

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="font-weight: bold; text-align: center;">This Form is Open to Public Inspection</p>
---	---	---

**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**

<p><b>1a</b> Name of plan <u>PLUMBERS &amp; STEAMFITTERS LOCAL 440 H&amp;W PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>502</u></p>
<p><b>2a</b> 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/STEAMFITTERS LOCAL 440 HEALTH &amp; WELFARE PLAN</u></p> <p><u>3440 KOSSUTH STREET</u> <u>P.O. BOX 5769</u> <u>LAFAYETTE, IN 47903-5769</u></p>	<p><b>1c</b> Effective date of plan <u>06/01/1993</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>35-1899607</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>765-447-8803</u></p> <p><b>2d</b> Business code (see instructions) <u>238220</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	02/16/2026	ROBERT STIENEKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2549
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1993
	<b>6a(2)</b>	2383
	<b>6b</b>	560
	<b>6c</b>	0
	<b>6d</b>	2943
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	90

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (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><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	--	--

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

<p><b>A</b> Name of plan <b>PLUMBERS &amp; STEAMFITTERS LOCAL 440 H&amp;W PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>502</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF PLUMBERS/STEAMFITTERS LOCAL 440 HEALTH &amp; WELFARE PLAN</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>35-1899607</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-0734860	71420	H2001	813	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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1911004
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>PLUMBERS &amp; STEAMFITTERS LOCAL 440 H&amp;W PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF PLUMBERS/STEAMFITTERS LOCAL 440 HEALTH &amp; WELFARE PLAN</b>		<b>D</b> Employer Identification Number (EIN) <b>35-1899607</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**ANTHEM BLUE CROSS BLUE SHIELD**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>35-0781558</b>	<b>28207</b>	<b>W1002GRS</b>	<b>495</b>	<b>06/01/2024</b>	<b>05/31/2025</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1063343
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

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

<b>A</b> Name of plan <b>PLUMBERS &amp; STEAMFITTERS LOCAL 440 H&amp;W PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF PLUMBERS/STEAMFITTERS LOCAL 440 HEALTH &amp; WELFARE PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>35-1899607</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

MARATHON HEALTH, LLC

84-3269071

(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?
50 49	NONE	1697049	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)

ANTHEM INSURANCE COMPANIES

35-0781558

(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?
62 49 15 13 12	NONE	1229117	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)

S.C. MILLER & COMPANY

35-1820020

(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?
36 13 50	NONE	712230	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)

LABOR FIRST

06-1750191

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	NONE	333202	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)

HINES & ASSOCIATES

36-3545085

(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?
50 49	NONE	181106	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)

SWORD HEALTH, INC

37-1849452

(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?
50 15	NONE	82810	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)

RED-CARD SYSTEMS, LLC

744 OFFICE PKWY  
CREVE COEUR, MO 63141

(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?
50 36	NONE	68272	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)

UNITED ACTUARIAL SERVICES, INC.

35-2156428

(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?
50 11	NONE	64492	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)

JOHNSON & KROL, LLC

36-4342024

(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?
50 29	NONE	52118	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)

PNC BANK

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 19	NONE	41253	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)

BLACKHORSE

59-3676225

(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?
50 36	NONE	39983	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)

REGIONS BANK

63-0371391

(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?
21 27 51	NONE	37810	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)

THE MAIL GROUP

35-1835135

(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?
50 36	NONE	31663	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)

SAVE-RX

86-1323040

(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?
50 49	NONE	30926	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)

MARINER INSTITUTIONAL, FKA ANDCO

59-3676225

(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?
50 27 18	NONE	20000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

FORMS TECH

245 W. ROOSEVELT RD  
WEST CHICAGO, IL 60185

(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?
50 36	NONE	16511	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)

