-bargaining agreement that cover its union administrative employees. The risks of participating in U.S. multiemployer pension plan is different from single-employer pension plan in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits of employment to other participating employers.
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be bourn by the remaining participating employers.
- If the Plan stops participating in its multiemployer pension plan, it may be required to make payments to the plan for its proportionate share of the multiemployer plan’s unfunded vested liabilities.

The Plan’s participation in this plan for the years ended December 31, 2024 and 2023 is outlined in the following table. The Pension Protection Act (“PPA”) zone status column ranks the funded status of multiemployer pension plans depending upon a plan’s current and projected funding and is based on information the Plan received from the plan and is certified by the plan’s actuary. The most recent PPA zone status available for the years ended December 31, 2024 is for the plan's year-end at January 1, 2022. The most recent PPA zone status available for the year ended December 31, 2023 is for the plan's year-end at January 1, 2021. Among other factors, a plan is in the red zone if it has a current funded percentage less than 65 percent, in the yellow zone if it has a current funded percentage between 65 - 80 percent, or projects a credit balance deficit within seven years, and a plan is in the green zone if it has a current funded percentage greater than 80 percent and does not have a projected credit balance deficit within seven years.

Information with respect to the multiemployer defined benefit pension plan in which the Plan participates is as follows:

<u>Pension Fund</u>	<u>EIN/Pension Plan Number</u>	<u>PPA Zone Status</u>		<u>FIP/RP Status</u> Pending/ <u>Implemented</u>	<u>Entity Contributions</u>		<u>Surcharge Imposed</u>	<u>Expiration Date</u>
		<u>2024</u>	<u>2023</u>		<u>2024</u>	<u>2024</u>		
Plumbers and Pipefitters Local 553 Pension Plan	37-6052808 PN 001	Green	Green	N/A	\$ 33,014	\$ 33,600	No	N/A

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

6. Related Party Transactions

Cost Sharing Plan

In accordance with an informal agreement between the Plan and other affiliated funds, certain common expenses related to the operation of the office, including salaries and insurance, are paid by the Plan and allocated to and reimbursed by each participating fund. Common expenses allocated to the affiliated funds were \$114,676 and \$95,188 for the years ended December 31, 2024 and 2023, respectively.

Amounts due from related parties at December 31, are as follows:

	2024	2023
Plumbers and Pipefitters Local 553 Pension Fund	\$ 62,308	\$ 64,501
Plumbers and Pipefitters Local 553 Training Fund	82,038	40,883
Plumbers and Pipefitters Local 553 401 (k) and Supplemental Retirement Plan and Trust	31,511	23,163
Plumbers and Pipefitters Local 553	16,711	6,276
	\$ 192,568	\$ 134,823

The Union provides office space and administrative services to the Plan at no cost. This arrangement may be terminated in the future.

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

7. Plan Amendment

In February 2024, the Trustees amended the Plan effective January 1, 2021 to clarify the effective date of dependents' coverage, as well as to clarify coinsurance amounts for in-hospital visits.

Effective May 1, 2024, the Plan was amended for out-of-pocket maximums.

Effective July 11, 2023, the Plan was amended to remove coverage of COVID-19 tests.

8. Plan Termination

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

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

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

9. Tax Status of Plan

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

In accordance with GAAP, management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require the recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations prior to 2021. The Plan is also subject to routine audits by the DOL, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

10. Risks and Uncertainties

Concentrations of Credit Risk

Financial instruments that subject the Plan to concentrations of credit and market risk consist of investments and receivables.

Investments

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

Contributions

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

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

Actuarial Present Value

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

11. Reconciliation of Financial Statements to Form 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 6,744,915	\$ 6,946,571
Less: claims payable at year end	(431,369)	(727,678)
Net assets available for benefits per the Form 5500	\$ 6,313,546	\$ 6,218,893

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

	2024
Benefits paid per the financial statements	\$ 3,478,770
Plus: claims payable current year	431,369
Less: claims payable prior year	(727,678)
Benefits paid per Form 5500	\$ 3,182,461

