

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: PLUMBERS LOCAL UNION NO 24 WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 09/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan): C/O IE SHAFFER CO.
2b Employer Identification Number (EIN): 22-6044230
2c Plan Sponsor's telephone number: 973-473-5544
2d Business code (see instructions): 238220

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include signatures of plan administrator (ROSHAN WHITE, TRUSTEE) and employer/plan sponsor (PHILLIP PETILLO, TRUSTEE).

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1050
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	609
	<b>6a(2)</b>	598
	<b>6b</b>	435
	<b>6c</b>	
	<b>6d</b>	1033
	<b>6e</b>	
	<b>6f</b>	1033
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	91

**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 4C 4D 4E 4F 4L

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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**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 **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>22-6044230</b>

**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

**EMPOWER ANNUITY INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-1050034</b>	<b>93629</b>	<b>780459-E1</b>		<b>05/01/2024</b>	<b>04/30/2025</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	2924429
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	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>b</b>	Balance at the end of the previous year .....	<b>7b</b> 2824574
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 99855
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 99855
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 2924429
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 2924429

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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 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 **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>22-6044230</b>

**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

**EMPOWER ANNUITY INSURANCE COMAPNY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-1050034</b>	<b>93629</b>	<b>780459-E2</b>		<b>05/01/2024</b>	<b>04/30/2025</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	3733201
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	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>b</b>	Balance at the end of the previous year .....	<b>7b</b> 3605731
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 127470
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 127470
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 3733201
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 3733201

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p><b>A</b> Name of plan <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-6044230</b></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  
**PRUDENTIAL INSURANCE COMPANY OF AMERICA**

(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
22-1211670	68241	22322	567	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid <b>3131</b></p>	<p>(b) Total amount of fees paid <b>128</b></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  
**LAKESHORE BENEFIT GROUP** **301 ALBANY TURNPIKE**  
**CANTON, CT 06019**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3131			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**IMG** **2960 NORTH MERIDIAN STREET**  
**INDIANAPOLIS, IN 46208**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	128	<b>THIRD PARTY ADMINISTRATOR FEES</b>	5

(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.

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

**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) ▶ **BASIC AD&D**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	20871
<b>b</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. ....	<b>10b</b>	

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><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p><b>A</b> Name of plan <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-6044230</b></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  
**HCC 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
<b>35-1817054</b>	<b>92711</b>	<b>HCL36313</b>	<b>641</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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 <b>49881</b></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  
**LAKESHORE BENEFIT GROUP** **301 ALBANY TURNPIKE**  
**CANTON, CT 06019**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<b>49881</b>			<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	906919
<b>b</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.	<b>10b</b>	

**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><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p><b>A</b> Name of plan <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-6044230</b></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  
**HORIZON HEALTHCARE DENTAL, INC**

(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
22-3331515	11146	96386	66	05/01/2024	04/30/2025

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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	

(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(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 .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	51869
<b>b</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. ....	<b>10b</b>	

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><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p><b>A</b> Name of plan <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-6044230</b></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  
**MEDCO CONTAINMENT LIFE INSURANCE CO**

(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
42-1425239	63762	NGL40061	574	05/01/2024	04/30/2025

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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	

(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(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 .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	881648
<b>b</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.	<b>10b</b>	

**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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>22-6044230</b>	

**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

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

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

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

HORIZON HEALTHCARE SERVICES, INC

2 PENN PLAZA EAST  
NEWARK, NJ 07105

22-0999690

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	402363	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

I E SHAFFER & CO

PO BOX 1028  
WEST TRENTON, NJ 08628

22-1750854

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	342291	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)

LABOR FIRST LLC

1000 MIDLANTIC DRIVE  
SUITE 100  
MOUNT LAUREL, NJ 08054

06-1750191

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	87581	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)

GERSON & ASSOCIATES CPAS AND ADVISO

201 WEST PASSAIC STREET  
SUITE 405  
ROCHELLE PARK, NJ 07662

22-3163246

(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	39115	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PLUMBERS LOCAL UNION NO. 24

20 FAIRFIELD PLACE  
WEST CALDWELL, NJ 07006

26-4708098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	AFFILIATED LOCAL UNION	79827	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)

WEAVER C BARKSDALE

62-1217255

(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?
51	NONE	37796	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)

BASIL CASTROVINCI ASSOCIATES

3235 KENNEDY BOULEVARD  
JERSEY CITY, NJ 07306

13-2835100

(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 16 50	NONE	30715	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)

AMALGAMATED BANK

275 SEVENTH AVENUE  
NEW YORK, NY 10001

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 72	NONE	8565	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)

LINDABURY, MCCORMICK & ESTABROOK

53 CARDINAL DRIVE  
WESTFIELD, NJ 07091

22-1943351

(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	13445	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)

ORNASKY, SCARAGGI, & BORG, PC

175 FAIRFIELD AVENUE  
WEST CALDWELL, NJ 07007

22-3522685

(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	23591	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)

ZAZZALI, FAGELLA, NOWAK KLEINBAUM

22-1973215

(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	8667	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)

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

<b>A</b> Name of plan <u>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>22-6044230</u>	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COMMON EAFE INDEX FUND - NON LND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
<b>c</b> EIN-PN <u>45-6626196-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1624577</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>05/01/2024</b> and ending <b>04/30/2025</b>	
<b>A</b> Name of plan <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBERS LOCAL UNION NO 24 WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>22-6044230</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	2083722	2544324
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	168143	553000
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	5897734	4645918
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	10720271	12279460
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	6555303	8079103
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	1441918	1624577
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	5956411	6461092
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	7956055	6657631
<b>(15)</b> Other .....	<b>1c(15)</b>	313006	336089

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	41092563	43181194
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	2914664	3102484
<b>h</b> Operating payables.....	<b>1h</b>	987965	398872
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	3902629	3501356
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	37189934	39679838

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	19836130	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	770941	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		20607071
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	40017	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	427291	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	289376	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	61541	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		818225
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	137038	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		137038
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	9980541	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	9928878	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		51663
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1017914	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		141209
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		443985
<b>c</b> Other income .....	<b>2c</b>		1950117
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		25167222

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	19418791	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	2459130	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		21877921
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	342291	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	39115	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	42619	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	8565	
(7) Actuarial fees .....	<b>2i(7)</b>	30715	
(8) Legal fees .....	<b>2i(8)</b>	44006	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	292086	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		799397
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		22677318

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2489904
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: GERSON & ASSOC CPAS AND ADVISORS PC

(2) EIN: 22-3163246

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

**PLUMBERS LOCAL UNION NO. 24  
WELFARE FUND**

**FINANCIAL STATEMENTS**

**YEARS ENDED:  
APRIL 30, 2025 AND 2024**

**PLUMBERS LOCAL UNION NO. 24 WELFARE FUND**

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**GERSON & ASSOCIATES**  
**CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS, P.C.**  
MEMBER: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS  
NEW JERSEY SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

**Independent Auditor's Report**

To the Board of Trustees of:  
**Plumbers Local Union No. 24**  
**Welfare Fund**

***Opinion***

We have audited the financial statements of **Plumbers Local Union No. 24 Welfare 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 plan's benefit obligations as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in plan's benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan's benefit obligations of **Plumbers Local Union No. 24 Welfare Fund** as of April 30, 2025 and 2024, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of **Plumbers Local Union No. 24 Welfare Fund** and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe 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 Local Union No. 24 Welfare Fund's** ability to continue as a going concern within one year after the date that 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.

**Independent Auditor's Report**  
**Plumbers Local Union No. 24**  
**Welfare Fund**  
continued, page -2-

***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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 Local Union No. 24 Welfare 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 Local Union No. 24 Welfare 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.

