

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 01/01/1965
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND PO BOX 2678 MUSCLE SHOALS, AL 35662-2678
2b Employer Identification Number (EIN) 63-6065827
2c Plan Sponsor's telephone number 256-383-7917
2d Business code (see instructions) 525100

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.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5		1443
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)		1260
a(2) Total number of active participants at the end of the plan year	6a(2)		1198
b Retired or separated participants receiving benefits.....	6b		212
c Other retired or separated participants entitled to future benefits	6c		
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d		1410
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e		
f Total. Add lines 6d and 6e	6f		1410
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		34

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

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

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

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND		D Employer Identification Number (EIN) 63-6065827

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

BLUE CROSS AND BLUE SHIELD OF ALABAMA

(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
63-0103830	55433	0024603	1864	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
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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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	

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

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) ▶ **BABY YOURSELF, AIR MEDICAL SERVICES (AIRMED)**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	11125733	
(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)		11125733
b Benefit charges (1) Claims paid	9b(1)	10629295	
(2) Increase (decrease) in claim reserves	9b(2)	-58900	
(3) Incurred claims (add (1) and (2))	9b(3)		10570395
(4) Claims charged	9b(4)		10570395
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)	635407	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)	178012	
(F) Charges for risks or other contingencies	9c(1)(F)	193943	
(G) Other retention charges	9c(1)(G)	-5545	
(H) Total retention	9c(1)(H)		1001817
(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)		798100
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">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 style="font-size: 24pt;">2024</p> <hr/> <p style="text-align: center;">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 & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND</p>	<p>D Employer Identification Number (EIN) 63-6065827</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
UNITED OF OMAHA 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
47-0322111	69868	G000BWYY	865	01/01/2024	01/01/2025

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

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">39500</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">3461</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

ALLIANCE INSURANCE GROUP PO BOX 240518
MONTGOMERY, AL 36124

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
39500		AGENT OR BROKER OF RECORD	3

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

GI GEORGE PARENT LP 501 OFFICE CENTER DR STE 215
FORT WASHINGTON, PA 19034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3461	OTHER COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(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)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	
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) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

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	263334
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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">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 style="font-size: large;">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 & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND</p>	<p>D Employer Identification Number (EIN) 63-6065827</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
GUARDIAN

(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
13-5123390	64246	00041557	673	11/01/2023	10/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">19283</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

PATRIOT GROWTH INSURANCE SERVICE **PO BOX 240518**
MONTGOMERY, AL 36124

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15426		SHORT TERM DISABILITY (INSURED)	3

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

MARK S METTILLE **107 CANDLELIGHT LANE**
MORRIS, IL 60450

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3857		SHORT TERM DISABILITY (INSURED)	3

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND	D Employer Identification Number (EIN) 63-6065827	

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

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

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

MORGAN STANLEY

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	193019	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)

TEENA MILLER

63-6065827

(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?
15 30 50	EMPLOYEE	57240	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)

BHA CONSULTING, LLC

26-1384808

(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 50	NONE	29006	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)

BELLOWS ASSOCIATES, P.A.

65-0804414

(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 50	NONE	20000	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)

INTEGRATED SOFTWARE APPLICATION

65-0790515

(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?
15 50	NONE	6698	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)

QCWDR LLP

45-1444874

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6000	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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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 & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND	D Employer Identification Number (EIN) 63-6065827

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1450316	1379403
(2) Participant contributions	1b(2)	18423	
(3) Other	1b(3)	104296	107528
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8419966	10943402
(2) U.S. Government securities	1c(2)	2296863	2708934
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2066328	2299072
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6294101	7187163
(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)	6514247	7620493
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	928825	671008

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	8510	8510
f Total assets (add all amounts in lines 1a through 1e).....	1f	28101875	32925513
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	94305	170264
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	94305	170264
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	28007570	32755249

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)	14183279	
(B) Participants.....	2a(1)(B)	311782	
(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)		14495061
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	82894	
(B) U.S. Government securities.....	2b(1)(B)	114184	
(C) Corporate debt instruments.....	2b(1)(C)	105093	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	29819	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		331990
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	153224	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	351433	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		504657
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3315709	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3213053	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		102656
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	536760	
(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)		789063
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		16760187

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	11555617	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11555617
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)	122191	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	56052	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	193019	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	29006	
(8) Legal fees	2i(8)	6000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	50623	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		456891
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12012508

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4747679
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: BELLOWS ASSOCIATES, P.A.

(2) EIN: 65-0804414

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.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

**PLUMBERS AND STEAMFITTERS
LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

**FOR THE YEARS ENDED
DECEMBER 31, 2024 AND 2023**

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund

Opinion

We have audited the accompanying financial statements of Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund, 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 Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund 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 Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund '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 Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund '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 Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at Year End) 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

Supplemental Schedules Required by ERISA (Continued)

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.

Bellows Associates P.A.

Bellows Associates, P.A.

Coral Springs, Florida

October 14, 2025

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS:		
Investments at fair value	\$ 31,430,072	\$ 26,520,330
Receivables:		
Employer contributions	939,904	1,118,040
Reciprocal contributions	439,499	295,336
Participant contributions	-	18,423
Disability contributions	-	36,940
Accrued investment income	107,528	104,296
Total receivables	1,486,931	1,573,035
Fixed assets:		
Land improvements	23,186	23,186
Office equipment	78,668	78,668
Accumulated depreciation	(93,344)	(93,344)
Total fixed assets	8,510	8,510
Total Assets	32,925,513	28,101,875
LIABILITIES:		
Accounts payable and other liabilities	170,264	94,305
Total Liabilities	170,264	94,305
NET ASSETS AVAILABLE FOR BENEFITS	\$ 32,755,249	\$ 28,007,570