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
EIN: 37-0695761 Plan Number: 501
'Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
	MONEY MARKET FUND:		
	GOLDMAN SACHS FINANCIAL SQUARE TREASURY SOLUTIONS INSTITUTIONAL CLASS .01%	\$ 922,959	\$ 922,959
	TOTAL MONEY MARKET FUND	<u>922,959</u>	<u>922,959</u>
	COMMON STOCKS:		
	ACCENTURE PLC	11,730	11,961
	ADOBE INC	12,442	9,338
	ALPHABET INC	28,151	37,326
	ALTRIA GROUP INC	4,043	4,967
	AMAZON COM INC	29,858	39,490
	AMEREN	36,803	184,617
	AMGEN INC	8,639	7,819
	APPLE INC	49,287	67,864
	APPLIED MATERIALS	9,935	10,734
	ARTHUR J GALLAGHER & CO	4,310	5,393
	BECTON DICKINSON AND CO	7,054	6,579
	BERKSHIRE HATHAWAY INC	19,287	21,757
	BORGWARNER INC	4,811	4,832
	BRISTOL MYERS SQUIBB CO	7,245	6,278
	BROADCOM INC	15,717	28,748
	CANADIAN PACIFIC KANSAS CITY LIM	6,030	5,500
	CBRE GROUP INC	7,553	9,847
	CHARLES SCHWAB CORP	6,573	7,475

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
EIN: 37-0695761 Plan Number: 501
'Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
COMMON STOCKS (CONTINUED):			
	CHEVRON CORP	\$ 7,268	\$ 6,807
	CIGNA CORP	11,167	9,113
	CITIGROUP INC	6,659	8,940
	COLGATE PALMOLIVE CO	5,589	6,091
	CONSOLIDATED EDISON INC	4,436	4,462
	CONSTELLATION ENERGY CORP	3,333	6,711
	COSTCO WHOLESALE CORPORATION	4,376	6,414
	CROWN CASTLE INTERNATIONAL CORP	5,310	3,993
	CUMMINS INC	4,085	5,926
	DANAHER CORPORATION	8,328	8,034
	DISCOVER FINANCIAL SEERVICES	3,725	6,583
	EXELON CORP	5,820	6,286
	EXPEDITORS INTERNATIONAL OF WASHINGTON INC	6,060	5,317
	EXXON MOBIL CORP	6,115	6,347
	FISERV INC	5,820	9,449
	GENERAL DYNAMICS CORP	8,929	8,695
	GLOBE LIFE INC	8,713	8,587
	GOLDMAN SACHS GROUP INC	6,189	9,162
	JOHNSON & JOHNSON	14,668	13,450
	JOHNSON CONTROLS INTERNATIONAL PLC	5,735	7,814
	JP MORGAN CHASE & CO	14,785	19,896
	LABORATORY CORP AMERICAN HOLDINGS	6,408	7,338
	LEIDOS HOLDINGS INC	2,753	3,890
	LINDE PLC	9,360	9,211

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
EIN: 37-0695761 Plan Number: 501
'Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
	COMMON STOCKS (CONTINUED):		
	LOWES COS INC	\$ 8,190	\$ 8,885
	LYONDELLBASELL INDUSTRIES NV	4,065	3,119
	MASTERCARD INCORPORATED	16,850	18,957
	MEDTRONIC PLC	6,455	6,071
	META PLATFORMS INC	21,777	36,302
	MICROSOFT CORP	57,240	59,432
	NIKE INC	10,941	7,264
	NOVO NORDISK AS	3,425	2,409
	NUCOR CORP	5,621	3,851
	NVENT ELECTRIC PLC	8,027	8,656
	NVIDIA CORP COM	19,762	36,258
	ORACLE CORP	6,226	10,665
	OREILLY AUTOMOTIVE INC	3,385	3,557
	PENTAIR PLC	5,624	7,447
	PEPSICO INC	8,551	7,755
	PFIZER INC	7,568	5,890
	PHILIP MORRIS INTL INC	7,676	10,350
	PROCTER AND GAMBLE CO	5,855	6,371
	QUALCOMM INC	7,572	7,681
	RAYTHEON TECHNOLOGIES CORP	7,183	8,679
	SCHLUMBERGER LTD	5,594	4,409
	TARGET CORP	4,832	4,191
	THERMO FISHER SCIENTIFIC INC	8,798	8,324
	VALERO ENERGY CORPORATION	5,662	4,904