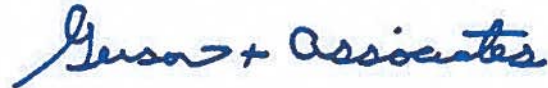
***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules "1" thru "3" are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules of assets (held at end of year) are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

**Independent Auditor's Report**  
**Plumbers Local Union No. 24**  
**Welfare Fund**  
continued, page -3-

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



Certified Public Accountants  
and Advisors, P.C.

Rochelle Park, NJ  
November 26, 2025

**PLUMBERS LOCAL UNION NO. 24 WELFARE FUND**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
APRIL 30, 2025 AND 2024**

<u>ASSETS</u>		<u>2025</u>	<u>2024</u>
<b><u>INVESTMENTS AT FAIR VALUE</u></b>	(Page 5)	<u>\$ 32,114,031</u>	<u>\$ 28,410,578</u>
<b><u>RECEIVABLES</u></b>			
Employer/employee contributions		2,544,324	2,083,722
Stop loss receivable		0	0
Accrued income		191,396	167,412
Due from HRA account		166,962	142,294
Other receivables		361,604	731
		<u>3,264,286</u>	<u>2,394,159</u>
<b><u>HRA ACCOUNTS</u></b>			
Separate checking account		402,007	1,661,673
Investments - Empower	(Page 5)	5,755,517	5,473,239
Due to internal account		(166,962)	(142,294)
		<u>5,990,562</u>	<u>6,992,618</u>
<b><u>OTHER ASSETS</u></b>			
Deposit - Horizon		<u>336,089</u>	<u>313,006</u>
<b><u>CASH</u></b>			
Fund checking accounts		1,253,630	2,528,726
I.E. Shaffer distribution account		222,596	298,264
I.E. Shaffer claim payment account		0	155,212
		<u>1,476,226</u>	<u>2,982,202</u>
<b><u>TOTAL ASSETS</u></b>		<u>43,181,194</u>	<u>41,092,563</u>
<b><u>LIABILITIES</u></b>			
Due to other funds		364	99
Accrued expenses/accounts/taxes payable		398,508	987,866
<b><u>TOTAL LIABILITIES</u></b>		<u>398,872</u>	<u>987,965</u>
<b><u>NET ASSETS AVAILABLE FOR BENEFITS</u></b>		<u>\$ 42,782,322</u>	<u>\$ 40,104,598</u>

*The accompanying notes are an integral part of the financial statements.*

**Exhibit "A"**

**PLUMBERS LOCAL UNION NO. 24 WELFARE FUND**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
APRIL 30, 2025 AND 2024**

<u>INVESTMENTS AT FAIR VALUE</u>	<u>2025</u>	<u>2024</u>
<b>Weaver Barksdale:</b> (Schedule "1")		
Government Securities	\$ 12,279,460	\$ 10,720,271
Corporate Bonds	6,413,645	6,555,303
Money funds/cash	275,433	285,063
<b>TD Bank:</b> (Schedule "2")		
Money funds/cash	431,226	412,168
<b>Empower:</b> (Schedule "2")		
Fixed Rate Fund	2,568,777	2,483,966
Money funds/cash	2,058,076	553,733
<b>Lazard:</b> (Schedule "2")		
Mutual Fund	1,864,543	1,575,640
Money funds/cash	1,745	1,745
<b>Northern EAFE:</b> (Schedule "2")		
CCT	1,624,577	1,441,918
<b>Invesco:</b> (Schedule "2")		
ETF	4,596,549	4,380,771
	<u>\$ 32,114,031</u>	<u>\$ 28,410,578</u>
 <u>HRA INVESTMENTS</u>		
<b>Empower:</b> (Schedule "2")		
Fixed Rate Fund	\$ 5,754,311	\$ 5,472,089
Money funds/cash	1,206	1,150
	<u>5,755,517</u>	<u>5,473,239</u>
 <u>TOTAL INVESTMENTS</u>	 <u>\$ 37,869,548</u>	 <u>\$ 33,883,817</u>

*The accompanying notes are an integral part of the financial statements.*

**Exhibit "A"**

**PLUMBERS LOCAL UNION NO. 24 WELFARE FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED APRIL 30, 2025 AND 2024**

<b><u>ADDITIONS:</u></b>	<b><u>2025</u></b>	<b><u>2024</u></b>
<b><u>CONTRIBUTIONS</u></b>		
Employer contributions	\$ 19,848,658	\$ 19,592,270
Employee contributions (COBRA)	164,909	123,303
	<u>20,013,567</u>	<u>19,715,573</u>
Retiree contributions	606,032	588,939
	<u>20,619,599</u>	<u>20,304,512</u>
Less: reciprocal payments	(12,528)	(12,960)
	<u>20,607,071</u>	<u>20,291,552</u>
<b><u>INVESTMENT INCOME</u></b>		
Net appreciation/(depreciation) in fair value	1,654,771	181,719
Interest/dividends	955,263	831,751
	<u>2,610,034</u>	<u>1,013,470</u>
Less: Investment expenses	(38,539)	(38,376)
	<u>2,571,495</u>	<u>975,094</u>
<b><u>OTHER</u></b>		
Stop loss reimbursements	778,616	234,976
HRA allocation income	166,962	142,294
Prescription rebates	999,670	1,084,418
Other income	4,869	0
	<u>1,950,117</u>	<u>1,461,688</u>
<b><u>TOTAL ADDITIONS</u></b>	<b>25,128,683</b>	<b>22,728,334</b>
<b><u>DEDUCTIONS:</u></b>	<b>22,450,959</b>	<b>20,634,308</b>
	<u>22,450,959</u>	<u>20,634,308</u>
<b><u>NET INCREASE DURING THE YEAR</u></b>	<b>2,677,724</b>	<b>2,094,026</b>
	<u>2,677,724</u>	<u>2,094,026</u>
<b><u>NET ASSETS AVAILABLE FOR BENEFITS</u></b>		
Beginning of year	40,104,598	38,010,572
	<u>40,104,598</u>	<u>38,010,572</u>
<b><u>END OF YEAR</u></b>	<b>\$ 42,782,322</b>	<b>\$ 40,104,598</b>
	<u>\$ 42,782,322</u>	<u>\$ 40,104,598</u>

(Page 7)

*The accompanying notes are an integral part of the financial statements.*

**Exhibit "B"**

**PLUMBERS LOCAL UNION NO. 24 WELFARE FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED APRIL 30, 2025 AND 2024**

<u>DEDUCTIONS:</u>	<u>2025</u>	<u>2024</u>
<b><u>BENEFITS</u></b>		
Directly paid:		
- Medical	\$ 15,616,060	\$ 13,232,153
- Dental	482,032	518,628
- Prescriptions	3,132,879	3,401,160
	<u>19,230,971</u>	<u>17,151,941</u>
Administration		
- Health	377,958	378,041
- Dental	24,405	20,791
- Prescriptions	87,581	166,783
	<u>489,944</u>	<u>565,615</u>
Premiums		
- Dental	55,747	56,088
- Prescriptions	1,050,732	1,109,782
- Stop Loss	842,905	986,568
- Blue Cross/MetLife	(731)	5,846
- Employee assistance program	0	7,950
- Lina/Surcharge	20,533	21,159
- COBRA Subsidy	0	0
	<u>1,969,186</u>	<u>2,187,393</u>
<b><u>TOTAL BENEFITS</u></b>	<u>21,690,101</u>	<u>19,904,949</u>
<b><u>ADMINISTRATIVE EXPENSES</u></b>		
Administrator fees - I.E. Shaffer & Co.	342,291	337,958
Administration reimbursements - Local 24	79,827	40,364
Rent	6,708	6,656
Legal fees	44,006	29,487
Audit fees	35,000	35,000
Agreed-upon procedures, employer payroll compliance audits	4,115	7,082
Actuary fees	30,715	29,820
Fiduciary bond	8,087	9,563
PCORI fee	5,844	5,524
Investment consultant	4,080	4,080
Custodial fees	8,565	8,001
Pharma consulting	3,864	9,406
Meetings, conventions, seminars	572	0
Office, postage, bank fees, collection, other	20,222	64,124
	<u>593,896</u>	<u>587,065</u>
HRA expense allocation	<u>166,962</u>	<u>142,294</u>
<b><u>TOTAL DEDUCTIONS</u></b>	<u>\$ 22,450,959</u>	<u>\$ 20,634,308</u>