L.M. HENDERSON & COMPANY, LLP

20-5520612

(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?
50 10	NONE	15955	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>PLUMBERS &amp; STEAMFITTERS LOCAL 440 H&amp;W PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF PLUMBERS/STEAMFITTERS LOCAL 440 HEALTH &amp; WELFARE PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>35-1899607</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	16936375	23046901
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	6584060	5569193
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1120997	1390076
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1687806	1863270
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	7300126	9104986
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	6421177	5475959
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	13576928	15008698
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	95782	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	140785	95062
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	53864036	61554145
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	22758760	30941267
<b>h</b> Operating payables.....	<b>1h</b>	2175315	663996
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	5580	233342
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	24939655	31838605
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	28924381	29715540

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	45963318	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	2485883	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		48449201
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	83484	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	222895	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	264470	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	2179	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		573028
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1588645	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1588645
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	8771202	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	8877845	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-106643
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1189526	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		3375
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		51697132

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	46943145	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	1363287	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		48306432
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	712230	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	15955	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	61253	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	37810	
(7) Actuarial fees .....	<b>2i(7)</b>	64492	
(8) Legal fees .....	<b>2i(8)</b>	52118	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	3039	
(11) Other expenses .....	<b>2i(11)</b>	1652644	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2599541
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		50905973

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		791159
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **L.M. HENDERSON & COMPANY, LLP**

(2) EIN: **20-5520612**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

---

## FINANCIAL STATEMENTS

*Years Ended May 31, 2025 and May 31, 2024*



L. M. HENDERSON & COMPANY LLP  
CERTIFIED PUBLIC ACCOUNTANTS / ADVISORS

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

---

## Table of Contents

May 31, 2025 and May 31, 2024

	<b><u>Page Number</u></b>
<b>FINANCIAL STATEMENTS</b>	
Independent Auditor’s Report	1
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Statements of Plan Benefit Obligations	4
Statements of Changes in Plan Benefit Obligations	5
Notes to Financial Statements	6-17
<b>SUPPLEMENTARY INFORMATION</b>	
Schedule H Line 4i - Schedule of Assets (Held at End of Year) at May 31, 2025	18-23

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



"Serving Our Clients Since 1948"

L. M. HENDERSON & COMPANY LLP  
CERTIFIED PUBLIC ACCOUNTANTS / ADVISORS

---

James J. Cline, Jr.  
Jason L. Confer  
Jude A. Thompson  
Michelle L. Zimmerman

450 E. 96th Street, Suite 200  
Indianapolis, IN 46240  
Telephone: 317.566.1000  
Fax: 317.566.1700

### Independent Auditor's Report

Board of Trustees of  
Plumbers and Steamfitters Local 440  
Health and Welfare Plan  
Indianapolis, Indiana

#### **Opinion**

We have audited the accompanying financial statements of Plumbers and Steamfitters Local 440 Health and Welfare Plan, an Indiana multi-employer benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of May 31, 2025 and May 31, 2024, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Plumbers and Steamfitters Local 440 Health and Welfare Plan as of May 31, 2025 and May 31, 2024, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers and Steamfitters Local 440 Health and Welfare Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local 440 Health and Welfare Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers and Steamfitters Local 440 Health and Welfare Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local 440 Health and Welfare Plan's ability to continue as a going concern for a reasonable period of time.