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund

EIN: 37-0695761 Plan Number: 501

'Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
	COMMON STOCKS (CONTINUED):		
	VENTAS INC	\$ 3,255	\$ 4,358
	WALT DISNEY CO	7,848	8,574
	TOTAL COMMON STOCKS	693,081	953,400
	MUTUAL FUNDS:		
	AMERICAN CENTURY MID CAP VALUE FUND Y	62,889	62,849
	AMERICAN FUNDS EUROPACIFIC GROWTH FUND CLASS F-3	95,299	91,098
	AQR TM EMERGING MULTI-STYLE FUND CLASS R6	40,667	42,932
	CONGRESS MID CAP GROWTH FUND INSTITUTIONAL CLASS	48,790	44,345
	DFA US EMERGING MARKETS CORE EQUITY PORTFOLIO INSTL CLASS	40,913	42,526
	DFA US INTERNATIONAL CORE EQUITY I	154,221	156,248
	GMO INTERNATIONAL DEVELOPED EQUITY ALLOCATION FUND CLASS III	66,573	69,819
	VANGUARD SMALL CAP INDEX ADMIRAL	80,316	88,492
	VIRTUS KAR INTERNATIONAL SMALL-CAP FUND CLASS R6	27,007	29,069
	WILLIAM BLAIR EMERGING MKTS SMALL CAP GROWTH CL R6	39,091	44,554
	BLACKROCK INSTITUTIONAL TRUST CO 105 YEAR INVESTMENT GRADE CORPOR/	116,765	118,341
	FIDELITY INTERMEDIATE TREASURY BOND INDEX FUND	29,634	29,293
	VANGUARD EMERGING MARKETS BOND FUND	72,628	73,802
	STONE RIDGE HIGH YIELD REINSURANCE RISK PREMIUM FUND	102,373	105,260
	TOTAL MUTUAL FUNDS	977,166	998,628
	US GOVERNMENT AND AGENCY SECURITIES:		
	FEDERAL FARM CREDIT BANK 4.5% 03/02/2026	96,752	95,293
	FEDERAL HOME LOAN BANKS 1.5% 08/26/2027-2024	199,916	205,944
	FEDERAL HOME LOAN BANKS CONS BD 3.25% 11/16/2028	126,872	125,420

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
EIN: 37-0695761 Plan Number: 501
'Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
US GOVERNMENT AND AGENCY SECURITIES (CONTINUED):			
	FEDERAL HOME LOAN BANK 4.75% 03/10/2034	\$ 150,728	\$ 144,755
	FEDERAL HOME LOAN BANKS CONS BD 2.75% 06/08/2029	93,650	93,114
	FEDERAL FARM CREDIT BANKS 2.17% 10/29/2029-2024	193,697	197,230
	FEDERAL FARM CREDIT BANKS 1.74% 06/03/2030-2024	197,898	202,838
	FEDERAL HOME LOAN BANKS 1.15% 02/10/2031-2024	140,669	144,317
	FEDERAL HOME LOAN BANKS 4.5% 06/10/2033	147,759	141,806
	FEDERAL FARM CREDIT BANKS 4.5% 06/26/2034	148,045	141,104
	TOTAL US GOVERNMENT AND AGENCY SECURITIES	1,495,986	1,491,821
CORPORATE BONDS:			
	DUKE ENERGY CORP 3.4% 06/15/2029-2029	91,916	93,669
	KEYSIGHT TECHNOLOGIES INC SR GLBL NT (SEC REGD) 4.6% 04/06/2027	95,061	94,530
	JP MORGAN CHASE & CO SR NT 3.125% 01/23/2025-2024	98,478	99,891
	REPUBLIC SVCS INC SR GLBL NT 3.95% 05/15/2028-2028	93,319	92,509
	MCDONALDS CORP FR 2.625% 09/01/2029-2029	87,233	86,482
	LOWES COS INC SR GLBL NT 4.5% 04/15/2030	94,682	93,192
	ROPER TECHNOLOGIES INC 1.75% 02/15/2031-2025	76,755	78,048
	EBAY INC 1.4% 05/10/2026-2026	92,530	95,744
	VERIZON COMMUNICATIONS INC INC SR GLBL NT 4.125% 03/16/2027	97,373	98,862
	EQUINIX INC 2% 05/15/2028-2028	87,663	90,986
	AMPHENOL CORP 2.8% 02/15/2030-2019	88,436	90,512
	UNITEDHEALTH GROUP INC 4.9% 04/15/2031-2031	98,492	99,429
	HUMANA INC 2.15% 02/03/2032-2031	99,083	99,585
	WORKDAY INC 3.8% 04/01/2032-2032	90,505	91,055