*The accompanying notes are an integral part of the financial statements.*

**Exhibit "B"**

**PLUMBERS LOCAL UNION NO. 24 WELFARE FUND**

**STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS  
APRIL 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
<b><u>AMOUNTS CURRENTLY PAYABLE</u></b>		
Health claims payable	\$ 408,819	\$ 374,083
Claims incurred but not reported	2,693,665	2,540,581
	<u>3,102,484</u>	<u>2,914,664</u>
<b><u>POSTEMPLOYMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE</u></b>		
Accumulated eligibility credits	<u>18,709,231</u>	<u>17,133,485</u>
<b><u>POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE</u></b>		
Retired participants	29,221,722	26,655,241
Other participants fully eligible for benefits	32,261,084	28,548,486
Participants not yet fully eligible for benefits	32,015,902	28,331,519
	<u>93,498,708</u>	<u>83,535,246</u>
<b><u>PLAN'S TOTAL BENEFIT OBLIGATIONS</u></b>	<b><u>\$ 115,310,423</u></b>	<b><u>\$ 103,583,395</u></b>

*The accompanying notes are an integral part of the financial statements.*

**Exhibit "C"**

**PLUMBERS LOCAL UNION NO. 24 WELFARE FUND**

**STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS  
YEARS ENDED APRIL 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
<b><u>AMOUNTS CURRENTLY PAYABLE</u></b>		
Balance at beginning of year	\$ 374,083	\$ 358,217
Claims reported and approved for payment	21,750,216	19,920,815
Claims paid	<u>(21,715,480)</u>	<u>(19,904,949)</u>
Balance at end of year	<u>408,819</u>	<u>374,083</u>
<b><u>POSTEMPLOYMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE</u></b>		
Balance at beginning of year	19,674,066	18,778,453
Net change during year	<u>1,728,830</u>	<u>895,613</u>
Balance at end of year	<u>21,402,896</u>	<u>19,674,066</u>
Total obligations other than post-retirement	<u>21,811,715</u>	<u>20,048,149</u>
<b><u>POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE</u></b>		
Balance at beginning of year	83,535,246	85,288,903
Increase (decrease) during the year attributable to:		
Benefits earned & other changes	9,963,462	(1,753,657)
Plan amendment	0	0
Changes in actuarial assumptions	<u>0</u>	<u>0</u>
Balance at end of year	<u>93,498,708</u>	<u>83,535,246</u>
<b><u>PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR</u></b>	<b><u>\$ 115,310,423</u></b>	<b><u>\$ 103,583,395</u></b>

*The accompanying notes are an integral part of the financial statements.*

## PLUMBERS LOCAL UNION NO. 24 WELFARE FUND

### NOTES TO FINANCIAL STATEMENTS

#### 1. DESCRIPTION OF PLAN

The following description of the **Plumbers Local Union No. 24 Welfare Fund** (Plan) is provided for general information purposes only. Participants should refer to the Plan Document and Summary Plan Description for a more complete description of the Plan's provisions.

a) General

The Plan provides health and other benefits covering all eligible participants. The Plan and related trust were established on January 27, 1977, pursuant to a collective bargaining agreement between the Mechanical Contractors Association of New Jersey and the Union. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

b) Benefits

The Plan provides coverage for:

- Members and Eligible Dependents  
Medical, surgical, major medical, dental (through Horizon BCBSNJ), prescription drugs, and optical benefits.
- Members Only  
Life insurance, accidental death and dismemberment, loss of time.
- Medical Program  
The Plan currently has a Preferred Provider Organization (PPO) product with Horizon Blue Cross and Blue Shield of New Jersey.
- Supplemental Benefits & HRA  
Benefits under the Supplemental Benefit are designed to provide a supplemental income to replace loss of wages and to protect against contingencies that interrupt or impair an Employee's earning power for those employees who are not currently employed. An individual account (HRA) is established and maintained for each Employee upon receipt of Employer contributions. The account is valued annually on the valuation date and a statement is sent to each Employee informing him of the status of his account.
- Termination  
The trust may be terminated at any time by the unanimous vote of all trustees then in office. The trust may also be terminated by the mutual agreement of the Union and the Association.

#### 2. SUMMARY OF ACCOUNTING POLICIES

- a) **Basis of Accounting** - The accompanying financial statements are prepared on the accrual basis of accounting.
- b) **Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may differ from those estimates.
- c) **Investment Valuation and Income Recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between participants at the measurement date. See Note 6 for a discussion of fair value measurements.

## PLUMBERS LOCAL UNION NO. 24 WELFARE FUND

### NOTES TO FINANCIAL STATEMENTS

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

- d) **Other Plan Benefits** - Plan obligations at April 30, for health claims incurred by active participants but not reported at that date, for accumulated eligibility of participants, and for future disability payments to members considered permanently disabled at April 30, are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value based on a 4.0 percent discount rate for the years ending April 30, 2025 and 2024, respectively. Health claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligation.
- e) **Employer and Reciprocal Contributions** - Contributing employers are required to make contributions to the Plan on behalf of each participant, based upon an applicable rate under the collective bargaining agreement. Employer contributions are deposited into a distribution account and then forwarded to the appropriate funds' bank account. Receivables are based upon subsequent collections and an allowance for doubtful accounts is not utilized due to the uncertainty of such collections.
- f) **Contributions Receivable** - Employer contributions due and not paid prior to the year-end are recorded as contributions receivable. Allowance for uncollectable accounts is not considered necessary. Contributions due from employer payroll compliance audits are recorded when received because collectability is uncertain.
- g) **Net Appreciation/(Depreciation) in Fair Value** - Net appreciation or depreciation includes realized gains and losses on investments that were both purchased and sold during the period as well as unrealized appreciation or depreciation of the investments held at year end.

### 3. POSTRETIREMENT BENEFIT OBLIGATIONS

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's actuary, Basil Castrovinci Associates, Inc., 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.

**PLUMBERS LOCAL UNION NO. 24 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

The following were the significant assumptions used in the valuations as of April 30, 2025 and 2024:

	<u>4/30/2025</u>	<u>4/30/2024</u>
1. Mortality	RP-2019	RP-2019
2. Investment earnings	5.00%	5.00%
3. Health care cost-trend rates	4.00%	4.00%
4. Retirement age	62	62
5. Number of dependents per active	1.50	1.50
6. Percent of actives losing eligibility during year	0%	0%
7. General inflation	2.00%	2.00%
8. Medicare retirees cost as a percent of retirees non-Medicare costs	22.75%	22.75%
9. Number of days backlog	7	7
10. Non-fully eligible active costs as a percent of fully eligible	50.00%	50.00%
11. Administration	\$ 593,896	\$ 587,065
12. Administration as a percent of expenses	2.73%	2.95%

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

**4. BENEFIT OBLIGATIONS**

The Plan's deficiency of net assets over benefit obligations at April 30, 2025 and 2024, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current bargaining agreement. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates. The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of April 30, 2025 and 2024, by \$5,294,000 and \$4,690,000, respectively.

**5. FUNDING POLICY**

Funding by the employer contractors for the participants is pursuant under the collective bargaining agreement between the employers and the union. Employees may contribute specified amounts to extend coverage.

