

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND</u> <u>P.O. BOX 312</u> <u>GLENS FALLS, NY 12801-0312</u>	1c Effective date of plan <u>06/01/1992</u> 2b Employer Identification Number (EIN) <u>14-1766942</u> 2c Plan Sponsor's telephone number <u>518-792-0586</u> 2d Business code (see instructions) <u>238220</u>
<u>P.O. BOX 312</u> <u>QUEENSBURY, NY 12804-3317</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/12/2026	CHRISTOPHER BAXTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/21/2026	MICHAEL R. JARVIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	721
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	662
	6a(2)	450
	6b	
	6c	
	6d	450
	6e	
	6f	450
	6g(1)	
6g(2)	59	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	36

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND</p>	<p>D Employer Identification Number (EIN) 14-1766942</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
MASSACHUSETTS MUTUAL 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
04-1590850	65935	780314-01	509	06/01/2024	05/31/2025

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.

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	8122455
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	48715490

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

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

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 ▶

6b	
6c	
6d	

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	8078071
c Additions: (1) Contributions deposited during the year	7c(1)	413108
	7c(2)	
	7c(3)	238746
	7c(4)	1615620
	7c(5)	
(6) Total additions	7c(6)	2267474
d Total of balance and additions (add lines 7b and 7c(6))	7d	10345545
e Deductions:	7e(1)	488358
	7e(2)	9379
	7e(3)	1725354
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	2223091
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	8122454

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND	D Employer Identification Number (EIN) 14-1766942	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER LIFE & ANNUITY INSURANCE CO

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	NONE	17536	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

JOSEPH W. MCCARTHY

7644 RT 31 WEST
BALDWINSVILLE, NY 13027

16-1120588

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	12966	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)

D'ARCANGELO & CO. LLP

120 LOMOND COURT
UTICA, NY 13502

13-2550103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	10700	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)

KRAKOW, SOURIS & LANDRY, LLC

225 FRIEND STREET 503
BOSTON, MA 02114

04-3363718

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	8000	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"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A Name of plan <u>PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND</u>	D Employer Identification Number (EIN) <u>14-1766942</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MIDCAP GROWTH EQUITY K</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>556489</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MASSMUTUAL DIVERSIFIED VALUE SVC</u>				
b Name of sponsor of entity listed in (a): <u>MASSMUTUAL</u>				
c EIN-PN <u>04-1590850-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>546852</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JANUS HENDERSON MID CAP VALUE T</u>				
b Name of sponsor of entity listed in (a): <u>JANUS HENDERSON</u>				
c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>530083</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS EUPAC R4</u>				
b Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>				
c EIN-PN <u>04-1590850-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>736666</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MASSMUTUAL 60/40 ALLOCATION ADMIN</u>				
b Name of sponsor of entity listed in (a): <u>MASSMUTUAL</u>				
c EIN-PN <u>04-1590850-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1942484</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MM S&P 500(R) INDEX R5</u>				
b Name of sponsor of entity listed in (a): <u>MASSMUTUAL</u>				
c EIN-PN <u>04-1590850-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1966902</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE RETIREMENT 2030 SA</u>				
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>7265752</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2050 SA			
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY			
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10964345
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND Z			
b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS			
c EIN-PN 54-2067512-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	843057
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2060 SA			
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY			
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3486589
a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL 20/80 ALLOCATION ADMIN			
b Name of sponsor of entity listed in (a): MASSMUTUAL			
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	503209
a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL 80/20 ALLOCATION ADMIN			
b Name of sponsor of entity listed in (a): MASSMUTUAL			
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1250227
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT BALANCED SA			
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY			
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	423115
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2040 SA			
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY			
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9438004
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMER			
b Name of sponsor of entity listed in (a): AMERICAN FUNDS			
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1871319
a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL GLOBAL R5			
b Name of sponsor of entity listed in (a): MASSMUTUAL			
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	445325
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS BLENDED RESEARCH CORE EQUITY I			
b Name of sponsor of entity listed in (a): MFS			
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2494163

a Name of MTIA, CCT, PSA, or 103-12 IE: **EATION VANCE LARGE-CAP VALUE I**

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

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 452230
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MASSMUTUAL 40/60 ALLOCATION ADMIN**

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

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 802311
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VIRTUS NFJ SMALL-CAP VALUE A**