The accompanying notes are an integral part of this statement.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,428,479	\$ 1,487,989
Interest	331,990	233,042
Dividends	504,657	362,206
Less:		
Investment expenses	<u>(193,019)</u>	<u>(151,102)</u>
Net investment income	<u>2,072,107</u>	<u>1,932,135</u>
Contributions:		
Employer	12,755,394	10,733,479
Reciprocal	2,077,921	1,834,685
Employee and retiree	311,782	366,901
Disability	132,237	140,101
Reciprocal transfers	<u>(782,273)</u>	<u>(666,893)</u>
Total contributions	<u>14,495,061</u>	<u>12,408,273</u>
Total additions	<u>16,567,168</u>	<u>14,340,408</u>
DEDUCTIONS:		
Benefit payments	11,555,617	9,790,661
Administrative expenses	<u>263,872</u>	<u>262,456</u>
Total deductions	<u>11,819,489</u>	<u>10,053,117</u>
NET CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	4,747,679	4,287,291
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>28,007,570</u>	<u>23,720,279</u>
End of year	<u>\$ 32,755,249</u>	<u>\$ 28,007,570</u>

The accompanying notes are an integral part of this statement.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023**

	2024	2023
AMOUNTS CURRENTLY PAYABLE:		
Participants accumulated eligibility credits	\$ 13,536,447	\$ 11,617,073
POSTRETIREMENT BENEFIT OBLIGATION, NET OF AMOUNTS CURRENTLY PAYABLE:		
Current retirees and beneficiaries	1,558,785	2,276,719
Other participants fully eligible for benefits	3,131,539	2,819,441
Other participants not yet fully eligible for benefits	5,176,881	5,285,761
TOTAL POSTRETIREMENT BENEFIT OBLIGATION, NET OF AMOUNTS CURRENTLY PAYABLE	9,867,205	10,381,921
TOTAL BENEFIT OBLIGATIONS	\$ 23,403,652	\$ 21,998,994

The accompanying notes are an integral part of this statement.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE - BEGINNING	\$ 11,617,073	\$ 10,276,096
Change in participants accumulated eligibility credits	<u>1,919,374</u>	<u>1,340,977</u>
AMOUNTS CURRENTLY PAYABLE - ENDING	<u>13,536,447</u>	<u>11,617,073</u>
POSTRETIREMENT BENEFIT OBLIGATION, NET OF AMOUNTS CURRENTLY PAYABLE - BEGINNING:		
Actuarial experience loss	10,381,921	9,626,438
Benefits paid	1,080,229	114,237
Interest	(283,281)	(247,031)
Changes in actuarial assumptions	514,002	501,894
(Increase) in contribution rate to plan benefits	(546,888)	274,193
Participant contributions received	(1,355,801)	-
	<u>77,023</u>	<u>112,190</u>
POSTRETIREMENT BENEFIT OBLIGATION, NET OF AMOUNTS CURRENTLY PAYABLE - ENDING	<u>9,867,205</u>	<u>10,381,921</u>
TOTAL BENEFIT OBLIGATIONS - ENDING	<u>\$ 23,403,652</u>	<u>\$ 21,998,994</u>

The accompanying notes are an integral part of this statement.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan operates as a fully-insured, multi-employer, collectively bargained plan providing health and death benefits to eligible employees and their dependents who reside within the service area, which includes several counties throughout the state of Alabama. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended. Operations of the Plan are under the joint control of labor and management trustees.

Benefits

The Plan provides for medical, prescription drugs, dental, and life and accidental death and dismemberment benefits. Additionally, the Plan will pay insurance premiums for members, who have been determined to be disabled by the social security administration, for a period of up to one year.

Eligibility

Employees become eligible for benefits on the first day of the month following the date on which contributions due for work performed by the employee for one or more contributing employers within a thirty-six-month period equals or exceeds \$3,316. Eligibility will continue for succeeding months provided the employee works for one or more contributing employers and the contributions due for work performed is at least equal to the amount that is determined necessary by the Board of Trustees to maintain coverage (minimum contribution). After an employee establishes initial eligibility, contributions in excess of the minimum contribution will be credited to a dollar bank account. The Board of Trustees established the maximum number of dollars that an employee may accumulate in his or her dollar bank to be the current family contribution premium multiplied by 24 without regard to whether the individual is on single coverage or family coverage. If an employee does not work sufficient hours in covered employment during a work month for the minimum contribution to be paid on his or her behalf, the necessary number of dollars will be used from the participant's dollar bank account. If dollar bank hours are insufficient to maintain coverage, coverage will terminate except as otherwise provided. Eligibility based on proof of hours worked in covered employment but without receipt of payment may not exceed two months unless specifically authorized by the Board of Trustees.

One contributing employer operates under its own agreement that does not require employees to earn the initial \$3,316 within a thirty-six-month period. This employer is also required to make monthly contributions per eligible employee at the rates prescribed in the collective bargaining agreement for single and family plans. The excess of the family plan contribution over benefit premiums is transferred into the eligible employee's savings and investment account.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Funding Policy

The United Association of Journeymen PPF Local 760 (the Local), employer associations, and individual employer's signatory to collective bargaining agreements, established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Each employer contributes to the plan such amounts and at such times as required by the applicable provisions of the collective bargaining agreements, or such other agreements as approved by the Board of Trustees. For the years ended December 31, 2024 and 2023, the contribution rate was \$9.59 and \$9.22 per hour, respectively.

Terminated Participants

Pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, the Plan offers continuing coverage to terminated participants on a self-pay basis for a period of 18 to 36 months, depending on the qualifying event for which COBRA continuation coverage will be offered.

Termination

Although there is no intent to do so, the Trustees reserve the right to amend, modify or terminate the Plan at any time. If the Plan is terminated, the assets will be used for the sole and exclusive benefit of the participants.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in accordance with GAAP requires the Plan to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Administrative Expenses

Administrative expenses incurred to administer the Plan, including audit, legal and payroll expenses, are paid out of the Plan assets, see Note 10.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation

Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, see Note 6.

Employer Contributions Receivable

Contributions receivable from employers at December 31, 2024 and 2023 represent uncollected contributions earned during each year as determined by subsequent collections. All contributions were received after each respective year-end, and as such, an allowance for credit losses was deemed unnecessary.