Contributions in these financial statements:

	<u>4/30/2025</u>	<u>4/30/2024</u>
Contributions collected	\$ 19,552,965	\$ 19,775,055
Receivable, end of period	2,544,324	2,083,722
Receivable, beginning of period	<u>(2,083,722)</u>	<u>(2,143,204)</u>
	<u>\$ 20,013,567</u>	<u>\$ 19,715,573</u>

The hourly contribution rate for:

	<u>4/30/2025</u>	<u>4/30/2024</u>
Journeymen	\$ 20.40	\$ 19.40
HRA portion	\$ 1.20	\$ 1.20
Apprentices	\$ 12.25	\$ 11.30
Apprentices HRA range	\$0.71 to \$1.03	\$0.71 to \$1.03

## PLUMBERS LOCAL UNION NO. 24 WELFARE FUND

### NOTES TO FINANCIAL STATEMENTS

#### 6. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of fair value hierarchy under FASB ASC 820 are described 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:** Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at April 30, 2025 and 2024.

**Corporate Bonds:** Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

**Common Stock:** Valued at the closing price reported on the active market on which the individual securities are traded.

**U.S. Government Securities:** Valued using pricing models maximizing the use of observable inputs for similar securities.

**Money Market Accounts:** The carrying amount approximates fair value because of the short term maturity of these instruments.

**Fixed Rate Fund:** Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

**Mutual Funds:** Valued at the net asset value (NAV) of shares held by the Plan at year end. The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**PLUMBERS LOCAL UNION NO. 24 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2025 and 2024:

**Assets at Fair Value as of April 30, 2025**

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Governmental Securities	\$ 12,279,460	\$ 0	\$ 12,279,460	\$ 0
Fixed Rate Fund - GDA	8,323,088	0	0	8,323,088
Corporate Bonds	6,413,645	0	6,413,645	0
Mutual Funds / ETF	6,461,092	6,461,092	0	0
Money funds/cash	<u>2,767,686</u>	<u>2,767,686</u>	<u>0</u>	<u>0</u>
	<u>\$ 36,244,971</u>	<u>\$ 9,228,778</u>	<u>\$ 18,693,105</u>	<u>\$ 8,323,088</u>
Investments measured at net asset value:				
Common Collective Trust	<u>1,624,577</u>			
Investments at fair value	<u>\$ 37,869,548</u>			

**Assets at Fair Value as of April 30, 2024**

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Governmental Securities	\$ 10,720,271	\$ 0	\$ 10,720,271	\$ 0
Fixed Rate Fund - GDA	7,956,055	0	0	7,956,055
Corporate Bonds	6,555,303	0	6,555,303	0
Mutual Funds / ETF	5,956,411	5,956,411	0	0
Money funds/cash	<u>1,253,859</u>	<u>1,253,859</u>	<u>0</u>	<u>0</u>
	<u>\$ 32,441,899</u>	<u>\$ 7,210,270</u>	<u>\$ 17,275,574</u>	<u>\$ 7,956,055</u>
Investments measured at net asset value:				
Common Collective Trust	<u>1,441,918</u>			
Investments at fair value	<u>\$ 33,883,817</u>			

**PLUMBERS LOCAL UNION NO. 24 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**Level 3 Gains and Losses**

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended April 30, 2025 and 2024.

**Level 3 Assets  
Year Ended April 30, 2025**

	<u>Fixed Rate Funds</u>	
	Empower HRA	Empower General
Balance, beginning of the year	\$ 5,472,089	\$ 2,483,966
Income, realized gains/(losses)	282,222	27,946
Unrealized gains/(losses)	0	(37)
Purchases, sales, issuances, settlements & expenses (net)	<u>0</u>	<u>56,902</u>
Balance, end of year	<u>\$ 5,754,311</u>	<u>\$ 2,568,777</u>

**Level 3 Assets  
Year Ended April 30, 2024**

	<u>Fixed Rate Funds</u>	
	Empower HRA	Empower General
Balance, beginning of the year	\$ 5,302,779	\$ 2,882,217
Income, realized gains/(losses)	169,310	21,191
Unrealized gains/(losses)	0	(35)
Purchases, sales, issuances, settlements & expenses (net)	<u>0</u>	<u>(419,407)</u>
Balance, end of year	<u>\$ 5,472,089</u>	<u>\$ 2,483,966</u>

Unrealized and realized gains and losses are included in changes in net assets for the period above and are reported in net appreciation in fair value of investments in the "Statements of Changes in Net Assets Available for Benefits".

Quantitative information about the significant unobservable inputs used in level 3 fair value measurements within level 3 of the fair value hierarchy, the following table presents.

**Year Ended April 30, 2025**

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Range of Significant Input Values</u>
Empower FRF-HRA	\$ 5,754,311	Dis. Cash Flow	Discount Rates	1.21% to 2.13%
Empower FRF-General	<u>2,568,777</u>	Dis. Cash Flow	Discount Rates	1.95% to 2.14%
	<u>\$ 8,323,088</u>			

**PLUMBERS LOCAL UNION NO. 24 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**Year Ended April 30, 2024**

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Range of Significant Input Values</u>
Empower FRF-HRA	\$ 5,472,089	Dis. Cash Flow	Discount Rates	1.19% to 2.05%
Empower FRF-General	<u>2,483,966</u>	Dis. Cash Flow	Discount Rates	1.97% to 2.10%
	\$ 7,956,055			

**Fair Value of Investments that Calculate Net Asset Value**

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of April 30, 2025 and 2024, respectively.

**Year Ended April 30, 2025**

<u>Instrument</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
CCT- Northern EAFE	\$ 1,624,577	0	daily	daily

**Year Ended April 30, 2024**

<u>Instrument</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
CCT- Northern EAFE	\$ 1,441,918	0	daily	daily

CCTs - Common Collective Trusts (CCT) are direct filing entities with the Department of Labor; therefore, the investments' strategies are not disclosed.

**7. FIXED RATE FUND**

The Fixed Rate Fund (FRF) is a group annuity product issued by Empower Annuity Insurance Company of America (EAICA). The contributions are deposited in EAICA's general account. The obligations of EAICA are not insured by the FDIC or any other federal governmental agency. Empower Retirement is compensated in connection with this fund by deducting an amount for investment expenses and risk from the investment experience of certain assets held in EAICA's general account. This is an interest rate based fund and generally the fund's book value is established by applying the stated contractual interest rate against the daily balances. Upon contract liquidation, a market value adjustment may apply based on the economic value at such time, after taking into consideration any Empower guarantees, expenses, taxes or other charges incurred in liquidating the account. Contract provisions may vary and will govern with respect to the value of actual transfers. EAICA periodically resets the interest rate credited on contract balances, subject to a minimum rate specified in the group annuity contract/funding agreement.

**PLUMBERS LOCAL UNION NO. 24 WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**8. TAX STATUS**

The trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service on October 26, 1992, and the plan administrator believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

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

**9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

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

	<u>4/30/2025</u>	<u>4/30/2024</u>
Net assets available for benefits per the financial statements	\$ 42,782,322	\$ 40,104,598
Benefit obligations currently payable	<u>(3,102,484)</u>	<u>(2,914,664)</u>
Net assets available for benefits per the Form 5500	<u>\$ 39,679,838</u>	<u>\$ 37,189,934</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500:

	Year ended <u>4/30/2025</u>
Benefits paid to participants per the financial statements:	
- Medical	\$ 15,616,060
- Dental	482,032
- Prescription	<u>3,132,879</u>
	\$ 19,230,971
Add: Amounts currently payable at 4/30/2025	3,102,484
Less: Amounts currently payable at 4/30/2024	<u>(2,914,664)</u>
Benefits paid to participants per the Form 5500	<u>\$ 19,418,791</u>

**10. RELATED PARTIES**

**Rent**

The Plan subleases office space from the Plumbers Local Union No. 24 Education Fund on a month to month basis. The monthly rent was \$559.00 in 2025 and \$559.00 in 2024.