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

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 334105
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a Name of MTIA, CCT, PSA, or 103-12 IE: **T ROWE PRICE RETIREMENT 2020 SA M**

b Name of sponsor of entity listed in (a): **EMPOWER ANNUITY INSURANCE COMPANY**

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1320377
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MASSMUTUAL SMALL CAP GR EQ SVC**

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

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 541726
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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)
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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)
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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)
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND	D Employer Identification Number (EIN) 14-1766942

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	112218	481821
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	387535	401519
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	83197	124847
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	44203779	48715330
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	434435	525005
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	8078299	8122614
(15) Other.....	1c(15)	768	768

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	2419	1714
f Total assets (add all amounts in lines 1a through 1e).....	1f	53302650	58373618
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	27396	406362
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	27396	406362
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	53275254	57967256

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	3985194	
(B) Participants.....	2a(1)(B)	3437	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		3988631
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5955	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	264651	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		270606
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	7372872	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7202888	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		169984
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3608467	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		17643
d Total income. Add all income amounts in column (b) and enter total	2d		8055331

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3245450	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3245450
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	10700	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	3200	
(8) Legal fees	2i(8)	8000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	95979	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		117879
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3363329

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4692002
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **D'ARCANGELO & CO., LLP**

(2) EIN: **13-2550103**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

200 E. Garden St., P.O. Box 4300, Rome, N.Y. 13442-4300
315-336-9220 Fax: 315-336-0836

Independent Auditor's Report

To the Plan Administrator and Board of Trustees of
Plumbers and Pipefitters Local 773 Annuity Fund

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed the audits of the financial statements of Plumbers and Pipefitters Local 773 Annuity Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended May 31, 2025 and 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.



- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 and Pipefitters Local 773 Annuity Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Pipefitters Local 773 Annuity Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, 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 judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers and Pipefitters Local 773 Annuity Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Pipefitters Local 773 Annuity Fund's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.



Other Matters

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

D'Arcangelo + Co., LLP

January 12, 2026

Rome, New York



**PLUMBERS AND PIPEFITTERS
LOCAL 773 ANNUITY FUND**

May 31, 2025

SUPPLEMENTAL INFORMATION

D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

200 E. Garden St., P.O. Box 4300, Rome, N.Y. 13442-4300
315-336-9220 Fax: 315-336-0836

Independent Auditor's Report
on Supplemental Information

Trustees

Plumbers and Pipefitters Local 773 Annuity Fund

Our audit of Plumbers and Pipefitters Local 773 Annuity Fund as of and for the year ended May 31, 2025, was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is referred to as "supplemental information," and is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

D'Arcangelo + Co., LLP

January 12, 2026

Rome, New York



A. Name of Plan Plumbers & Pipefitters Local 773 Annuity Fund	B. Three-digit plan Number 001
C. Plan sponsor's name as shown on line 2a of Form 5500 Plumbers & Pipefitters # 773	D. Employer Identification Number 14-1766942

Schedule H, line 4i - Schedule of Assets (Held At End of Year)
May 31, 2025

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment including Maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		**	8,122,614
* Guaranteed Interest Account	Fixed Annuities	**	124,847
NBT Bank Regional 500 Commercial MMA	Money Market	**	88,847
Cohen & Steers Realty Shares	Mutual Funds	**	436,158
PIMCO CommoditiesPLUS Strategy Instl	Mutual Funds	**	503,209
* MassMutual Select 20/80 Allocation Admin	Pooled Separate Account	**	802,311
* MassMutual Select 40/60 Allocation Admin	Pooled Separate Account	**	1,942,484
* MassMutual Select 60/40 Allocation Admin	Pooled Separate Account	**	1,250,227
* MassMutual Select 80/20 Allocation Admin	Pooled Separate Account	**	452,230
Eaton Vance Large-Cap Value I	Pooled Separate Account	**	1,871,319
American Funds Growth Fund of Amer R4	Pooled Separate Account	**	445,325
* MassMutual Global R5	Pooled Separate Account	**	556,489
Blackrock Mid-Cap Growth Equity K	Pooled Separate Account	**	541,726
* MassMutual Small Cap Growth Equity Svc	Pooled Separate Account	**	843,057
Fidelity Advisor Total Bond Z	Pooled Separate Account	**	530,083
Janus Henderson Mid Cap Value T	Pooled Separate Account	**	2,494,163
MFS Blended Research Core Equity I	Pooled Separate Account	**	736,666
American Funds Europacific Growth R4	Pooled Separate Account	**	546,852
* MassMutual Diversified Value Svc	Pooled Separate Account	**	3,486,589
T. Rowe Price Retirement 2060 SA	Pooled Separate Account	**	10,964,345
T. Rowe Price Retirement 2050 SA	Pooled Separate Account	**	9,438,004
T. Rowe Price Retirement 2040 SA	Pooled Separate Account	**	7,265,752
T. Rowe Price Retirement 2030 SA	Pooled Separate Account	**	1,320,377
T. Rowe Price Retirement 2020 SA	Pooled Separate Account	**	423,115
T. Rowe Price Retirement Balanced SA	Pooled Separate Account	**	334,105
Virtus NFJ Small-Cap Value A	Pooled Separate Account	**	1,966,902
* MM S&P 500 Index R5	Pooled Separate Account	**	57,487,796
Total			\$ 57,487,796