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund

EIN: 37-0695761 Plan Number: 501

'Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	SOUTHERN COMPANY GAS CAP CORP 5.15% 09/15/2032-2032	\$ 98,332	\$ 99,844
	AMERICAN ELECTRIC POWER COMPANY 5.625% UNSUB NTS 01/03/2033 USD (SEC	101,038	101,092
	PROLOGIS LP 4.75% 06/15/2033-2033	95,819	96,871
	NORFOLK SOUTHERN 5.55% 03/15/2034-2033	101,512	102,018
	TOTAL CORPORATE BONDS	<u>1,688,227</u>	<u>1,704,319</u>
	TOTAL ASSETS HELD	<u>\$ 5,777,419</u>	<u>\$ 6,071,127</u>

**Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
Schedules of Administrative Expenses
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Accounting	\$ 18,000	\$ 19,000
Actuary expense	6,710	6,030
Administrative expenses	22,521	21,429
Auditing	26,485	24,270
Insurance	14,289	7,559
Legal	8,523	5,121
Payroll taxes - FICA	16,774	13,091
Pension expense	33,014	33,600
Salary - administrative	176,966	157,685
Supplies	604	-
Taxes - other	3,332	2,334
Third - party administrator	125,173	112,312
401(a) contribution	12,480	13,440
Administrative expenses allocated to related parties	<u>(114,676)</u>	<u>(95,188)</u>
Total Administrative Expenses	<u>\$ 350,195</u>	<u>\$ 320,683</u>

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
EIN: 37-0695761 Plan Number: 501
'Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
	MONEY MARKET FUND:		
	GOLDMAN SACHS FINANCIAL SQUARE TREASURY SOLUTIONS INSTITUTIONAL CLASS .01%	\$ 922,959	\$ 922,959
	TOTAL MONEY MARKET FUND	<u>922,959</u>	<u>922,959</u>
	COMMON STOCKS:		
	ACCENTURE PLC	11,730	11,961
	ADOBE INC	12,442	9,338
	ALPHABET INC	28,151	37,326
	ALTRIA GROUP INC	4,043	4,967
	AMAZON COM INC	29,858	39,490
	AMEREN	36,803	184,617
	AMGEN INC	8,639	7,819
	APPLE INC	49,287	67,864
	APPLIED MATERIALS	9,935	10,734
	ARTHUR J GALLAGHER & CO	4,310	5,393
	BECTON DICKINSON AND CO	7,054	6,579
	BERKSHIRE HATHAWAY INC	19,287	21,757
	BORGWARNER INC	4,811	4,832
	BRISTOL MYERS SQUIBB CO	7,245	6,278
	BROADCOM INC	15,717	28,748
	CANADIAN PACIFIC KANSAS CITY LIM	6,030	5,500
	CBRE GROUP INC	7,553	9,847
	CHARLES SCHWAB CORP	6,573	7,475