## PLUMBERS LOCAL UNION NO. 24 WELFARE FUND

### NOTES TO FINANCIAL STATEMENTS

Minimum future rental payments are as follows:

4/30/2026	\$ 6,708
4/30/2027	6,708
4/30/2028	6,708
4/30/2029	6,708
4/30/2030 and thereafter	<u>6,708</u>
Total	<u>\$33,540</u>

#### **Administration**

The Plan, along with the affiliated Funds, reimburses the Local Union on a monthly basis for administration expenses.

#### **11. RISKS AND UNCERTAINTIES**

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

Contributions from two participating employers accounted for approximately 34 percent of the total contributions collected for the year ended April 30, 2025. In the event these participating employers were to suspend contributions, the Plan would retain the risk of meeting current benefit and administrative expenses until the appropriate adjustments were made, such as additional funding from participating employers, and benefit and expense reductions.

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

The Plan maintains its cash balances in one financial institution located in New Jersey. The balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. The Plan from time to time may have balances that exceed the insured limits.

#### **12. ADMINISTRATION COMMITMENT**

The Plan has an agreement with I.E. Shaffer & Co., to serve as the third party administrator of the Fund. Third party administrator fees for the years ended April 30, 2025 and 2024 amounted to \$342,291 and \$337,958, respectively.

#### **13. SUBSEQUENT EVENTS**

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through November 26, 2025, the date the financial statements were available to be issued.

PLUMBERS LOCAL UNION NO. 24 WELFARE FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
Weaver Barksdale (Portfolio Manager)  
APRIL 30, 2025

(a)	(b)	(c)			(d)	(e)
IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE			COST VALUE 4/30/2025	FAIR VALUE 4/30/2025
<u>Government Securities</u>						
U.S. Treasury Note	0.750	5/31/2026	200000	\$	198,960.94	\$ 193,422.00
U.S. Treasury Note	1.250	6/30/2028	60000		57,186.24	55,812.00
U.S. Treasury Note	1.500	11/30/2028	175000		176,551.75	162,559.25
U.S. Treasury Note	1.625	5/15/2031	250000		236,664.25	220,185.00
U.S. Treasury Note	2.750	5/31/2029	100000		96,800.78	96,555.00
U.S. Treasury Note	2.750	7/31/2027	60000		59,135.16	58,898.40
U.S. Treasury Note	2.750	8/15/2032	300000		279,641.59	277,044.00
U.S. Treasury Note	3.125	8/31/2029	100000		98,441.41	97,777.00
U.S. Treasury Note	3.500	1/31/2028	500000		496,835.94	498,810.00
U.S. Treasury Note	3.750	8/31/2026	700000		700,912.11	699,699.00
U.S. Treasury Note	3.750	8/31/2031	50000		50,232.42	49,609.50
U.S. Treasury Note	3.750	12/31/2030	235000		232,402.15	234,229.20
U.S. Treasury Note	3.875	11/30/2029	300000		305,871.10	302,157.00
U.S. Treasury Note	4.000	2/28/2030	250000		249,130.86	253,242.50
U.S. Treasury Note	4.125	11/15/2032	265000		276,488.28	267,607.60
U.S. Treasury Note	4.375	5/15/2034	330000		337,648.17	336,316.20
U.S. Treasury Note	0.625	5/15/2030	185000		186,206.84	158,754.05
U.S. Treasury Note	0.750	1/31/2028	410000		405,051.17	379,762.50
U.S. Treasury Note	1.875	7/31/2026	200000		202,017.85	195,360.00
U.S. Treasury Note	2.375	5/15/2027	200000		202,257.81	195,180.00
U.S. Treasury Note	3.125	11/15/2028	85000		95,844.14	83,582.20
U.S. Treasury Note	3.750	5/31/2030	25000		25,078.12	25,009.75
U.S. Treasury Note	3.875	8/15/2034	75000		75,477.54	73,464.75
U.S. Treasury Note	3.875	11/30/2027	600000		601,992.19	604,104.00
U.S. Treasury Note	3.875	12/31/2027	275000		278,920.90	277,125.75
U.S. Treasury Note	4.000	10/31/2029	140000		138,676.56	141,727.60
U.S. Treasury Note	4.250	2/28/2031	325000		324,555.66	332,059.00
U.S. Treasury Note	3.125	8/31/2027	350000		345,488.28	346,335.50
U.S. Treasury Note	2.375	10/31/2030	175000		177,597.66	184,317.00
U.S. Treasury Note	2.875	5/15/2032	300000		300,597.66	280,323.00
U.S. Treasury Note	3.375	9/15/2027	300000		299,238.28	298,617.00
U.S. Treasury Note	3.500	4/30/2028	80000		79,809.37	79,781.60
U.S. Treasury Note	3.875	4/30/2030	650000		649,746.09	654,621.50
U.S. Treasury Note	3.875	8/15/2033	120000		116,136.59	118,480.80
U.S. Treasury Note	4.000	6/30/2028	550000		546,015.63	556,726.50
U.S. Treasury Note	4.125	3/31/2031	215000		211,926.17	218,199.20
U.S. Treasury Note	4.125	3/31/2032	250000		250,214.84	252,970.00
U.S. Treasury Note	4.125	7/31/2031	175000		178,999.03	177,378.25
U.S. Treasury Note	4.125	10/31/2031	140000		139,179.69	141,778.00

See Independent Auditors' Report.

Schedule "1"

PLUMBERS LOCAL UNION NO. 24 WELFARE FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
Weaver Barksdale (Portfolio Manager)  
APRIL 30, 2025

(a)	(b)	(c)		(d)	(e)
IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE		COST VALUE 4/30/2025	FAIR VALUE 4/30/2025
<u>Government Securities</u>					
U.S. Treasury Note	4.125	11/30/2031	300000	\$ 299,765.62	\$ 303,738.00
U.S. Treasury Note	4.250	6/30/2031	150000	149,408.21	153,123.00
U.S. Treasury Note	4.250	11/15/2034	320000	312,673.44	322,451.20
U.S. Treasury Note	4.375	1/31/2030	100000	99,613.28	102,332.00
U.S. Treasury Note	4.625	2/15/2035	520000	540,392.97	539,500.00
U.S. Treasury Note	4.625	5/31/2031	25000	25,568.36	26,028.25
U.S. Treasury Note	0.625	11/30/2027	140000	139,879.69	129,844.40
U.S. Treasury Note	4.125	7/31/2028	230000	229,982.04	233,611.00
U.S. Treasury Note	4.875	4/30/2026	100000	100,164.07	100,932.00
FNMA UMBS Pool #MA5107	5.500	8/1/2053	788811	750,849.63	788,318.18
				<u>12,332,228.53</u>	<u>12,279,459.63</u>
<u>Corporate Bonds</u>					
Abbvie Inc	4.250	11/14/2028	150000	174,141.00	150,778.50
Amgen Inc	5.150	3/2/2028	225000	230,910.75	229,983.75
Aon Corp	8.205	1/1/2027	100000	131,750.00	104,513.00
Autozone Inc	3.750	6/1/2027	150000	166,578.00	148,080.00
BP Cap Mkts Amer Inc	4.812	2/13/2033	200000	194,976.00	196,292.00
Campbell Soup Co	4.150	3/15/2028	225000	222,313.50	223,605.00
Citigroup Inc	3.400	5/1/2026	275000	285,092.50	272,343.50
Clorox Company	1.800	5/15/2030	200000	198,218.00	175,118.00
CSX Corp	3.800	3/1/2028	150000	146,874.00	148,737.00
Deere John Capital Corp	4.750	1/20/2028	140000	142,105.60	142,653.00
Digital Realty Trust LP	3.600	7/1/2029	150000	137,787.00	144,511.50
Duke Energy Corp	5.750	9/15/2033	150000	154,657.50	156,211.50
Eli Lilly & Co	3.375	3/15/2029	100000	90,741.00	97,678.00
General Mtrs Finl Co Inc	4.300	4/6/2029	130000	129,767.30	125,585.20
Goldman Sachs Group	2.600	2/7/2030	185000	198,553.10	168,969.75
Hanover Insurance Group	2.500	9/1/2030	99000	102,643.20	86,653.71
Hartford Finl Svcs	2.800	8/19/2029	150000	160,405.50	139,122.00
JPMorgan Chase & Co	3.540	5/1/2028	225000	243,434.25	221,064.75
Keurig Dr Pepper Inc	4.050	4/15/2032	125000	124,412.50	119,260.00
Kinder Morgan Inc	2.000	2/15/2031	120000	118,872.00	102,356.40
Lowes Cos Inc	4.400	9/8/2025	150000	150,819.00	149,878.50
Metlife Inc	5.375	7/15/2033	200000	203,858.00	206,160.00
Microsoft Corp	3.125	11/3/2025	250000	246,655.00	248,315.00
Motorola Solutions	5.000	4/15/2029	225000	222,925.50	228,647.25
Netflix Inc	4.900	8/15/2034	170000	166,664.60	171,428.00
Northrop Grumman Corp	4.900	6/1/2034	250000	246,595.00	248,057.50

See Independent Auditors' Report.