* Indicates a party-in-interest as defined by the Employee Retirement Security Act of 1974.
** Cost information is not required as investments are participant directed.

PLUMBERS AND
PIPEFITTERS LOCAL 773
ANNUITY FUND

For the Year Ended
May 31, 2025

FINANCIAL STATEMENTS
AND SUPPLEMENTAL
SCHEDULE

PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND

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D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

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Independent Auditor's Report

To the Plan Administrator and Board of Trustees of
Plumbers and Pipefitters Local 773 Annuity Fund

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed the audits of the financial statements of Plumbers and Pipefitters Local 773 Annuity Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended May 31, 2025 and 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.



- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 and Pipefitters Local 773 Annuity Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Pipefitters Local 773 Annuity Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, 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 judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers and Pipefitters Local 773 Annuity Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Pipefitters Local 773 Annuity Fund's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.



Other Matters

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

D'Arcangelo + Co., LLP

January 12, 2026

Rome, New York



PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments at Fair Value		
Invested Cash and Money Markets	\$ 124,847	\$ 83,197
Mutual Funds	525,005	434,435
Pooled Separate Accounts	<u>48,715,330</u>	<u>44,203,779</u>
Total Investments at Fair Value	<u>49,365,182</u>	<u>44,721,411</u>
Fully Benefit-Responsive Investment Contract at Contract Value	<u>8,122,614</u>	<u>8,078,299</u>
Receivables		
Employers' Contributions Receivable	<u>401,519</u>	<u>387,535</u>
Total Receivables	<u>401,519</u>	<u>387,535</u>
Other Assets		
Uninvested Cash	481,821	112,218
Prepaid Expenses	768	768
Property, Net	<u>1,714</u>	<u>2,419</u>
Total Other Assets	<u>484,303</u>	<u>115,405</u>
Total Assets	<u>58,373,618</u>	<u>53,302,650</u>
Liabilities		
Reciprocity Payable	38,534	16,705
Accounts Payable	0	10,457
Due To Related Funds	<u>367,828</u>	<u>234</u>
Total Liabilities	<u>406,362</u>	<u>27,396</u>
Net Assets Available for Benefits	<u>\$ 57,967,256</u>	<u>\$ 53,275,254</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND

**STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

For the Years Ended May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment Income		
Net Appreciation in Fair Value of Investments	\$ 3,778,451	\$ 7,428,682
Interest and Dividends	<u>270,606</u>	<u>269,867</u>
Total Investment Income	4,049,057	7,698,549
Net Investment Fees and Reimbursements	<u>13,416</u>	<u>8,359</u>
Net Investment Income	4,062,473	7,706,908
Employers' Contributions	3,985,194	4,074,946
Participants' Rollover Contributions	3,437	652
Miscellaneous Income	<u>4,227</u>	<u>0</u>
Total Additions	<u>8,055,331</u>	<u>11,782,506</u>
Deductions		
Benefits Paid	<u>3,245,450</u>	<u>3,794,258</u>
Administrative Expenses		
Legal Fees	8,000	8,000
Accounting Fees	10,700	10,300
Actuary Fees	3,200	3,200
Payroll Audit Fees	12,966	3,512
Office Expenses	4,765	3,981
Telephone and Internet	430	344
Depreciation	705	705
Trustee Fiduciary Insurance	5,495	5,270
Trustee Meetings	523	517
Conferences and Seminars	6,144	3,021
Administration Fees - Welfare Fund	55,735	46,822
Rent	<u>9,216</u>	<u>9,216</u>
Total Administrative Expenses	<u>117,879</u>	<u>94,888</u>
Total Deductions	<u>3,363,329</u>	<u>3,889,146</u>
Net Increase	4,692,002	7,893,360
Net Assets Available for Benefits, Beginning of Year	<u>53,275,254</u>	<u>45,381,894</u>
Net Assets Available for Benefits, End of Year	<u>\$ 57,967,256</u>	<u>\$ 53,275,254</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Operations