Income Recognition

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 or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Obligations

The benefit obligation is estimated by the Plan's actuary in accordance with accepted actuarial principles. The Trustees receive the independent actuarial firm's report and implements the recording of the obligations. The statements of benefit obligations include the actuarial estimate of accumulated eligibility credit obligations, and postretirement benefit obligations which are expected to be funded by future contributions and earnings on investments.

Accumulated Eligibility Benefit Obligation

Once an employee establishes initial eligibility, eligibility credits for future months may be earned and accumulated in addition to the current month's eligibility coverage. The eligibility credits are earned based upon hours worked by a participant. The benefit obligation at the end of each year is reported for the provision of benefits based on participants' accumulated eligibility credits and has been calculated by multiplying the total number of months of remaining coverage by the monthly amount of benefits paid per eligible participant, plus an administrative fee of \$36 and \$44 for the years ended December 31, 2024 and 2023, respectively. This amount is then combined with the eligible participants' bank balance at year end. Furthermore, the benefit obligation is reported at its estimated present value based on assumptions regarding the usage of the accumulated eligibility credits and projected increases in medical costs.

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Postretirement Benefit Obligations

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31, 2024. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated participants and their beneficiaries and dependents and (2) active employees and dependents after retirement from service with participating employers. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement obligation that is attributed to that participant's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an independent actuary, and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment, see Note 8.

Risks and Uncertainties

The Plan invests in various investment securities, see Note 6, which are exposed to various risks, such as interest rate, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amount reported in the financial statements. Also, market quotations are not readily available for certain Plan investments, see Note 6.

Because of the inherent uncertainty in valuing those investments, the fair value may differ from the value that would have been used had a ready market for such securities existed, and the difference can be material. Accordingly, the value received upon the sale of the asset may differ from the fair value.

Benefit Payments

Insurance premium payments to the insurance carrier are recorded upon distribution.

Fixed Assets

Fixed assets are carried at cost and depreciated on a straight-line basis over their estimated useful lives. Land improvements have a useful life from fifteen to forty years.

Date of Plan Management's Review

Plan management has evaluated subsequent events through October 14, 2025, which is the date the financial statements were available to be issued.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 3 – RELATED PARTIES

The Plan is related through common membership with the Local and the Joint Apprentice Education Fund Local Union No. 760 (the Fund). For the years ended December 31, 2024 and 2023 the Plan received contributions from the Local of \$104,550 and \$91,861, respectively, and from the Fund of \$43,510 and \$36,902, respectively. As of December 31, 2024 and 2023, the amount due from the Local was \$9,379 and \$8,242, respectively, and from the Fund was \$3,567 and \$2,873, respectively. The Plan leases office space from the Fund on a month-to-month basis. Rental expense for the years ended December 31, 2024 and 2023 was \$4,550 and \$3,850, respectively.

NOTE 4 – CONCENTRATION OF CREDIT RISK

The Plan maintains cash, bank deposits, and certificates of deposit at various financial institutions which, from time to time, may exceed federally insured limits. The exposure of the Plan from these transactions is solely dependent upon those daily account balances and the financial strength of the respective institution. The Plan manages this risk by maintaining its deposit accounts at high-quality financial institutions. As of December 31, 2024 and 2023, uninsured cash balances totaled approximately \$8,972,000 and \$6,130,000, respectively.

NOTE 5 – FEDERAL INCOME TAX STATUS

The Plan is intended to qualify under Section 501(c)(9) of the Internal Revenue Code (IRC) and, therefore, is not subject to income tax. The Plan obtained a favorable tax determination letter from the Internal Revenue Service (IRS), stating that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. The Trustees believe the Plan is being operated in compliance with applicable requirements of the IRC and, therefore, believe the Plan is tax-exempt. Therefore, no provision for income tax has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan has taken no such positions. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Trustees believe the Plan is no longer subject to audit for tax periods prior to 2020. However, the Plan could be open to a Department of Labor (DOL) audit.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 6 – FAIR VALUE MEASUREMENTS

Accounting standards provide a framework for measuring fair value based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	<p>Inputs to the valuation methodology include</p> <ul style="list-style-type: none"> • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in active markets; • Inputs other than quoted prices that are observable for the asset or liability; and • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Assets and liabilities are classified in their entirety on the lowest level of input that is significant to the fair value measurement. Changes in valuation techniques may result in transfers in or out of an investment's assigned level within the hierarchy.

Asset Valuation Techniques

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets at fair value.

- *Cash management accounts:* Includes interest bearing cash accounts and cash investments in money market funds. Cash investments in money market funds are valued under the market approach through the use of quoted market prices in the active market.
- *Certificates of deposit:* Valued using rates currently offered for deposits of similar remaining maturities.
- *U.S. government securities:* Valued using pricing models maximizing the use of observable inputs for similar securities.
- *Corporate debt instruments:* 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.
- *Corporate stocks:* Valued at the closing price reported on active markets on which the individual securities are traded.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 6 – FAIR VALUE MEASUREMENTS (CONTINUED)

- *Registered investment companies – mutual funds:* Valued at the daily closing price as reported by the fund. These are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV), which is derived by dividing the total value of all the cash and securities in the fund’s portfolio, less any liabilities, by the number of shares outstanding. The fair value of the mutual funds is generally based on quoted prices in active markets.
- *Municipal bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes using spreads from broker-dealers, trade prices and the new issue market.

There have been no changes in the methodologies used at December 31, 2024 and 2023. The Plan’s policy is to recognize all transfers between levels at the beginning of the reporting period. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of Level 1, 2 or 3.