Schedule "1"

PLUMBERS LOCAL UNION NO. 24 WELFARE FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
Weaver Barksdale (Portfolio Manager)  
APRIL 30, 2025

(a)	(b)	(c)	(d)	(e)	
IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST VALUE 4/30/2025	FAIR VALUE 4/30/2025	
<u>Corporate Bonds</u>					
Nvidia Corp	2.850	4/1/2030	140000	\$ 126,810.60	\$ 132,307.00
Omnicom Group Inc	2.450	4/30/2030	170000	169,461.10	152,515.50
Oracle Corp	2.800	4/1/2027	160000	169,670.40	155,673.60
Pepsico Inc	4.450	2/15/2033	200000	192,482.00	150,592.00
Pioneer Nat Res Co	5.100	3/29/2026	35000	34,982.85	35,212.45
PNC Financial Services	2.600	7/23/2026	175000	82,385.00	71,435.25
Principal Financial Grp	3.400	5/15/2025	136000	42,766.00	35,914.32
Public Storage Sr	1.850	5/1/2028	100000	34,714.00	43,545.00
Qualcomm Inc	2.150	5/20/2030	200000	66,436.00	54,022.28
T Mobile USA Inc	4.950	3/15/2028	23000	22,951.93	23,372.14
Take-Two Interactive	3.700	4/14/2027	100000	99,995.00	98,740.00
TJX Cos Inc	2.250	9/15/2026	190000	100,856.60	185,588.20
Tractor Supply Co	1.750	11/1/2030	150000	48,401.25	27,755.00
Valero Energy Corp	2.150	9/15/2027	190000	94,039.40	80,431.60
Verizon Communications	4.016	12/3/2029	218000	106,827.04	100,052.02
Wrkco Inc	4.000	3/15/2028	275000	74,263.00	70,542.25
Bank of Montreal	1.850	5/1/2025	150000	56,798.00	50,000.00
Toronto Dominion Bank	0.750	1/6/2026	90000	89,867.70	87,812.10
Bank of America Corp	Var	2/13/2031	175000	74,907.25	33,408.25
Bk of America Corp	Var	7/22/2033	100000	97,598.00	99,691.00
Goldman Sachs Group	Var	7/23/2030	225000	24,253.00	27,679.75
Truit Finl Corp	Var	7/28/2026	150000	49,409.00	49,689.50
Wells Fargo & Co	Var	1/23/2030	175000	74,511.75	78,686.72
Wells Fargo & Co	Var	7/25/2029	180000	81,312.20	85,187.60
United Air 2014-1 A PTT CTF	4.000	10/11/2027	36424	36,424.25	36,028.20
United Air Pass Thru CTF	3.750	3/3/2028	42494	42,494.04	41,760.18
				<u>6,686,367.16</u>	<u>6,413,644.72</u>
Money Funds/Cash Pending				275,433.47	275,433.47
				<u>\$ 19,294,029.16</u>	<u>\$ 18,968,537.82</u>

Attachment to Form 5500  
Schedule H - Part IV - Item 4i  
Plan # 501  
ID # 22-6044230

PLUMBERS LOCAL UNION NO. 24 WELFARE FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

**Other Investments**

APRIL 30, 2025

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST VALUE 4/30/2025	FAIR VALUE 4/30/2025	
<b><u>TD Bank</u></b>				
Money funds/cash		\$ 431,226.35	\$ 431,226.35	
<b><u>Empower</u></b>				
Fixed income - GDA	Empower Fixed Rate Fund *	2,568,777.47	2,568,777.29	
Money funds/cash		2,058,075.51	2,058,075.51	
<b><u>Lazard</u></b>				
Mutual Fund	Lazard Global Listed PTF INFRNT GLIFX	1,529,811.60	1,864,542.95	
Money funds/cash		1,745.32	1,745.32	
<b><u>Northern EAFE</u></b>				
Common Collective Trust	EAFE Index Fund-Nonlending	1,152,271.96	1,624,576.84	
<b><u>Invesco</u></b>				
Exchange Traded Fund	Invesco S&P Equal Weight	3,400,261.12	4,596,548.64	
		<u>\$ 11,142,169.33</u>	<u>\$ 13,145,492.90</u>	
<b><u>HRA Account</u></b>				
<b><u>Empower</u></b>				
Fixed income - GDA	Empower Fixed Rate Fund *	5,693,060.36	5,754,311.38	
Money funds/cash		1,205.56	1,205.56	
		<u>\$ 5,694,265.92</u>	<u>\$ 5,755,516.94</u>	

\* Represents a party-in-interest to the Plan, as defined by ERISA.

See Independent Auditors' Report.

Schedule "2"

**PLUMBERS LOCAL UNION NO. 24 WELFARE FUND**

**SCHEDULE OF EMPLOYER CONTRIBUTIONS COLLECTED  
YEAR ENDED APRIL 30, 2025**

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A & A Industrial Piping Inc, Fairfield, NJ	\$	141,460.60
Aero Plumbing & Heating Co Inc, Vienna, NJ		99,146.87
AGP & Sons Inc, Toms River, NJ		228,701.64
Alasia Enterprises LLC, Neptune, NJ		20,615.20
All State Plumbing, Wood-Ridge, NJ		14,362.62
Annese Mechanical Inc, Toms River, NJ		29,378.00
Armistead Mechanical Inc, Waldwick, NJ		375,348.42
The Barham Group LLC, Tinton Falls, NJ		77,943.20
Barham Mechanical Group LLC, Tinton Falls, NJ		162,150.70
Bayshore Mechanical Contractors, Colts Neck, NY		43,510.04
Big B Contracting Inc, Forked River, NJ		2,073.60
Binsky & Snyder LLC, Piscataway, NJ		1,242,187.79
Binsky & Snyder Service Inc, Piscataway, NJ		217,393.64
Boyd Mechanical LLC, Bronx, NY		13,356.85
Brooks Mechanical Consultants, Paterson, NJ		468,213.57
Buist Incorporated, Monmouth Junction, NJ		26,870.44
Central Jersey Mechanical Inc, Long Branch, NJ		6,912.02
Chappelle Mechanical Inc, Toms River, NJ		29,278.84
Cirilli Plumbing & Heating Inc, Totowa, NJ		114.80
Cobra-Self Pay		157,236.00
Cobra-Rev Entry		(552.00)
Competitive Plumbing & Heating, Middlesex, NJ		273,385.12
Cooper Plumbing and Mechanical LLC, Hamilton, NJ		53,737.62
Devils Arena Entertainment LLC, Newark, NJ		48,229.94
Driscoll Plumbing, South Plainfield, NJ		166,342.36
Dumont Mechanical Inc, Glen Gardner, NJ		25,419.07
Elizabeth Board of Education, Elizabeth, NJ		35,720.48
Excelsior Plumbing Co Inc, Jersey City, NJ		75,903.92
F & G Mechanical Corp, Secaucus, NJ	*	4,462,281.68
Furino & Son Inc, Branchburg, NJ		2,813.93
Galdi Mechanicals Inc, Hawthorne, NJ		1,115,723.07
Goyette Mechanical Co Inc, Flint, MI		79,750.02
Hammond Contracting Co Inc, Lebanon, NJ		43,374.46
Honeywell Inc, Charlotte, NC		43,816.88