Plumbers and Pipefitters Local 773 Annuity Fund (the Fund) was established June 1, 1992. The Fund is a collectively bargained, defined-contribution retirement plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Its purpose is to provide various benefits to members whose employers are subject to union agreements requiring contributions to the Fund. Approximately 46% of total employer contributions are derived from the Fund's four largest contributing employers.

Basis of Accounting

The financial statements reflect the accrual basis of accounting in which revenue is recognized when earned or otherwise available, and expenses are recognized when incurred.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Plan's insurance contracts are benefit-responsive investment contracts. The statements of changes in net assets available for benefits is prepared on a contract value basis.

Contributions Receivable

Contributions receivable from participating employers are valued at cost and are accrued based upon reports received from them subsequent to the year end, which include contributions due in the current year. Contributions receivable are considered fully collectible at year end, and no allowance for uncollectible accounts has been recorded.

Leases

The leases of the Fund are to related parties with no stated term. The Fund does not include short term leases within the statements of net assets available for benefits since it has elected the practical expedient to not include these leases within the operating right of use asset and lease liabilities.

Property

Property consisting of office equipment, furniture, and leasehold improvements is recorded at cost. Depreciation is determined using the straight-line method over estimated useful lives of the assets ranging from 3 to 10 years. Depreciation expense totaled \$705 for both of the years ended May 31, 2025 and 2024.

PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on a cash basis. Dividends are recorded on the ex-dividend date. Net appreciation in the statements of changes in net assets available for benefits includes the Fund's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 2 DESCRIPTION OF PLAN

The following brief description of Plumbers and Pipefitters Local 773 Annuity Fund provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Eligibility

Anyone who has one hour of employment for which their employer is required to contribute to the Annuity Plan is a participant.

Funding

The Plan is a multi-employer, non-contributory profit-sharing plan. The various employers are required to contribute at an hourly rate as determined under collective bargaining agreements which generally cover annual periods commencing the first of each May. For the period from May 1, 2023 to April 30, 2024, the hourly rates were \$6.35 for Journeymen and Foremen, and rates ranging from \$3.18 to \$5.72 for Apprentices, based upon years of experience. The rates did not increase during 2025.

PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 2 DESCRIPTION OF PLAN (Continued)

Upon reaching and sustaining certain thresholds of the Northeastern New York District Council Pipefitters Welfare Fund (Welfare Fund) personal account balances, a portion of a participant's future Welfare Fund employer contributions will be allocated to their Annuity Fund account balance. Eligibility for reallocation is determined semiannually on January 1 and July 1.

The thresholds and per hour contribution rates that will be reallocated under this program are as follows:

<u>Account Balance</u>	<u>Rate per Hour</u>
\$ 50,000	\$ 5.00
\$ 75,000	\$ 6.00
\$ 100,000	\$ 7.00

Investment Options

The Plan maintains a group annuity contract with an insurance company to provide participant directed accounts. Under the group annuity contract, participants can direct their existing account balances and contributions made on their behalf in various investment options. The Plan currently offers a guaranteed interest fund, mutual funds, and pooled separate investment accounts which in total provides twenty-six investment options.

Benefits

Annuity benefits provided for under the terms of the Plan agreement include those for in-service, normal retirement, disability retirement, and death. Employees who become 55 years of age and withdraw from work in the trade in the Plan area may apply for normal retirement.

Vesting and Administrative Fees

Each eligible participant is 100% vested in their Annuity account at all times. Monthly charges as determined by the Fund Trustees are deducted from each participant's account to cover the administration costs of the Plan. In the event that the per month fees are not sufficient to cover the Fund's administrative costs, the Fund Trustees can direct the insurance company to deduct a special assessment from each participant's account.

PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 2 DESCRIPTION OF PLAN (Continued)

Although it has neither given consideration nor expressed any intent to do so, the Board of Trustees, as Plan Sponsor, has the right under the Trust Agreement to terminate the Plan. Any termination of the Plan must comply with provisions of ERISA and the Internal Revenue Code. Further, in the event of a Plan termination, the net assets of the Plan must be allocated and distributed as prescribed by ERISA, the Internal Revenue Code, applicable governmental regulations, and the terms of the Plan which, among other things, require that “the rights of all Participants to benefits accrued as of the date of any complete discontinuance of contributions into the Plan or (Trust) Fund, to the extent then funded, shall be non-forfeitable.”

NOTE 3 FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board authoritative guidance on fair value measurements establishes a 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 the fair value hierarchy 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 the following:

- 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.

PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 3 FAIR VALUE MEASUREMENTS (Continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2025 and 2024:

Invested Cash and Money Markets: Valued at amortized cost which approximates fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Fund are open-ended mutual funds that are registered with the Securities Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Fund are deemed to be actively traded.

Pooled Separate Accounts: Reported at the unit value calculated based on the observable net asset value of the underlying investment as determined by the insurance company.

All assets have been valued using a market approach, except as noted above.

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of May 31, 2025 and 2024:

<u>Investments</u>	<u>Total</u>	2025		
		Fair Value Measurements at Reporting		
		Date Using the Above Criteria		
		<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Invested Cash & Money Markets	\$ 124,847	\$ 124,847	\$ 0	\$ 0
Mutual Funds	525,005	525,005	0	0
Pooled Separate Accounts (a)	<u>48,715,330</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total	<u>\$49,365,182</u>	<u>\$ 649,852</u>	<u>\$ 0</u>	<u>\$ 0</u>

PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 3 FAIR VALUE MEASUREMENTS (Continued)

<u>Investments</u>	<u>Total</u>	2024		
		Fair Value Measurements at Reporting Date Using the Above Criteria		
		<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Invested Cash & Money Markets	\$ 83,197	\$ 83,197	\$ 0	\$ 0
Mutual Funds	434,435	434,435	0	0
Pooled Separate Accounts (a)	<u>44,203,779</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total	<u>\$44,721,411</u>	<u>\$ 517,632</u>	<u>\$ 0</u>	<u>\$ 0</u>

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of May 31, 2025 and 2024:

	<u>Fair Value</u>		<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
	<u>2025</u>	<u>2024</u>			
Pooled Separate Accounts	\$ <u>48,715,330</u>	\$ <u>44,203,779</u>	\$ <u>0</u>	As requested	None

NOTE 4 INVESTMENT CONTRACTS WITH INSURANCE COMPANY

The Fund has a group annuity contract with Massachusetts Mutual Insurance Company (MassMutual), as acquired by Empower. The contract consists of a guaranteed investment contract and several pooled separate accounts. The guaranteed investment contract is split into old and new segments which could have different guaranteed rates as reflected below:

	<u>Old Dollars</u>	<u>New Dollars</u>
01/01/23 Through 06/30/23	3.00%	3.00%
07/01/23 Through 12/31/23	3.00%	3.00%
01/01/24 Through 06/30/24	3.00%	3.00%
07/01/24 Through 12/31/24	3.00%	3.00%
01/01/25 Through 06/30/25	3.00%	3.00%

PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 4 INVESTMENT CONTRACTS WITH INSURANCE COMPANY (Continued)

MassMutual Retirement Services (MMRS) general investment account investment option for defined contribution plans is a guaranteed interest account provided through a group annuity contract. Under the terms of the group annuity contract, a crediting rate is established for amounts invested in the guaranteed interest account and participants may direct permitted withdrawal and/or transfer transactions of all or a portion of their account balance at contract value. The average yield earned by the Plan and average yield credited to participants was 3.00% for both years ended May 31, 2025 and 2024.

Certain events may limit the ability of the Plan to transact at contract value. Such events include but may not be limited to the following: a) temporary absence; b) change in position or other occurrence qualifying as a temporary break in service under the Plan; c) transfer or other change of position resulting in employment by an entity controlling, controlled by, or under other common control with the employer; d) cessation of an employment relationship resulting from a reorganization, merger, layoff or the sale or discontinuance of all or any part of the Plan sponsor's business; e) removal from the plan of one or more groups or classifications of participants; f) partial or complete plan termination; or g) plan disqualification.