The following tables set forth by level within the fair value hierarchy a summary of the Plan’s investments measured at fair value on a recurring basis as of December 31, 2024 and 2023:

Fair Value Measurements as of December 31, 2024

	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets:				
Cash management accounts	\$ 9,451,118	\$ -	\$ -	\$ 9,451,118
Certificates of deposit	-	1,492,284	-	1,492,284
U.S. government securities	2,708,934	-	-	2,708,934
Corporate debt instruments	-	2,299,072	-	2,299,072
Corporate stocks	7,187,163	-	-	7,187,163
Registered investment companies – mutual funds	7,620,493	-	-	7,620,493
Municipal bonds	-	671,008	-	671,008
Total	<u>\$ 26,967,708</u>	<u>\$ 4,462,364</u>	<u>\$ -</u>	<u>\$ 31,430,072</u>

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 6 – FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value Measurements as of December 31, 2023

	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets:				
Cash management accounts	\$ 6,465,578	\$ -	\$ -	\$ 6,465,578
Certificates of deposit	-	1,954,388	-	1,954,388
U.S. government securities	2,296,863	-	-	2,296,863
Corporate debt instruments	-	2,066,328	-	2,066,328
Corporate stocks	6,294,101	-	-	6,294,101
Registered investment companies – mutual funds	6,514,247	-	-	6,514,247
Municipal bonds	-	928,825	-	928,825
Total	<u>\$ 21,570,789</u>	<u>\$ 4,949,541</u>	<u>\$ -</u>	<u>\$ 26,520,330</u>

NOTE 7 – RECIPROCAL AGREEMENT

The Plan is signatory to a master reciprocal agreement along with the various unions outside the Plan's territorial jurisdiction. Frequently, employees who are normally employed within the territory of one local union may be temporarily employed within the territory of another local union. Eligibility for benefits is generally determined from an employee having earned a certain amount of contributions during a stated period of time. To prevent deprivation of benefits to employees solely because of temporary employment within the jurisdiction of a local union other than their home local union, the reciprocal agreement provides for the following:

- When an employee of the home local union works in the territory of a reciprocating local union, the latter is to make contributions to the former's fringe benefit funds on the employee's behalf. The reciprocal contribution amount received shall be the fringe benefit contribution set forth in the employee's agreement of his home local union. Reciprocal contributions are reflected in total contributions in the statements of changes in net assets available for benefits.
- The monies received by the Plan on behalf of employees from participating local unions are forwarded to the employee's home union fringe benefit plan. The reciprocal contribution amount paid out shall be the fringe benefit contribution set forth in the employee's agreement of his home local union. Reciprocal contributions transferred out are reflected in total contributions in the statements of changes in net assets available for benefits as reciprocal transfers.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 8 – POSTRETIREMENT BENEFIT OBLIGATIONS

The Plan's postretirement benefit obligation as of December 31, 2024 and 2023 was determined by an independent actuary and is the amount that results from applying actuarial assumptions to historical data to estimate future obligations and to adjust those estimates for the time value of money and the probability of payment between the valuation date and the expected date of payment.

The sensitivity of medical trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$892,016 and \$941,080, respectively.

Significant assumptions used in the valuations were as follows:

Discount rate	2024 – 5.75%; 2023 – 5.00%.
Postretirement mortality rate	Healthy: 2024 and 2023 – RP-2000 Combined Mortality Table with fully generational projection using $\frac{3}{4}$ of Scale AA set forward by two years. Disabled: 2024 and 2023 – RP-2000 Disability Mortality Table with fully generational projection using $\frac{3}{4}$ of Scale AA.
Monthly per capita retiree costs	2024 – \$1,589; 2023 – \$1,335
Administrative expenses	2024 – \$36 per month; 2023 – \$44 per month.
Health care trend rates	2024 – the trend rate is 11.65% decreasing by 5.15% on the first year and .25% each year beginning in 2027 through 2032 and beyond; 2023 – the trend rate is 7.0% decreasing by 0.5% each year beginning in 2024 through 2027 and beyond.

During the year ended December 31, 2024, the following changes in actuarial assumptions were made:

- The aging table has been updated and the average age has increased from 62 to 63.
- The discount rate has been increased from 5.00% to 5.75%.
- The trend rate has been increased to 6.5% for 2026, decreasing by .25% over the next eight years and remaining at 5.00% thereafter.
- The contribution rate has been increased from \$731 to \$873 per month for retiree only and increased from \$1,342 to \$1,599 per month for retiree and spouse effective January 1, 2025.
- The contribution rate for life only coverage has increased from \$20 to \$27 per month for those under age 70 and increased from \$9 to \$13 for those over age 70.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 9 – PARTY-IN-INTEREST TRANSACTIONS

Payments for professional services such as administration, consulting, legal, and auditing are considered reasonable and customary for such services. Certain Plan investments are managed by the custodian or an investment manager. Any purchases or sales of these investments are made at fair value and qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 10 – INVESTMENT AND ADMINISTRATIVE EXPENSES

For the years ended December 31, 2024 and 2023, expenses reflected in the financial statements are comprised of:

	<u>2024</u>	<u>2023</u>
Investment Expenses:		
Investment management fees	\$ 193,019	\$ 151,102
Total investment expenses	<u>\$ 193,019</u>	<u>\$ 151,102</u>
Administrative Expenses:		
Automobile	\$ 1,327	\$ 1,300
Depreciation	-	1,248
Employee benefits	16,311	17,694
Employment costs	48,640	38,803
Office expenses	18,556	73,208
Payroll taxes	26,190	20,810
Professional fees	91,058	48,786
Rent	4,550	3,850
Salaries	57,240	56,757
Total administrative expenses	<u>\$ 263,872</u>	<u>\$ 262,456</u>

See independent auditor's report.