*See Independent Auditors' Report.*

**Schedule "3"**

**PLUMBERS LOCAL UNION NO. 24 WELFARE FUND**

**SCHEDULE OF EMPLOYER CONTRIBUTIONS COLLECTED  
YEAR ENDED APRIL 30, 2025**

---

Industrial Fiberglass Services Inc, Rahway, NJ	\$	146,439.25
Iron Mountain Mechanical LLC, Columbia, NJ		41,690.65
The J V Plumbing Company, Scotch Plains, NJ		21,200.42
Janssen Plumbing LLC, Hackensack, NJ		25,952.61
City of Jersey City, Jersey City, NJ		67,663.56
Jersey Mechanical Contractors Inc, Farmingdale, NJ		226,357.64
Johnson Controls Inc, Milwaukee, WI		42,776.41
L & D Mechanical LLC, Garfield, NJ		320,094.46
L.S. Mechanical Corp, Carteret, NJ		1,836.01
Limbach (Willard) Company, Warrington, PA		14,891.43
J Little Heating & Cooling, Jefferson, NJ		116,995.25
Local 9 Wel/Plumbers & Pipefitters, Trenton, NJ		1,398,368.10
Plumbers Local 21 Welfare Fund, Peekskill, NY		3,204.08
Local 72 Wel/Atlanta Pmbrs & Stmfr, Pembroke Pines, FL		21,367.24
Jacksonville Plmb & Pipe Loc 234 W, Goodlettsville, TN		2,967.15
Local Union 373 Welfare & Pension, Mountainville, NY		12,790.95
Local 475 Welfare Fund, Warren, NJ		5,825.57
Pipefitters Loc 524 H&W Fund, Scranton, PA		4,100.44
P&P Local 630 Welfare Fund NEBA Inc, Pembroke Pines, FL		2,045.30
Plumbers Local 24 Education Fund, West Trenton, NJ		51,527.96
Loc 189 Plum & PF Welfare Fund, Columbus, OH		27,528.31
Loc 189 Plum & PF Pension Fund, Columbus, OH		1,607.20
Plumbers Local 21 Welfare Fund, Peekskill, NY		9,675.05
Plumbers Local 24, West Caldwell, NJ		367,175.45
Plumbers & Pipefitters Local No 333 Health & Welfare Benefit Plan, Lansing, MI		11,188.80
Lucky Mechanical, West Deptford, NJ		1,209.61
Manders Plumbing & Heating Co, Kenilworth, NJ		130,540.46
McCloskey Mechanical Contrs Inc, Blackwood, NJ		137,546.34
Mechanical Associates of New Jersey, Hawthorne, NJ		88,502.48
Meridian Services Group Inc, Hamilton, NJ		209,287.14
Mid-Atlantic Mechanical Inc, Millstone Township, NJ		623,526.44
Mid-Atlantic Service 360, Inc, Millstone Township, NJ		44,722.87
J Moore & Co, Livingston, NJ		614,283.64
N Rocky Mtn Pipe Trades Wel Fund 300, Great Falls, MT		15,127.11
New Meadowlands Stadium Company, East Rutherford, NJ		94,432.50
New Meadowlands Racetrack LLC, East Rutherford, NJ		21,874.64

*See Independent Auditors' Report.*

**Schedule "3"**

PLUMBERS LOCAL UNION NO. 24 WELFARE FUND

SCHEDULE OF EMPLOYER CONTRIBUTIONS COLLECTED  
YEAR ENDED APRIL 30, 2025

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Newark Public Schools, Newark, NJ	\$	437,139.77
NJ State Association of Pipe Trades, Englishtown, NJ		44,712.08
Pipe Craft Inc, Belle Mead, NJ		24,004.39
W J Post Inc, Riverdale, NJ		376,200.50
Precise Plumbing Inc, North Arlington, NJ		343,607.37
Proper Plumbing, Tinton Falls, NJ		17,039.30
Quick Response Fire Protection Inc, Freehold, NJ		6,222.02
Ramont Associates Inc, Hillsdale, NJ		231,248.72
Red Bull Arena Inc, Harrison, NJ		28,202.67
Riggs Distler & Company, Cherry Hill, NJ		38,946.35
Self Pay		8,914.85
Siemens Building Tech Inc, Morristown, NJ		46,121.24
Manny Stein Inc, Livingston, NJ		170,731.12
Total Pipe Connection, Freehold, NJ		45,130.87
Brian Trematore Plbg & Htg Inc, Fairfield, NJ		449,453.77
Triangle Plumbing Co, Mountainside, NJ		359,015.88
Welkin Mechanical, Great Neck, NJ		17,899.38
Westenberger Mechanical Inc, Rockaway, NJ		38,017.61
J J White, Philadelphia, PA		62,988.85
The Yetka Corporation, Shrewsbury, NJ		6,048.00
Zabransky Mechanical Corporation, Little Ferry, NJ	*	<u>2,092,797.30</u>
		<u>\$ 19,552,965.95</u>

\* Represents an employer that contributed over 10% of total contributions.

PLUMBERS LOCAL UNION NO. 24 WELFARE FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
Weaver Barksdale (Portfolio Manager)  
APRIL 30, 2025

(a)	(b)	(c)			(d)	(e)
IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE			COST VALUE 4/30/2025	FAIR VALUE 4/30/2025
<u>Government Securities</u>						
U.S. Treasury Note	0.750	5/31/2026	200000	\$	198,960.94	\$ 193,422.00
U.S. Treasury Note	1.250	6/30/2028	60000		57,186.24	55,812.00
U.S. Treasury Note	1.500	11/30/2028	175000		176,551.75	162,559.25
U.S. Treasury Note	1.625	5/15/2031	250000		236,664.25	220,185.00
U.S. Treasury Note	2.750	5/31/2029	100000		96,800.78	96,555.00
U.S. Treasury Note	2.750	7/31/2027	60000		59,135.16	58,898.40
U.S. Treasury Note	2.750	8/15/2032	300000		279,641.59	277,044.00
U.S. Treasury Note	3.125	8/31/2029	100000		98,441.41	97,777.00
U.S. Treasury Note	3.500	1/31/2028	500000		496,835.94	498,810.00
U.S. Treasury Note	3.750	8/31/2026	700000		700,912.11	699,699.00
U.S. Treasury Note	3.750	8/31/2031	50000		50,232.42	49,609.50
U.S. Treasury Note	3.750	12/31/2030	235000		232,402.15	234,229.20
U.S. Treasury Note	3.875	11/30/2029	300000		305,871.10	302,157.00
U.S. Treasury Note	4.000	2/28/2030	250000		249,130.86	253,242.50
U.S. Treasury Note	4.125	11/15/2032	265000		276,488.28	267,607.60
U.S. Treasury Note	4.375	5/15/2034	330000		337,648.17	336,316.20
U.S. Treasury Note	0.625	5/15/2030	185000		186,206.84	158,754.05
U.S. Treasury Note	0.750	1/31/2028	410000		405,051.17	379,762.50
U.S. Treasury Note	1.875	7/31/2026	200000		202,017.85	195,360.00
U.S. Treasury Note	2.375	5/15/2027	200000		202,257.81	195,180.00
U.S. Treasury Note	3.125	11/15/2028	85000		95,844.14	83,582.20
U.S. Treasury Note	3.750	5/31/2030	25000		25,078.12	25,009.75
U.S. Treasury Note	3.875	8/15/2034	75000		75,477.54	73,464.75
U.S. Treasury Note	3.875	11/30/2027	600000		601,992.19	604,104.00
U.S. Treasury Note	3.875	12/31/2027	275000		278,920.90	277,125.75
U.S. Treasury Note	4.000	10/31/2029	140000		138,676.56	141,727.60
U.S. Treasury Note	4.250	2/28/2031	325000		324,555.66	332,059.00
U.S. Treasury Note	3.125	8/31/2027	350000		345,488.28	346,335.50
U.S. Treasury Note	2.375	10/31/2030	175000		177,597.66	184,317.00
U.S. Treasury Note	2.875	5/15/2032	300000		300,597.66	280,323.00
U.S. Treasury Note	3.375	9/15/2027	300000		299,238.28	298,617.00
U.S. Treasury Note	3.500	4/30/2028	80000		79,809.37	79,781.60
U.S. Treasury Note	3.875	4/30/2030	650000		649,746.09	654,621.50
U.S. Treasury Note	3.875	8/15/2033	120000		116,136.59	118,480.80
U.S. Treasury Note	4.000	6/30/2028	550000		546,015.63	556,726.50
U.S. Treasury Note	4.125	3/31/2031	215000		211,926.17	218,199.20
U.S. Treasury Note	4.125	3/31/2032	250000		250,214.84	252,970.00
U.S. Treasury Note	4.125	7/31/2031	175000		178,999.03	177,378.25
U.S. Treasury Note	4.125	10/31/2031	140000		139,179.69	141,778.00