NOTE 5 TAX STATUS

The Plan obtained its latest determination letter, dated November 12, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6 RELATED-PARTY TRANSACTIONS

The Fund has common trustees with and shares certain administrative personnel costs with Northeastern New York District Council Pipefitters Welfare Fund (Welfare Fund) and United Association Plumbers Local 773 Pension Fund (Pension Fund). The Welfare Fund acts as common paymaster and bills the Pension and Annuity Funds for personnel costs based upon actual number of hours spent on administration of those funds observed during a two-month time study conducted by the fund office. The rates charged are based upon actual wage costs plus payroll taxes and benefits. The Fund's share of these expenses totaled \$55,735 and \$46,822 for the years ended May 31, 2025 and 2024, respectively.

PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 6 RELATED-PARTY TRANSACTIONS (Continued)

The Fund, together with the Welfare Fund and Pension Fund, is jointly obligated under a lease agreement with the U.A. Local 773 Glens Falls Building Corporation effective July 11, 2013. The lease term is one year and renews automatically for additional one-year terms unless cancelled with 30 days advanced notice by either party. The landlord is responsible for real estate taxes, utilities, and insurance. Rent expense totaled \$9,216 for both of the years ended May 31, 2025 and 2024.

All contributions are initially received by the Welfare Fund and then transferred to the Annuity Fund. There was no amount due to the Annuity Fund at May 31, 2025 or 2024 for contributions.

The Welfare Fund acts as common paymaster for shared administrative expenses and is subsequently reimbursed by the Pension and Annuity Funds for their portion.

In addition, during 2025 the Fund collected back reciprocal contributions and related interest owed to the related benefit funds by another Local, subsequently remitting the Health and Pension Fund portions to those funds after year end.

The net amounts owed (to) from the related benefit funds on May 31 are as follows:

	<u>2025</u>	<u>2024</u>
Welfare Fund	\$ (38,011)	\$ (234)
Pension Fund	<u>(329,817)</u>	<u>0</u>
Total Due (To) From Related Funds	<u>\$ (367,828)</u>	<u>\$ (234)</u>

NOTE 7 FIDELITY BOND COVERAGE

The Fund presently carries fidelity bond insurance coverage on the plan assets in the amount of \$500,000, the maximum amount required.

NOTE 8 SUMMARY OF INFORMATION CERTIFIED BY PLAN TRUSTEE

The total value of investments in trust was \$57,362,949 and \$52,716,513 at May 31, 2025 and 2024, respectively.

The Trustees, Empower Trust Company, LLC, and Empower Life & Annuity Insurance Company of New York, have supplied the Plan's administrator with a certification as to the completeness and accuracy of all information regarding investment assets, transactions, and income presented in the accompanying statements of net assets available for benefits as of May 31, 2025 and 2024, and the statements of changes in net assets available for benefits for the years ended May 31, 2025 and 2024. Empower Trust Company, LLC, and Empower Life & Annuity Insurance Company of New York have also supplied the Plan's administrator with a certification as to the completeness and accuracy of all information regarding the supplemental schedule of assets (held at end of year) as of May 31, 2025.

PLUMBERS AND PIPEFITTERS LOCAL 773 ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 9 PARTY IN INTEREST

The Fund's investments consist almost entirely of pooled separate accounts and insurance contracts managed by MassMutual, as acquired by Empower. Investments in the MassMutual guaranteed interest fund, money market, and pooled separate investment accounts represented approximately 28% and 85% of the Plan's net assets available for benefits for the years ended May 31, 2025 and 2024, respectively. MassMutual is wholly owned by the trustee as defined by the Fund, and, therefore, these transactions qualify as party-in-interest transactions. Empower also serves as the record keeper for the Plan.

NOTE 10 RISKS AND UNCERTAINTIES

The Fund may invest in various types of investment securities. Investment securities are exposed to various market risks, such as interest rate, market, and credit risk. 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 statements of net assets available for benefits.

NOTE 11 SUBSEQUENT EVENTS

Management has evaluated subsequent events through January 12, 2026, the date on which the financial statements were available to be issued.