SUPPLEMENTAL INFORMATION

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

DECEMBER 31, 2024

Form 5500, Schedule H

Plan Number: 501

E.I.N. 63-6065827

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par or Maturity Value

(a)	(b) Identity of issue, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	<u>Cash Management Accounts</u>						
		Business Investing				\$ 8,679,741	\$ 8,679,741
		Preferred Deposit				516,237	516,237
*		Morgan Stanley Bank N.A.				255,140	255,140
		Total Cash Management Accounts				<u>\$ 9,451,118</u>	<u>\$ 9,451,118</u>
	<u>Certificates of Deposit</u>						
		Wells Fargo BK NA Sioux Falls SD	01/13/25	4.500%	100,000	\$ 99,865	\$ 99,995
		Charles Schwab Westlake TX	04/07/25	4.950%	100,000	100,453	100,168
		Capital One Bk US Glen Allen VA	06/02/25	3.100%	100,000	99,948	99,518
		City National BK Los Angeles CA	03/31/26	5.100%	100,000	100,300	101,181
		Ally Bk Midvale U Midvale UT	06/02/26	3.100%	100,000	99,999	98,646
		Capital One NA McLean VA	06/02/26	3.150%	100,000	99,978	98,714
		Discover Bk Green Greenwood	11/16/26	4.950%	100,000	101,700	101,688
		State Bk India New York NY	06/17/27	3.350%	100,000	99,325	98,452
		Synchrony Bk Draper UT	08/12/27	3.400%	100,000	99,650	98,469
		Discover Bk Green Greenwood	08/16/27	3.400%	100,000	99,750	97,804
		First Cent BK McCook Neb	01/19/28	4.000%	100,000	100,679	99,989
		UBS Bk Salt L Salt Lake City UT	01/25/28	3.900%	100,000	100,000	99,701
		Heartland BK Whitehall Ohio	02/08/28	3.850%	100,000	100,684	99,552
		American Express Sandy UT	03/22/28	4.800%	100,000	100,320	102,379
		Goldman Sachs Bk New York	05/08/29	3.000%	100,000	105,881	96,028
		Total Certificates of Deposit				<u>\$ 1,508,532</u>	<u>\$ 1,492,284</u>

* Denotes a party-in-interest

See independent auditor's report.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

Form 5500, Schedule H

Plan Number: 501

E.I.N. 63-6065827

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par or Maturity Value

(a) (b) Identity of issue, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value	
<u>U.S. Government Securities</u>							
	United States Treasury Bond	Bond	02/15/31	5.375%	200,000	\$ 214,601	\$ 209,781
	United States Treasury Note	Bond	11/15/32	4.125%	200,000	198,594	195,188
	United States Treasury Bond	Bond	02/15/37	4.750%	300,000	321,601	304,594
	United States Treasury Bond	Bond	05/15/38	4.500%	300,000	312,407	295,781
	United States Treasury Bond	Bond	05/15/39	4.250%	300,000	302,265	285,117
	Fed Home LN BK	Bond	12/10/27	4.250%	100,000	101,029	99,850
	Fed Farm CR BK	Bond	03/07/28	3.170%	100,000	100,863	96,505
	Fed Farm CR BK	Bond	01/11/29	4.125%	100,000	100,327	98,948
	Fed Farm CR BK	Bond	03/09/29	4.500%	100,000	99,948	100,309
	Fed Farm CR BK	Bond	03/15/30	4.375%	100,000	99,068	99,733
	Fed Natl Mtg Assn	Bond	11/15/30	6.625%	100,000	117,838	110,902
	Fed Home LN Mtg Corp	Bond	03/15/31	6.750%	200,000	232,923	223,786
	Fed Home LN BK	Bond	09/10/32	4.250%	100,000	100,538	97,034
	Fed Home LN BK	Bond	03/11/33	4.375%	100,000	99,686	97,509
	Fed Home LN BK	Bond	06/10/33	4.500%	100,000	98,893	97,797
	Government National MTG Assn Pool	Bond	01/20/34	5.500%	3,343	3,343	3,388
	Fed Farm Cr BK	Bond	02/27/34	3.250%	100,000	87,830	88,872
	Fed Home LN BK	Bond	03/14/36	5.125%	200,000	215,067	203,840
	Total U.S. Government Securities					<u>\$ 2,806,821</u>	<u>\$ 2,708,934</u>
<u>Corporate Debt Instruments</u>							
	J M Smucker Co/The	Bond	03/15/25	3.500%	100,000	\$ 102,148	\$ 99,708
	State Street Corp	Bond	08/18/25	3.550%	100,000	104,512	99,448
	Procter & Gamble Co/The	Bond	02/02/26	2.700%	100,000	97,900	98,217
	Cisco Systems Inc	Bond	02/28/26	2.950%	100,000	100,212	98,297
	Valero Energy Corp	Bond	09/15/26	3.400%	100,000	106,508	97,967
	Pfizer Inc	Bond	12/15/26	3.000%	100,000	99,909	97,309
	Duke Energy Corp	Bond	03/15/27	3.150%	100,000	98,500	94,674
	Coca-Cola Co/The	Bond	05/25/27	2.900%	100,000	100,472	96,692
	Honeywell Inc	Bond	06/15/28	6.625%	200,000	213,366	211,208
	Toyota Motor Corp	Bond	07/20/28	3.669%	100,000	97,558	96,776
	John Deere Capital Corp	Bond	03/07/29	3.450%	100,000	111,211	95,251
	Lowe's Cos Inc	Bond	03/15/29	6.500%	200,000	212,783	213,242
	Walmart Inc	Bond	02/15/30	7.550%	200,000	234,816	228,076
	Appalachian Power CO	Bond	04/01/36	6.375%	125,000	125,005	127,608
	Burlington Northern Santa FE LLC	Bond	06/01/36	7.290%	200,000	240,937	234,009
	Microsoft Corp	Bond	06/01/39	5.200%	300,000	325,768	310,590
	Total Corporate Debt					<u>\$ 2,371,605</u>	<u>\$ 2,299,072</u>

* Denotes a party-in-interest

See independent auditor's report.