See Independent Auditors' Report.

Schedule "1"

PLUMBERS LOCAL UNION NO. 24 WELFARE FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
Weaver Barksdale (Portfolio Manager)  
APRIL 30, 2025

(a)	(b)	(c)		(d)	(e)
IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE		COST VALUE 4/30/2025	FAIR VALUE 4/30/2025
<u>Government Securities</u>					
U.S. Treasury Note	4.125	11/30/2031	300000	\$ 299,765.62	\$ 303,738.00
U.S. Treasury Note	4.250	6/30/2031	150000	149,408.21	153,123.00
U.S. Treasury Note	4.250	11/15/2034	320000	312,673.44	322,451.20
U.S. Treasury Note	4.375	1/31/2030	100000	99,613.28	102,332.00
U.S. Treasury Note	4.625	2/15/2035	520000	540,392.97	539,500.00
U.S. Treasury Note	4.625	5/31/2031	25000	25,568.36	26,028.25
U.S. Treasury Note	0.625	11/30/2027	140000	139,879.69	129,844.40
U.S. Treasury Note	4.125	7/31/2028	230000	229,982.04	233,611.00
U.S. Treasury Note	4.875	4/30/2026	100000	100,164.07	100,932.00
FNMA UMBS Pool #MA5107	5.500	8/1/2053	788811	750,849.63	788,318.18
				<u>12,332,228.53</u>	<u>12,279,459.63</u>
<u>Corporate Bonds</u>					
Abbvie Inc	4.250	11/14/2028	150000	174,141.00	150,778.50
Amgen Inc	5.150	3/2/2028	225000	230,910.75	229,983.75
Aon Corp	8.205	1/1/2027	100000	131,750.00	104,513.00
Autozone Inc	3.750	6/1/2027	150000	166,578.00	148,080.00
BP Cap Mkts Amer Inc	4.812	2/13/2033	200000	194,976.00	196,292.00
Campbell Soup Co	4.150	3/15/2028	225000	222,313.50	223,605.00
Citigroup Inc	3.400	5/1/2026	275000	285,092.50	272,343.50
Clorox Company	1.800	5/15/2030	200000	198,218.00	175,118.00
CSX Corp	3.800	3/1/2028	150000	146,874.00	148,737.00
Deere John Capital Corp	4.750	1/20/2028	140000	142,105.60	142,653.00
Digital Realty Trust LP	3.600	7/1/2029	150000	137,787.00	144,511.50
Duke Energy Corp	5.750	9/15/2033	150000	154,657.50	156,211.50
Eli Lilly & Co	3.375	3/15/2029	100000	90,741.00	97,678.00
General Mtrs Finl Co Inc	4.300	4/6/2029	130000	129,767.30	125,585.20
Goldman Sachs Group	2.600	2/7/2030	185000	198,553.10	168,969.75
Hanover Insurance Group	2.500	9/1/2030	99000	102,643.20	86,653.71
Hartford Finl Svcs	2.800	8/19/2029	150000	160,405.50	139,122.00
JPMorgan Chase & Co	3.540	5/1/2028	225000	243,434.25	221,064.75
Keurig Dr Pepper Inc	4.050	4/15/2032	125000	124,412.50	119,260.00
Kinder Morgan Inc	2.000	2/15/2031	120000	118,872.00	102,356.40
Lowes Cos Inc	4.400	9/8/2025	150000	150,819.00	149,878.50
Metlife Inc	5.375	7/15/2033	200000	203,858.00	206,160.00
Microsoft Corp	3.125	11/3/2025	250000	246,655.00	248,315.00
Motorola Solutions	5.000	4/15/2029	225000	222,925.50	228,647.25
Netflix Inc	4.900	8/15/2034	170000	166,664.60	171,428.00
Northrop Grumman Corp	4.900	6/1/2034	250000	246,595.00	248,057.50

See Independent Auditors' Report.

Schedule "1"

PLUMBERS LOCAL UNION NO. 24 WELFARE FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
Weaver Barksdale (Portfolio Manager)  
APRIL 30, 2025

(a)	(b)	(c)	(d)	(e)	
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Wells Fargo & Co	Var	1/23/2030	175000	74,511.75	78,686.72
Wells Fargo & Co	Var	7/25/2029	180000	81,312.20	85,187.60
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United Air Pass Thru CTF	3.750	3/3/2028	42494	42,494.04	41,760.18
				<u>6,686,367.16</u>	<u>6,413,644.72</u>
Money Funds/Cash Pending				275,433.47	275,433.47
				<u>\$ 19,294,029.16</u>	<u>\$ 18,968,537.82</u>

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Schedule H - Part IV - Item 4i  
Plan # 501  
ID # 22-6044230

PLUMBERS LOCAL UNION NO. 24 WELFARE FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

**Other Investments**

APRIL 30, 2025

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST VALUE 4/30/2025	FAIR VALUE 4/30/2025	
<b><u>TD Bank</u></b>				
Money funds/cash		\$ 431,226.35	\$ 431,226.35	
<b><u>Empower</u></b>				
Fixed income - GDA	Empower Fixed Rate Fund *	2,568,777.47	2,568,777.29	
Money funds/cash		2,058,075.51	2,058,075.51	
<b><u>Lazard</u></b>				
Mutual Fund	Lazard Global Listed PTF INFRNT GLIFX	1,529,811.60	1,864,542.95	
Money funds/cash		1,745.32	1,745.32	
<b><u>Northern EAFE</u></b>				
Common Collective Trust	EAFE Index Fund-Nonlending	1,152,271.96	1,624,576.84	
<b><u>Invesco</u></b>				
Exchange Traded Fund	Invesco S&P Equal Weight	3,400,261.12	4,596,548.64	
		<u>\$ 11,142,169.33</u>	<u>\$ 13,145,492.90</u>	
<b><u>HRA Account</u></b>				
<b><u>Empower</u></b>				
Fixed income - GDA	Empower Fixed Rate Fund *	5,693,060.36	5,754,311.38	
Money funds/cash		1,205.56	1,205.56	
		<u>\$ 5,694,265.92</u>	<u>\$ 5,755,516.94</u>	

\* Represents a party-in-interest to the Plan, as defined by ERISA.

See Independent Auditors' Report.

Schedule "2"