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

## **Supplemental Schedules Required by ERISA**

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

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

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

*L.M. Henderson & Company, L.L.P.*

Certified Public Accountants  
Indianapolis, Indiana

January 12, 2026

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

## Statements of Net Assets Available for Benefits

at May 31, 2025 and May 31, 2024

	May 31, 2025	May 31, 2024
<b>ASSETS</b>		
Investments at fair value:		
U.S. Government agency obligations	\$ 9,104,986	\$ 7,300,126
Corporate bonds and notes	5,475,959	6,421,177
Mutual funds	15,008,698	13,576,928
Cash equivalents	1,863,270	1,687,806
Total investments at fair value	<u>31,452,913</u>	<u>28,986,037</u>
Receivables:		
Employer contributions	5,569,193	6,584,060
Accrued interest and dividends	110,815	166,837
Prescription drug refunds receivable	560,944	520,509
Stop loss receivable	54,742	-
Subrogation receivable	43,690	23,836
Total receivables	<u>6,339,384</u>	<u>7,295,242</u>
Property, plant, and equipment:		
Equipment	13,140	13,140
Leasehold improvements	110,762	177,734
	<u>123,902</u>	<u>190,874</u>
Less: Accumulated depreciation	28,840	50,089
	<u>95,062</u>	<u>140,785</u>
Construction in progress	-	95,782
Total property, plant, and equipment	<u>95,062</u>	<u>236,567</u>
Other assets:		
Cash - checking	23,046,901	16,936,375
Prepaid expenses	481,543	404,235
Right-of-use assets, net of amortization	138,342	5,580
Total other assets	<u>23,666,786</u>	<u>17,346,190</u>
Total assets	<u>61,554,145</u>	<u>53,864,036</u>
<b>LIABILITIES</b>		
Accounts payable, reciprocity payable and accrued expenses	663,996	2,175,315
Lease liabilities (operating)	138,342	5,580
Pending trade payable	95,000	-
Total liabilities	<u>897,338</u>	<u>2,180,895</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 60,656,807</u>	<u>\$ 51,683,141</u>

See Notes to Financial Statements.

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

## Statements of Changes in Net Assets Available for Benefits

Years Ended May 31, 2025 and May 31, 2024

	Year Ended	
	May 31, 2025	May 31, 2024
<b>ADDITIONS:</b>		
Investment income:		
Net appreciation in fair value of investments	\$ 1,222,269	\$ 1,956,465
Interest and dividend income	2,161,673	1,631,094
	<u>3,383,942</u>	<u>3,587,559</u>
Less: Investment expenses	61,253	58,439
Net investment income	<u>3,322,689</u>	<u>3,529,120</u>
Employer contributions	45,963,318	41,486,094
Employee and retiree contributions	2,485,883	2,512,412
Miscellaneous income	<u>3,375</u>	<u>2,708</u>
Total additions	<u>51,775,265</u>	<u>47,530,334</u>
<b>DEDUCTIONS:</b>		
Claims and benefits expense	30,480,542	22,780,727
Prescription drug premiums, net of subsidies	6,521,428	5,965,620
Marathon (Everside) clinic expense	1,758,668	1,658,182
Stop-loss premiums	<u>1,363,287</u>	<u>1,106,910</u>
	<u>40,123,925</u>	<u>31,511,439</u>
Administrative expense:		
Administrative fees	712,230	659,692
PPO access fees	1,229,117	930,469
RX administration fees	30,926	28,871
CAA-IDR fees	-	1,000
Cost containment fees	181,106	154,967
Financial audit, tax preparation, and payroll audit fees	15,955	15,802
Legal fees	52,118	78,174
Actuarial fees	64,492	64,567
Insurance	11,979	8,704
Printing and postage	158,691	103,849
Trustee meetings	3,039	2,037
Depreciation expense	17,099	5,492
Loss on disposal of assets	139,386	-
Software programming	5,861	4,095
Bank fees	37,810	31,796
Claims service fees	153	121
Transitional reinsurance and PCORI fees	<u>17,712</u>	<u>13,559</u>
Total administrative expense	<u>2,677,674</u>	<u>2,103,195</u>
Total deductions	<u>42,801,599</u>	<u>33,614,634</u>
<b>NET INCREASE</b>	8,973,666	13,915,700
<b>NET ASSETS AVAILABLE FOR BENEFITS:</b>		
Balance, beginning of year	<u>51,683,141</u>	<u>37,767,441</u>
Balance, end of year	<u>\$ 60,656,807</u>	<u>\$ 51,683,141</u>

See Notes to Financial Statements.