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

Form 5500, Schedule H

Plan Number: 501

E.I.N. 63-6065827

(a) Identity of issue, borrower, lessor or similar party	Description	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
		Maturity Date	Rate of Interest	Par/ Maturity Value or Shares		
<u>Corporate stocks</u>						
Abbvie Inc Com	Stock			762	\$ 113,646	\$ 135,407
Amazon Com Inc	Stock			1,482	192,977	325,136
American Elec Pwr Co inc	Stock			1,124	98,017	103,667
Apple Inc	Stock			863	131,738	216,112
Berkshire Hathaway CL-B New	Stock			548	201,868	248,397
Broadcom Inc	Stock			480	45,112	111,283
Chevron Corp	Stock			2,813	436,713	407,435
Cisco Sys Inc	Stock			5,375	261,301	318,200
Costco Wholesale Corp New	Stock			216	128,503	197,914
Cummins Inc	Stock			147	32,065	51,244
CVS Health Corp Com	Stock			1,407	92,890	63,160
Deere & Co	Stock			227	82,697	96,180
Dow Inc	Stock			1,881	98,972	75,485
FirstEnergy Corp	Stock			3,284	125,179	130,638
Home Depot Inc	Stock			194	58,733	75,464
Ill Tool Works Inc	Stock			379	79,978	96,099
Intl Business Machines Corp	Stock			609	78,149	133,876
Intuit Inc	Stock			247	101,800	155,240
Kimberly Clark Corp	Stock			1,731	214,564	226,830
Kinder Morgan Incorp	Stock			5,038	82,499	138,041
L3Harris Technologies Inc	Stock			647	146,283	136,051
Lockheed Martin Corp	Stock			660	306,553	320,720
Lowes Companies Inc	Stock			579	118,482	142,897
Lyondellbasell NV Cl-A	Stock			1,017	82,713	75,533
Marathon Petroleum Corp	Stock			1,355	162,384	189,023
McKesson Corp	Stock			337	136,396	192,060
Microsoft Corp	Stock			1,096	338,931	461,964
Nasdaq Inc Com	Stock			1,887	112,975	145,884
Palo Alto Networks Inc	Stock			1,078	94,130	196,153
Pepsico Inc NC	Stock			1,490	248,720	226,570
Phillips 66 Com	Stock			1,042	122,660	118,715
Prudential Financial Inc	Stock			866	79,554	102,647
Servicenow Inc	Stock			200	103,856	212,024
Stryker Corp	Stock			534	149,279	192,267
The J.M. Smucker Company	Stock			695	77,756	76,534
Thermo Fisher Scientific	Stock			197	103,107	102,485
TJX Cos Inc New	Stock			1,641	147,368	198,249
United Pacific Corp	Stock			433	87,682	98,741
United Parcel Ser Inc Cl-B	Stock			413	55,065	52,079
Verizon Communications	Stock			3,150	132,319	125,969
Visa Inc Cl A	Stock			998	224,478	315,408
Walmart Inc	Stock			1,132	104,470	102,276
Zoetis In Class-A	Stock			596	98,319	97,106
Total Corporate Stock					<u>\$ 5,890,881</u>	<u>\$ 7,187,163</u>

* Denotes a party-in-interest

See independent auditor's report.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

Form 5500, Schedule H

Plan Number: 501

E.I.N. 63-6065827

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par or Maturity Value

(a)	(b) Identity of issue, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
<u>Registered Investment Companies - Mutual Funds</u>							
	First Trust Rising Div Achiev				13,000	\$ 398,908	\$ 768,820
	Ishares Core S&P Total US Stoc				10,446	588,636	1,343,565
	JP Morgan Equity Premium Inco				8,534	503,762	490,961
	SPDR S&P 500 ETF Trust				2,469	607,580	1,447,032
	American GW FD of America F2				11,819	553,289	876,616
	American Inc FD of America F2				9,808	243,573	239,112
	Franklin Rising Dividends Adv				9,752	699,005	866,822
	Hartford Balanced Inc I				47,195	670,897	669,219
	Blackrock Corp High Yld Fd Inc				3,198	28,925	31,372
	First Trust Low Duration Opp				658	31,038	32,025
	Ft-Preferred Secur & Inc ETF				5,766	101,274	102,058
	Invesco Bulletshares 2028				1,699	33,929	34,201
	Invesco Bulletshares 2029				5,593	62,463	62,980
	Invesco Bulletshares 2030				3,839	62,461	62,844
	Invesco Bulletshares 2031				3,899	62,448	62,579
	JPM Nasdaq Equity Premium				2,427	124,373	136,834
	JPMorgan Income ETF				2,261	102,586	103,147
	Nuveen Pfd & Incm Opportnys Fd				8,405	61,316	66,064
	Pacer Met Us Lrg Cap Dvd 400				1,386	55,176	53,209
	Vanguard Real Estate ETF				852	76,568	75,896
	Victoryshares Core Intermedi				2,070	95,741	95,137
	Total Registered Investment Companies - Mutual Funds					<u>\$ 5,163,948</u>	<u>\$ 7,620,493</u>
<u>Municipal Bonds</u>							
	Montgomery Cnty Tex Mental Hlth Treatment Fac Ser-B	Bond	03/01/25	4.445%	50,000	\$ 50,000	\$ 49,936
	Alabama Ecnmc Settlmnt Auth BP Rev-B	Bond	09/15/25	3.163%	20,000	19,702	19,779
	University Houston Tex Univ Revs ID 02-01-16	Bond	02/15/27	3.060%	100,000	100,332	97,197
	Cedar Rapids Iowa Cmnty Sch INF QSCBD	Bond	07/01/28	5.500%	50,000	50,000	50,029
	University Mich Univ Revs	Bond	04/01/29	3.416%	100,000	100,384	95,912
	New York NY	Bond	08/01/30	2.800%	100,000	103,988	90,357
	Austin Tex Elec Util Sys Rev	Bond	11/15/31	2.785%	50,000	53,392	43,964
	Naugatuck Conn Pension	Bond	06/01/33	5.910%	50,000	47,380	52,657
	Texas St	Bond	10/01/35	4.108%	100,000	91,448	92,494
	Indiana Univ Revs Taxable Consolidated Rev-B	Bond	06/01/37	2.767%	100,000	103,162	78,683
	Total Municipal Bonds					<u>\$ 719,788</u>	<u>\$ 671,008</u>
	Total Assets Held for Investments					<u>\$ 27,912,693</u>	<u>\$ 31,430,072</u>

* Denotes a party-in-interest

See independent auditor's report.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