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
EIN: 37-0695761 Plan Number: 501
'Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCKS (CONTINUED):		
	CHEVRON CORP	\$ 7,268	\$ 6,807
	CIGNA CORP	11,167	9,113
	CITIGROUP INC	6,659	8,940
	COLGATE PALMOLIVE CO	5,589	6,091
	CONSOLIDATED EDISON INC	4,436	4,462
	CONSTELLATION ENERGY CORP	3,333	6,711
	COSTCO WHOLESALE CORPORATION	4,376	6,414
	CROWN CASTLE INTERNATIONAL CORP	5,310	3,993
	CUMMINS INC	4,085	5,926
	DANAHER CORPORATION	8,328	8,034
	DISCOVER FINANCIAL SEERVICES	3,725	6,583
	EXELON CORP	5,820	6,286
	EXPEDITORS INTERNATIONAL OF WASHINGTON INC	6,060	5,317
	EXXON MOBIL CORP	6,115	6,347
	FISERV INC	5,820	9,449
	GENERAL DYNAMICS CORP	8,929	8,695
	GLOBE LIFE INC	8,713	8,587
	GOLDMAN SACHS GROUP INC	6,189	9,162
	JOHNSON & JOHNSON	14,668	13,450
	JOHNSON CONTROLS INTERNATIONAL PLC	5,735	7,814
	JP MORGAN CHASE & CO	14,785	19,896
	LABORATORY CORP AMERICAN HOLDINGS	6,408	7,338
	LEIDOS HOLDINGS INC	2,753	3,890
	LINDE PLC	9,360	9,211

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
EIN: 37-0695761 Plan Number: 501
'Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
	COMMON STOCKS (CONTINUED):		
	LOWES COS INC	\$ 8,190	\$ 8,885
	LYONDELLBASELL INDUSTRIES NV	4,065	3,119
	MASTERCARD INCORPORATED	16,850	18,957
	MEDTRONIC PLC	6,455	6,071
	META PLATFORMS INC	21,777	36,302
	MICROSOFT CORP	57,240	59,432
	NIKE INC	10,941	7,264
	NOVO NORDISK AS	3,425	2,409
	NUCOR CORP	5,621	3,851
	NVENT ELECTRIC PLC	8,027	8,656
	NVIDIA CORP COM	19,762	36,258
	ORACLE CORP	6,226	10,665
	OREILLY AUTOMOTIVE INC	3,385	3,557
	PENTAIR PLC	5,624	7,447
	PEPSICO INC	8,551	7,755
	PFIZER INC	7,568	5,890
	PHILIP MORRIS INTL INC	7,676	10,350
	PROCTER AND GAMBLE CO	5,855	6,371
	QUALCOMM INC	7,572	7,681
	RAYTHEON TECHNOLOGIES CORP	7,183	8,679
	SCHLUMBERGER LTD	5,594	4,409
	TARGET CORP	4,832	4,191
	THERMO FISHER SCIENTIFIC INC	8,798	8,324
	VALERO ENERGY CORPORATION	5,662	4,904

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
EIN: 37-0695761 Plan Number: 501
'Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
COMMON STOCKS (CONTINUED):			
	VENTAS INC	\$ 3,255	\$ 4,358
	WALT DISNEY CO	7,848	8,574
	TOTAL COMMON STOCKS	<u>693,081</u>	<u>953,400</u>
MUTUAL FUNDS:			
	AMERICAN CENTURY MID CAP VALUE FUND Y	62,889	62,849
	AMERICAN FUNDS EUROPACIFIC GROWTH FUND CLASS F-3	95,299	91,098
	AQR TM EMERGING MULTI-STYLE FUND CLASS R6	40,667	42,932
	CONGRESS MID CAP GROWTH FUND INSTITUTIONAL CLASS	48,790	44,345
	DFA US EMERGING MARKETS CORE EQUITY PORTFOLIO INSTL CLASS	40,913	42,526
	DFA US INTERNATIONAL CORE EQUITY I	154,221	156,248
	GMO INTERNATIONAL DEVELOPED EQUITY ALLOCATION FUND CLASS III	66,573	69,819
	VANGUARD SMALL CAP INDEX ADMIRAL	80,316	88,492
	VIRTUS KAR INTERNATIONAL SMALL-CAP FUND CLASS R6	27,007	29,069
	WILLIAM BLAIR EMERGING MKTS SMALL CAP GROWTH CL R6	39,091	44,554
	BLACKROCK INSTITUTIONAL TRUST CO 105 YEAR INVESTMENT GRADE CORPOR/	116,765	118,341
	FIDELITY INTERMEDIATE TREASURY BOND INDEX FUND	29,634	29,293
	VANGUARD EMERGING MARKETS BOND FUND	72,628	73,802
	STONE RIDGE HIGH YIELD REINSURANCE RISK PREMIUM FUND	102,373	105,260
	TOTAL MUTUAL FUNDS	<u>977,166</u>	<u>998,628</u>
US GOVERNMENT AND AGENCY SECURITIES:			
	FEDERAL FARM CREDIT BANK 4.5% 03/02/2026	96,752	95,293
	FEDERAL HOME LOAN BANKS 1.5% 08/26/2027-2024	199,916	205,944
	FEDERAL HOME LOAN BANKS CONS BD 3.25% 11/16/2028	126,872	125,420