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

## Statements of Plan Benefit Obligations

at May 31, 2025 and May 31, 2024

	May 31, 2025	May 31, 2024
<u>AMOUNTS CURRENTLY PAYABLE TO OR FOR</u>		
<u>PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS:</u>		
Medical claims payable	\$ 398,279	\$ 266,942
Prescription drugs payable	236,267	160,760
	<u>634,546</u>	<u>427,702</u>
<u>OBLIGATIONS FOR CURRENT BENEFIT COVERAGES AT</u>		
<u>PRESENT VALUE OF ESTIMATED AMOUNTS:</u>		
Claims incurred but not reported	9,279,721	5,872,058
Accumulated eligibility credits	21,027,000	16,459,000
	<u>30,306,721</u>	<u>22,331,058</u>
<u>TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT</u>		
<u>BENEFIT OBLIGATIONS</u>	<u>30,941,267</u>	<u>22,758,760</u>
<u>POSTRETIREMENT BENEFIT OBLIGATIONS:</u>		
Net postretirement benefit obligations:		
Current retirees	24,916,195	25,233,279
Active participants fully eligible for benefits	62,684,386	43,575,886
Active participants not yet fully eligible for benefits	115,255,865	95,600,827
	<u>202,856,446</u>	<u>164,409,992</u>
<u>TOTAL NET POSTRETIREMENT BENEFIT OBLIGATIONS</u>	<u>202,856,446</u>	<u>164,409,992</u>
<u>TOTAL BENEFIT OBLIGATIONS AT END OF YEAR</u>	<u>\$ 233,797,713</u>	<u>\$ 187,168,752</u>

See Notes to Financial Statements.

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

## Statements of Changes in Plan Benefit Obligations

Years Ended May 31, 2025 and May 31, 2024

	Year Ended	
	May 31, 2025	May 31, 2024
<u>AMOUNTS CURRENTLY PAYABLE TO OR FOR</u>		
<u>PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS:</u>		
Balance at beginning of year	\$ 427,702	\$ 529,508
Net changes during the year:		
Claims reported and approved for payment	37,208,814	28,644,541
Claims paid, including prescription drugs	(37,001,970)	(28,746,347)
Balance at end of year	<u>634,546</u>	<u>427,702</u>
<u>OBLIGATIONS FOR CURRENT BENEFIT COVERAGES</u>		
<u>AT PRESENT VALUE OF ESTIMATED AMOUNTS:</u>		
Balance at beginning of year	22,331,058	18,092,832
Net changes during the year:		
Claims incurred but not reported	3,407,663	595,226
Accumulated eligibility credits	4,568,000	3,643,000
Balance at end of year	<u>30,306,721</u>	<u>22,331,058</u>
<u>TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT</u>	<u>30,941,267</u>	<u>22,758,760</u>
<u>BENEFIT OBLIGATIONS</u>		
<u>POSTRETIREMENT BENEFIT OBLIGATIONS:</u>		
Balance at beginning of year	164,409,992	152,961,800
Net increase (decrease) during the year attributable to:		
Benefits earned and other changes	21,439,048	13,840,843
Estimated net benefits paid	(5,313,226)	(4,225,108)
Interest	9,042,550	7,648,090
Change in assumptions	1,462,797	(5,815,633)
Plan amendments	11,815,285	-
Balance at end of year	<u>202,856,446</u>	<u>164,409,992</u>
<u>TOTAL BENEFIT OBLIGATIONS AT END OF YEAR</u>	<u>\$ 233,797,713</u>	<u>\$ 187,168,752</u>

See Notes to Financial Statements.

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

---

## Notes to Financial Statements

May 31, 2025 and May 31, 2024

### Note 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Significant accounting policies followed by the Plumbers and Steamfitters Local 440 Health and Welfare Plan (the Plan) are listed below:

**Basis of Accounting:** Assets and liabilities and income and expense are recognized on the accrual basis of accounting.

**Investment Valuation and Income Recognition:** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

In accordance with the policy of stating investments at fair value, net unrealized appreciation or depreciation for the year is reflected in the statements of changes in net assets available for benefits.