DECEMBER 31, 2024

Form 5500, Schedule H

Plan Number: 501

E.I.N. 63-6065827

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par or Maturity Value

(a)	(b) Identity of issue, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	<u>Cash Management Accounts</u>						
		Business Investing				\$ 8,679,741	\$ 8,679,741
		Preferred Deposit				516,237	516,237
*		Morgan Stanley Bank N.A.				255,140	255,140
		Total Cash Management Accounts				<u>\$ 9,451,118</u>	<u>\$ 9,451,118</u>
	<u>Certificates of Deposit</u>						
		Wells Fargo BK NA Sioux Falls SD	01/13/25	4.500%	100,000	\$ 99,865	\$ 99,995
		Charles Schwab Westlake TX	04/07/25	4.950%	100,000	100,453	100,168
		Capital One Bk US Glen Allen VA	06/02/25	3.100%	100,000	99,948	99,518
		City National BK Los Angeles CA	03/31/26	5.100%	100,000	100,300	101,181
		Ally Bk Midvale U Midvale UT	06/02/26	3.100%	100,000	99,999	98,646
		Capital One NA McLean VA	06/02/26	3.150%	100,000	99,978	98,714
		Discover Bk Green Greenwood	11/16/26	4.950%	100,000	101,700	101,688
		State Bk India New York NY	06/17/27	3.350%	100,000	99,325	98,452
		Synchrony Bk Draper UT	08/12/27	3.400%	100,000	99,650	98,469
		Discover Bk Green Greenwood	08/16/27	3.400%	100,000	99,750	97,804
		First Cent BK McCook Neb	01/19/28	4.000%	100,000	100,679	99,989
		UBS Bk Salt L Salt Lake City UT	01/25/28	3.900%	100,000	100,000	99,701
		Heartland BK Whitehall Ohio	02/08/28	3.850%	100,000	100,684	99,552
		American Express Sandy UT	03/22/28	4.800%	100,000	100,320	102,379
		Goldman Sachs Bk New York	05/08/29	3.000%	100,000	105,881	96,028
		Total Certificates of Deposit				<u>\$ 1,508,532</u>	<u>\$ 1,492,284</u>

* Denotes a party-in-interest

See independent auditor's report.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

Form 5500, Schedule H

Plan Number: 501

E.I.N. 63-6065827

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par or Maturity Value

(a) (b) Identity of issue, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value	
<u>U.S. Government Securities</u>							
	United States Treasury Bond	Bond	02/15/31	5.375%	200,000	\$ 214,601	\$ 209,781
	United States Treasury Note	Bond	11/15/32	4.125%	200,000	198,594	195,188
	United States Treasury Bond	Bond	02/15/37	4.750%	300,000	321,601	304,594
	United States Treasury Bond	Bond	05/15/38	4.500%	300,000	312,407	295,781
	United States Treasury Bond	Bond	05/15/39	4.250%	300,000	302,265	285,117
	Fed Home LN BK	Bond	12/10/27	4.250%	100,000	101,029	99,850
	Fed Farm CR BK	Bond	03/07/28	3.170%	100,000	100,863	96,505
	Fed Farm CR BK	Bond	01/11/29	4.125%	100,000	100,327	98,948
	Fed Farm CR BK	Bond	03/09/29	4.500%	100,000	99,948	100,309
	Fed Farm CR BK	Bond	03/15/30	4.375%	100,000	99,068	99,733
	Fed Natl Mtg Assn	Bond	11/15/30	6.625%	100,000	117,838	110,902
	Fed Home LN Mtg Corp	Bond	03/15/31	6.750%	200,000	232,923	223,786
	Fed Home LN BK	Bond	09/10/32	4.250%	100,000	100,538	97,034
	Fed Home LN BK	Bond	03/11/33	4.375%	100,000	99,686	97,509
	Fed Home LN BK	Bond	06/10/33	4.500%	100,000	98,893	97,797
	Government National MTG Assn Pool	Bond	01/20/34	5.500%	3,343	3,343	3,388
	Fed Farm Cr BK	Bond	02/27/34	3.250%	100,000	87,830	88,872
	Fed Home LN BK	Bond	03/14/36	5.125%	200,000	215,067	203,840
	Total U.S. Government Securities					<u>\$ 2,806,821</u>	<u>\$ 2,708,934</u>
<u>Corporate Debt Instruments</u>							
	J M Smucker Co/The	Bond	03/15/25	3.500%	100,000	\$ 102,148	\$ 99,708
	State Street Corp	Bond	08/18/25	3.550%	100,000	104,512	99,448
	Procter & Gamble Co/The	Bond	02/02/26	2.700%	100,000	97,900	98,217
	Cisco Systems Inc	Bond	02/28/26	2.950%	100,000	100,212	98,297
	Valero Energy Corp	Bond	09/15/26	3.400%	100,000	106,508	97,967
	Pfizer Inc	Bond	12/15/26	3.000%	100,000	99,909	97,309
	Duke Energy Corp	Bond	03/15/27	3.150%	100,000	98,500	94,674
	Coca-Cola Co/The	Bond	05/25/27	2.900%	100,000	100,472	96,692
	Honeywell Inc	Bond	06/15/28	6.625%	200,000	213,366	211,208
	Toyota Motor Corp	Bond	07/20/28	3.669%	100,000	97,558	96,776
	John Deere Capital Corp	Bond	03/07/29	3.450%	100,000	111,211	95,251
	Lowe's Cos Inc	Bond	03/15/29	6.500%	200,000	212,783	213,242
	Walmart Inc	Bond	02/15/30	7.550%	200,000	234,816	228,076
	Appalachian Power CO	Bond	04/01/36	6.375%	125,000	125,005	127,608
	Burlington Northern Santa FE LLC	Bond	06/01/36	7.290%	200,000	240,937	234,009
	Microsoft Corp	Bond	06/01/39	5.200%	300,000	325,768	310,590
	Total Corporate Debt					<u>\$ 2,371,605</u>	<u>\$ 2,299,072</u>

* Denotes a party-in-interest

See independent auditor's report.