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund
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December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
US GOVERNMENT AND AGENCY SECURITIES (CONTINUED):			
	FEDERAL HOME LOAN BANK 4.75% 03/10/2034	\$ 150,728	\$ 144,755
	FEDERAL HOME LOAN BANKS CONS BD 2.75% 06/08/2029	93,650	93,114
	FEDERAL FARM CREDIT BANKS 2.17% 10/29/2029-2024	193,697	197,230
	FEDERAL FARM CREDIT BANKS 1.74% 06/03/2030-2024	197,898	202,838
	FEDERAL HOME LOAN BANKS 1.15% 02/10/2031-2024	140,669	144,317
	FEDERAL HOME LOAN BANKS 4.5% 06/10/2033	147,759	141,806
	FEDERAL FARM CREDIT BANKS 4.5% 06/26/2034	148,045	141,104
	TOTAL US GOVERNMENT AND AGENCY SECURITIES	1,495,986	1,491,821
CORPORATE BONDS:			
	DUKE ENERGY CORP 3.4% 06/15/2029-2029	91,916	93,669
	KEYSIGHT TECHNOLOGIES INC SR GLBL NT (SEC REGD) 4.6% 04/06/2027	95,061	94,530
	JP MORGAN CHASE & CO SR NT 3.125% 01/23/2025-2024	98,478	99,891
	REPUBLIC SVCS INC SR GLBL NT 3.95% 05/15/2028-2028	93,319	92,509
	MCDONALDS CORP FR 2.625% 09/01/2029-2029	87,233	86,482
	LOWES COS INC SR GLBL NT 4.5% 04/15/2030	94,682	93,192
	ROPER TECHNOLOGIES INC 1.75% 02/15/2031-2025	76,755	78,048
	EBAY INC 1.4% 05/10/2026-2026	92,530	95,744
	VERIZON COMMUNICATIONS INC INC SR GLBL NT 4.125% 03/16/2027	97,373	98,862
	EQUINIX INC 2% 05/15/2028-2028	87,663	90,986
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	WORKDAY INC 3.8% 04/01/2032-2032	90,505	91,055

Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund

EIN: 37-0695761 Plan Number: 501

'Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

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	AMERICAN ELECTRIC POWER COMPANY 5.625% UNSUB NTS 01/03/2033 USD (SEC	101,038	101,092
	PROLOGIS LP 4.75% 06/15/2033-2033	95,819	96,871
	NORFOLK SOUTHERN 5.55% 03/15/2034-2033	101,512	102,018
	TOTAL CORPORATE BONDS	<u>1,688,227</u>	<u>1,704,319</u>
	TOTAL ASSETS HELD	<u><u>\$ 5,777,419</u></u>	<u><u>\$ 6,071,127</u></u>

Form 5500 <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	<small>OMB Nos. 1510-0119 1210-0089</small> 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

Part II Basic Plan Information - enter all requested information	
1a Name of plan PLUMBERS & PIPEFITTERS HEALTH & WELFARE INSURANCE	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 02/01/1952
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 PLUMBERS AND PIPEFITTERS LOCAL 553	2b Employer Identification Number (EIN) 37-0695761
	2c Plan sponsor's telephone number 618-259-6787
2 SOUTH WESLEY DRIVE	2d Business code (see instructions) 238220
EAST ALTON IL 62024-2031	

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

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

SIGN HERE	<i>Brett D. Schwale</i>	10/15/2025	BRETT SCHWALE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5	423
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	250
a(2) Total number of active participants at the end of the plan year	6a(2)	263
b Retired or separated participants receiving benefits	6b	170
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	433
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	52
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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 4D 4E 4F 4L 4Q

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

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

a Pension Schedules

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

b General Schedules

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