**Receivables:** The Plan follows Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) 2016-13, *Measurement of Credit Losses on Financial Instruments*. The standard requires recognition of an allowance that reflects a current estimate of credit losses expected to be incurred over the life of the asset. The Plan's third-party administrator continuously monitors collections and payments from employers and estimates the Plan's credit losses relating to its receivables based on a number of factors, including the age of receivable balances, history of losses, expectations of future credit losses, and the employers' ability to pay their obligations. See Note 5 for further details. As of May 31, 2025 and May 31, 2024, the Plan's allowance for uncollectible receivables was \$-0- for both years.

**Concentrations of Credit Risk:** The Plan maintains cash balances with financial institutions which may exceed the Federal Deposit Insurance Corporation limit of \$250,000. In addition, the Plan maintains accounts with brokerage firms which contain cash and securities. Balances are protected up to \$500,000 (with a limit of \$250,000 for cash) by the Securities Investor Protection Corporation.

**Use of Estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Trustees to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Property and Equipment:** Property and equipment are carried at cost. Depreciation is computed using the straight-line method over the useful lives. When assets are retired or otherwise disposed of, the costs and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is recognized as income for the period. The cost of maintenance and repairs is charged to income as incurred; significant renewals and improvements are capitalized. Depreciation expense for the years ended May 31, 2025 and May 31, 2024 was \$17,099 and \$5,492, respectively.

**Leases:** The Plan follows FASB ASU 2016-02, *Leases* (Topic 842) and all subsequent lease related ASUs. This standard modified the guidance used by lessors and lessees to account for leasing transactions. The Plan elected practical expedients permitted under the transition guidance permitting the Plan to not assess historical lease classification, prior conclusions related to indirect costs, and whether any expired or existing contracts are or contain leases. See Note 9 for additional information.

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

## Notes to Financial Statements

May 31, 2025 and May 31, 2024

**Note 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Actuarial Present Value of Accumulated Plan Benefits:** The amount reported as the postretirement benefit obligations (see Note 6) represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees’ service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan’s participating employers and from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligations is determined by an actuary and is based on actuarial assumptions and historical claims-cost data. The process estimates future annual incurred claims cost per participant and adjusts such estimates for the time value of money (through discounts for interest) and probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and date of payment.

The following were other significant assumptions used in the valuation as of May 31, 2025 and May 31, 2024:

<u>May 31, 2025:</u>	
Discount Rate:	5.75%
Health Trend Rates:	
Medical	7.90% graded to 4.00% over 15 years
Drug (Pre-65)	9.20% graded to 4.00% over 15 years
Drug (Post-65)	6.60% graded to 4.00% over 15 years
Dental and vision	4.90% graded to 4.00% over 15 years
Administrative expense load on claims	Based on actual administrative expenses for the plan year ending 5/31/2025
Assumed percent electing coverage	75.00%
Retiree contribution increase rate	Same as Medical & Drug trend rates combined. For pre-65, a 66.7% medical/33.3% drug weighting was used for combining the Medical and Drug Trend Table. For post-65, a 50.0%/medical/50% drug weighting was used for combining the Medical and Drug Trend Table.
	Dental self-payment is limited to 150% of expected claim cost.
Postretirement Mortality Rates	The Pri-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. For males, a 105% multiplier was used. For females, a 110% multiplier was used.
Medicare Part D Subsidy	The plan uses a fully insured MAPD plan and all costs shown are net of subsidy, subsidy value is unavailable.
Funding Method (FASB ASC 965)	Projected Unit Credit Service Prorate

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

## Notes to Financial Statements

May 31, 2025 and May 31, 2024

**Note 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Actuarial Present Value of Accumulated Plan Benefits (continued)**

<u>May 31, 2024:</u>	
Discount Rate:	5.50%
Health Trend Rates:	
Medical (Pre-65)	7.90% graded to 4.00% over 15 years
Medical (Post-65)	7.90% graded to 4.00% over 15 years
Drug	9.00% graded to 4.00% over 15 years
Dental and vision	5.40% graded to 4.00% over 15 years
Administrative expense load on claims	Based on actual administrative expenses for the plan year ending 5/31/2024
Assumed percent electing coverage	75.00%
Retiree contribution increase rate	Same as Medical & Drug trend rates combined. Dental self-payment is limited to 150% of expected claim cost.
Postretirement Mortality Rates	The Pri-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. For males, a 105% multiplier was used. For females, a 110% multiplier was used.
Medicare Part D Subsidy	The plan uses a fully insured MAPD plan and all costs shown are net of subsidy, subsidy value is unavailable.
Funding Method (FASB ASC 965)	Projected Unit Credit Service Prorate

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

**Reclassifications:** Certain reclassifications were made to the May 31, 2024 financial statements in order to conform with the May 31, 2025 financial statement presentation.