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

Form 5500, Schedule H

Plan Number: 501

E.I.N. 63-6065827

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par or Maturity Value

(a) Identity of issue, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
<u>Corporate stocks</u>						
Abbvie Inc Com	Stock			762	\$ 113,646	\$ 135,407
Amazon Com Inc	Stock			1,482	192,977	325,136
American Elec Pwr Co inc	Stock			1,124	98,017	103,667
Apple Inc	Stock			863	131,738	216,112
Berkshire Hathaway CL-B New	Stock			548	201,868	248,397
Broadcom Inc	Stock			480	45,112	111,283
Chevron Corp	Stock			2,813	436,713	407,435
Cisco Sys Inc	Stock			5,375	261,301	318,200
Costco Wholesale Corp New	Stock			216	128,503	197,914
Cummins Inc	Stock			147	32,065	51,244
CVS Health Corp Com	Stock			1,407	92,890	63,160
Deere & Co	Stock			227	82,697	96,180
Dow Inc	Stock			1,881	98,972	75,485
FirstEnergy Corp	Stock			3,284	125,179	130,638
Home Depot Inc	Stock			194	58,733	75,464
Ill Tool Works Inc	Stock			379	79,978	96,099
Intl Business Machines Corp	Stock			609	78,149	133,876
Intuit Inc	Stock			247	101,800	155,240
Kimberly Clark Corp	Stock			1,731	214,564	226,830
Kinder Morgan Incorp	Stock			5,038	82,499	138,041
L3Harris Technologies Inc	Stock			647	146,283	136,051
Lockheed Martin Corp	Stock			660	306,553	320,720
Lowes Companies Inc	Stock			579	118,482	142,897
Lyondellbasell NV Cl-A	Stock			1,017	82,713	75,533
Marathon Petroleum Corp	Stock			1,355	162,384	189,023
McKesson Corp	Stock			337	136,396	192,060
Microsoft Corp	Stock			1,096	338,931	461,964
Nasdaq Inc Com	Stock			1,887	112,975	145,884
Palo Alto Networks Inc	Stock			1,078	94,130	196,153
Pepsico Inc NC	Stock			1,490	248,720	226,570
Phillips 66 Com	Stock			1,042	122,660	118,715
Prudential Financial Inc	Stock			866	79,554	102,647
Servicenow Inc	Stock			200	103,856	212,024
Stryker Corp	Stock			534	149,279	192,267
The J.M. Smucker Company	Stock			695	77,756	76,534
Thermo Fisher Scientific	Stock			197	103,107	102,485
TJX Cos Inc New	Stock			1,641	147,368	198,249
United Pacific Corp	Stock			433	87,682	98,741
United Parcel Ser Inc Cl-B	Stock			413	55,065	52,079
Verizon Communications	Stock			3,150	132,319	125,969
Visa Inc Cl A	Stock			998	224,478	315,408
Walmart Inc	Stock			1,132	104,470	102,276
Zoetis In Class-A	Stock			596	98,319	97,106
Total Corporate Stock					<u>\$ 5,890,881</u>	<u>\$ 7,187,163</u>

* Denotes a party-in-interest

See independent auditor's report.

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

Form 5500, Schedule H

Plan Number: 501

E.I.N. 63-6065827

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par or Maturity Value

(a)	(b) Identity of issue, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
<u>Registered Investment Companies - Mutual Funds</u>							
	First Trust Rising Div Achiev				13,000	\$ 398,908	\$ 768,820
	Ishares Core S&P Total US Stoc				10,446	588,636	1,343,565
	JP Morgan Equity Premium Inco				8,534	503,762	490,961
	SPDR S&P 500 ETF Trust				2,469	607,580	1,447,032
	American GW FD of America F2				11,819	553,289	876,616
	American Inc FD of America F2				9,808	243,573	239,112
	Franklin Rising Dividends Adv				9,752	699,005	866,822
	Hartford Balanced Inc I				47,195	670,897	669,219
	Blackrock Corp High Yld Fd Inc				3,198	28,925	31,372
	First Trust Low Duration Opp				658	31,038	32,025
	Ft-Preferred Secur & Inc ETF				5,766	101,274	102,058
	Invesco Bulletshares 2028				1,699	33,929	34,201
	Invesco Bulletshares 2029				5,593	62,463	62,980
	Invesco Bulletshares 2030				3,839	62,461	62,844
	Invesco Bulletshares 2031				3,899	62,448	62,579
	JPM Nasdaq Equity Premium				2,427	124,373	136,834
	JPMorgan Income ETF				2,261	102,586	103,147
	Nuveen Pfd & Incm Opportnys Fd				8,405	61,316	66,064
	Pacer Met Us Lrg Cap Dvd 400				1,386	55,176	53,209
	Vanguard Real Estate ETF				852	76,568	75,896
	Victoryshares Core Intermedi				2,070	95,741	95,137
	Total Registered Investment Companies - Mutual Funds					<u>\$ 5,163,948</u>	<u>\$ 7,620,493</u>
<u>Municipal Bonds</u>							
	Montgomery Cnty Tex Mental Hlth Treatment Fac Ser-B	Bond	03/01/25	4.445%	50,000	\$ 50,000	\$ 49,936
	Alabama Ecnmc Settlmnt Auth BP Rev-B	Bond	09/15/25	3.163%	20,000	19,702	19,779
	University Houston Tex Univ Revs ID 02-01-16	Bond	02/15/27	3.060%	100,000	100,332	97,197
	Cedar Rapids Iowa Cmnty Sch INF QSCBD	Bond	07/01/28	5.500%	50,000	50,000	50,029
	University Mich Univ Revs	Bond	04/01/29	3.416%	100,000	100,384	95,912
	New York NY	Bond	08/01/30	2.800%	100,000	103,988	90,357
	Austin Tex Elec Util Sys Rev	Bond	11/15/31	2.785%	50,000	53,392	43,964
	Naugatuck Conn Pension	Bond	06/01/33	5.910%	50,000	47,380	52,657
	Texas St	Bond	10/01/35	4.108%	100,000	91,448	92,494
	Indiana Univ Revs Taxable Consolidated Rev-B	Bond	06/01/37	2.767%	100,000	103,162	78,683
	Total Municipal Bonds					<u>\$ 719,788</u>	<u>\$ 671,008</u>
	Total Assets Held for Investments					<u>\$ 27,912,693</u>	<u>\$ 31,430,072</u>

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