A. Name of Plan Plumbers & Pipefitters Local 773 Annuity Fund	B. Three-digit plan Number 001
C. Plan sponsor's name as shown on line 2a of Form 5500 Plumbers & Pipefitters # 773	D. Employer Identification Number 14-1766942

Schedule H, line 4i - Schedule of Assets (Held At End of Year)
May 31, 2025

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment including Maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
* Guaranteed Interest Account	Fixed Annuities	**	8,122,614
NBT Bank Regional 500 Commercial MMA	Money Market	**	124,847
Cohen & Steers Realty Shares	Mutual Funds	**	88,847
PIMCO CommoditiesPLUS Strategy Instl	Mutual Funds	**	436,158
* MassMutual Select 20/80 Allocation Admin	Pooled Separate Account	**	503,209
* MassMutual Select 40/60 Allocation Admin	Pooled Separate Account	**	802,311
* MassMutual Select 60/40 Allocation Admin	Pooled Separate Account	**	1,942,484
* MassMutual Select 80/20 Allocation Admin	Pooled Separate Account	**	1,250,227
Eaton Vance Large-Cap Value I	Pooled Separate Account	**	452,230
American Funds Growth Fund of Amer R4	Pooled Separate Account	**	1,871,319
* MassMutual Global R5	Pooled Separate Account	**	445,325
Blackrock Mid-Cap Growth Equity K	Pooled Separate Account	**	556,489
* MassMutual Small Cap Growth Equity Svc	Pooled Separate Account	**	541,726
Fidelity Advisor Total Bond Z	Pooled Separate Account	**	843,057
Janus Henderson Mid Cap Value T	Pooled Separate Account	**	530,083
MFS Blended Research Core Equity I	Pooled Separate Account	**	2,494,163
American Funds Europacific Growth R4	Pooled Separate Account	**	736,666
* MassMutual Diversified Value Svc	Pooled Separate Account	**	546,852
T. Rowe Price Retirement 2060 SA	Pooled Separate Account	**	3,486,589
T. Rowe Price Retirement 2050 SA	Pooled Separate Account	**	10,964,345
T. Rowe Price Retirement 2040 SA	Pooled Separate Account	**	9,438,004
T. Rowe Price Retirement 2030 SA	Pooled Separate Account	**	7,265,752
T. Rowe Price Retirement 2020 SA	Pooled Separate Account	**	1,320,377
T. Rowe Price Retirement Balanced SA	Pooled Separate Account	**	423,115
Virtus NFJ Small-Cap Value A	Pooled Separate Account	**	334,105
* MM S&P 500 Index R5	Pooled Separate Account	**	1,966,902
Total			<u>\$ 57,487,796</u>

* Indicates a party-in-interest as defined by the Employee Retirement Security Act of 1974.
** Cost information is not required as investments are participant directed.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2024****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

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

Part II Basic Plan Information - enter all requested information

1a Name of plan PLUMBERS & PIPEFITTERS LOCAL 773 ANNUITY FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 06/01/1992
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PLUMBERS & PIPEFITTERS LOCAL 773 ANNUITY FUND P.O. BOX 312 GLENS FALLS NY 128010312	2b Employer Identification Number (EIN) ** - *** 6942
	2c Plan Sponsor's telephone number 518-792-0586
	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.

SIGN HERE	<u>Christopher Baxter</u> <small>Christopher Baxter (Jan 12, 2026 12:10:15 EST)</small>	Jan 12, 2026	CHRISTOPHER BAXTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Michael R. Jarvis</u> <small>Michael R. Jarvis (Jan 21, 2026 13:59:05 EST)</small>	Jan 21, 2026	MICHAEL R. JARVIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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

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

5 Total number of participants at the beginning of the plan year	5	721
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	662
a(2) Total number of active participants at the end of the plan year	6a(2)	450
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	450
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	450
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	59
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	36

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Plumbers & Pipefitters Local 773 Annuity Plan