**Subsequent Events:** Management has evaluated subsequent events through January 12, 2026, the date that the financial statements were available to be issued.

**Plan Termination:** Under certain conditions, the Plan may be terminated. Upon termination, the assets then remaining shall be subject to the applicable provisions of the Plan then in effect and shall be used until exhausted to pay benefits to employees in the order of their entitlement.

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

## Notes to Financial Statements

May 31, 2025 and May 31, 2024

**Note 2: DESCRIPTION OF THE PLAN**

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

**General:** The Plan was finalized in its current form as of June 1, 1993. The Plan provides medical, dental, vision, death, accidental death, and dismemberment, covering persons working for a contributing employer under a collective bargaining agreement negotiated by the Plumbers and Steamfitters Local Union No. 440 of the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada. It is subject to the provisions of ERISA and the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

**Benefits:** The Plan is a self-insured group providing comprehensive medical, dental, vision, death, accidental death and dismemberment, and disability benefits for eligible participants and their dependents. The contract administrator of the Plan is responsible for processing and paying all eligible claims.

**Note 3: INVESTMENTS**

All investments are held by PNC Bank, Indianapolis, Indiana and Regions Bank, Lafayette, Indiana in Trust accounts. All investments are available for current, as well as future obligations. The following table represents the cost and fair value of investments:

Description	May 31, 2025		May 31, 2024	
	Cost	Fair Value	Cost	Fair Value
U.S. Government agency obligations	\$ 9,130,919	\$ 9,104,986	\$ 7,568,396	\$ 7,300,126
Corporate bonds and notes	5,500,905	5,475,959	6,596,769	6,421,177
Mutual funds	12,510,803	15,008,698	11,875,577	13,576,928
Cash equivalents	1,863,270	1,863,270	1,687,806	1,687,806
Totals	<u>\$ 29,005,897</u>	<u>\$ 31,452,913</u>	<u>\$ 27,728,548</u>	<u>\$ 28,986,037</u>

During the years ended May 31, 2025 and May 31, 2024, the Plan’s investments, including investments bought, sold, and held, appreciated by \$1,222,269 and \$1,956,465, respectively.

**Note 4: FAIR VALUE MEASUREMENT**

FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, establishes a framework for measuring fair value. The 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 under FASB ASC 820 are described as follows:

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

---

## Notes to Financial Statements

May 31, 2025 and May 31, 2024

### Note 4: FAIR VALUE MEASUREMENTS (continued)

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets or liabilities;
- Inputs that are derived principally from or corroborated by observable market data by correlation of other means.

If the assets or liabilities have a specified (contractual) term, the level 2 input must be observable for substantially the full term of the assets or liabilities.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The assets or liabilities fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

*U.S. Government agency obligations, corporate bonds, and notes:* Valued at the most recent price of the equivalent quoted yield for such securities, or those of comparable maturity, quality, and type. Debt securities are generally classified within Level 2 of the valuation hierarchy.

*Mutual funds:* Valued at the closing price reported in the active market in which the individual fund is traded.