01-JUN-24 to 31-MAY-25

03-JUN-25 17:06:41

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
4MKSXX	58,673.37	375,709,205	22	(58,863.26)	(376,212,025)	11	(58,673.37)	SERIES
I2TR60E	971,339.24	4,319,893,646	1131	(394,661.28)	(1,724,824,719)	882	(297,894.96)	SERIES
I2TR50E	1,107,341.12	2,929,134,972	1345	(1,183,657.14)	(3,076,790,079)	1677	(860,047.40)	SERIES
I2TR40E	736,526.99	2,185,442,284	909	(776,453.75)	(2,396,340,454)	1394	(621,865.50)	SERIES
I2TR30E	552,710.28	1,854,791,477	533	(516,952.29)	(1,757,758,402)	1190	(412,158.95)	SERIES
I2TR20E	2,082.80	7,778,052	7	(365,584.13)	(1,396,827,076)	401	(292,147.99)	SERIES
I2TR10E	29,865.05	131,566,297	35	(14,358.70)	(63,565,748)	210	(11,983.92)	SERIES
IREREX	241,296.50	882,774,978	519	(156,586.90)	(585,171,604)	466	(134,574.57)	SERIES
IMGFSX	172,854.31	170,046,650	429	(167,845.97)	(165,590,516)	431	(140,981.68)	SERIES
ICRSRX	55,471.31	822,261,593	59	(412.23)	(6,101,735)	73	(405.70)	SERIES
IPCLIX	311,311.51	47,844,069,371	227	(228,962.68)	(34,934,423,297)	144	(250,696.69)	SERIES
IPCVAH	132,590.33	222,926,320	396	(140,900.32)	(230,514,717)	488	(127,907.25)	SERIES
IBMGGX	323,917.86	2,730,148,365	488	(355,901.75)	(3,280,099,793)	599	(350,274.08)	SERIES
IMCVX	235,810.83	665,830,886	536	(139,545.03)	(395,089,134)	425	(137,770.77)	SERIES
IMSCVX	45,995.15	53,871,294	465	(145,423.28)	(173,139,330)	548	(119,840.32)	SERIES
IRGAEX	553,730.01	861,358,130	714	(393,908.12)	(615,245,329)	860	(326,180.18)	SERIES
IEILVX	84,028.69	269,568,701	558	(111,438.15)	(368,678,441)	437	(102,068.15)	SERIES
IMIEZX	769,084.07	1,097,190,823	600	(317,346.86)	(466,824,841)	793	(270,518.81)	SERIES
IMUSEX	329,688.68	486,232,873	523	(472,182.24)	(747,181,706)	779	(398,363.61)	SERIES
IMDYYX	122,152.60	287,989,844	420	(57,642.09)	(133,914,046)	591	(46,386.30)	SERIES
IMRCLX	170,102.99	567,676,116	45	(422,733.78)	(1,425,218,166)	471	(398,376.74)	SERIES
IMRSLX	191,070.91	479,077,607	394	(228,714.23)	(573,217,227)	360	(181,466.96)	SERIES
IMRGLX	250,016.47	616,645,348	334	(133,104.69)	(320,889,620)	270	(118,673.21)	SERIES
IMRMLX	117,261.42	334,765,679	187	(65,052.40)	(187,903,918)	230	(54,917.33)	SERIES
IMNDJF3	2,028,728.31	0.000000	1134	(2,223,090.37)	0.000000	2247	(2,223,090.37)	SERIES
IFBKWX	685,441.02	6,788,882,060	480	(583,503.47)	(5,773,479,134)	465	(576,829.21)	SERIES

LEGEND

INVESTMENT OPTION:

4MKSXX	MassMutual US Govt Mny Mkt R3	I2TR60E	T. Rowe Price Retirement 2060 SA
I2TR50E	T. Rowe Price Retirement 2050 SA	I2TR40E	T. Rowe Price Retirement 2040 SA
I2TR30E	T. Rowe Price Retirement 2030 SA	I2TR20E	T. Rowe Price Retirement 2020 SA M
I2TR10E	T. Rowe Price Retirement Balanced SA	IREREX	American Funds Realty Shares
IMGFSX	MassMutual Global IS	ICRSRX	Cohen & Steers Realty Value A
IPCLIX	PIMCO CommoditiesPLUS Strategy Instl	IPCVAH	Virtus NFJ Small-Cap Value A
IBMGGX	BlackRock Mid-Cap Growth Equity K	IJMCVX	Janus Henderson Mid Cap Value T
IMSCVX	MassMutual Small Cap Gr Eq Svc	IRGAEX	American Funds Growth Fund of Amer R4
IEILVX	Edison Vance Large-Cap Value I	IMIEZX	MM S&P 500(R) Index R5
IMUSEX	MassMutual Research Core Equity I	IMDYYX	MassMutual Diversified Value Svc
IMRCLX	MFS Blended Research Core Equity I	IMRSLX	MassMutual 60/40 Allocation Admin
IMRGLX	MassMutual 20/80 Allocation Admin	IMRMLX	MassMutual 40/60 Allocation Admin
IMRMLX	MassMutual 80/20 Allocation Admin	IFBKWX	Fidelity Advisor Total Bond Z
IMNDJF3	General Account		