*Cash equivalents:* Valued at the closing price reported in the active markets in which the individual security is traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

## Notes to Financial Statements

May 31, 2025 and May 31, 2024

**Note 4: FAIR VALUE MEASUREMENTS (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of May 31, 2025 and May 31, 2024:

Assets at Fair Value as of May 31, 2025:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
U.S. Government agency obligations	\$ -	\$ 9,104,986	\$ -	\$ 9,104,986
Corporate bonds and notes	-	5,475,959	-	5,475,959
Mutual funds	15,008,698	-	-	15,008,698
Cash equivalents	<u>1,863,270</u>	<u>-</u>	<u>-</u>	<u>1,863,270</u>
Totals	<u>\$ 16,871,968</u>	<u>\$ 14,580,945</u>	<u>\$ -</u>	<u>\$ 31,452,913</u>

Assets at Fair Value as of May 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
U.S. Government agency obligations	\$ -	\$ 7,300,126	\$ -	\$ 7,300,126
Corporate bonds and notes	-	6,421,177	-	6,421,177
Mutual funds	13,576,928	-	-	13,576,928
Cash equivalents	<u>1,687,806</u>	<u>-</u>	<u>-</u>	<u>1,687,806</u>
Totals	<u>\$ 15,264,734</u>	<u>\$ 13,721,303</u>	<u>\$ -</u>	<u>\$ 28,986,037</u>

**Note 5: CONTRIBUTIONS**

Employer’s signatory to the collective bargaining agreement are required to make contributions monthly to the Plan based on the number of hours worked by their employees. The employer contribution rate was \$10.25 and \$10.00 per hour worked for the fiscal years ended May 31, 2025 and May 31, 2024, respectively. Contributions by employees are permitted under the Plan in order to maintain benefits in circumstances where employer contributions are not sufficient. In addition to deductibles and copayments, retirees and self-pay contributions during the years ended May 31, 2025 and May 31, 2024, were \$2,485,883 and \$2,512,412, respectively.

Employer and employee contributions receivable represent the total of employer and employee contributions received by the depository after May 31, which were applicable to the prior fiscal year. This amount does not reflect amounts due from employers who are contractually liable to the Plan but have failed to make contributions, or from employers who have filed inaccurate reports, if any.

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

## Notes to Financial Statements

May 31, 2025 and May 31, 2024

**Note 6: PLAN BENEFIT OBLIGATIONS**

Plan benefit obligations have been disclosed in accordance with FASB ASC 965-30. The postretirement benefit obligations as shown in the statements of plan benefits were not reported as liabilities of the Plan on Form 5500 for the years ended May 31, 2025 and May 31, 2024. The liabilities are computed as follows:

Claims incurred but not reported:

Claims paid for medical, dental, vision, death, accidental death and dismemberment and disability are self-funded under the Plan. An actuary for the Plan estimated the liability for these claims incurred and unreported.

Accumulated eligibility credit:

The estimated liability for future payment of insurance premiums for employees who have accrued eligibility was based on the trended rolling 12-month average active claims cost and the trended rolling 12-month average operational expenses added together, then multiplied by the number of unused bank months.

Postretirement benefit obligations:

Postretirement benefit obligations were computed by an actuary as required by FASB ASC 965-30. The postretirement benefit obligations at May 31, 2025 and May 31, 2024, principally health benefits, relates to the following categories of participants (including their beneficiaries and dependents):

	Postretirement Benefit Obligations			
	May 31, 2025		May 31, 2024	
	Number of Participants	Net Liability	Number of Participants	Net Liability
Current retirees	560	\$ 24,916,195	556	\$ 25,233,279
Other participants fully eligible for benefits	305	62,684,386	241	43,575,886
Active participants not yet fully eligible for benefits	2,078	115,255,865	1,752	95,600,827
<b>Total postretirement benefit obligations</b>	<b>2,943</b>	<b>\$ 202,856,446</b>	<b>2,549</b>	<b>\$ 164,409,992</b>

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligations as of May 31, 2025 and May 31, 2024 by \$29,184,000 and \$24,024,081, respectively.

Valuation assumption changes:

Valuation assumption changes increased (decreased) obligations by \$1,462,797 and \$(5,815,633) for the years ended May 31, 2025 and May 31, 2024, respectively. For 2025 and 2024, changes were a result of changes to the discount rate and medical, drug, dental and self-payment trend rates.

Plan amendments:

For the years ended May 31, 2025 and May 31, 2024, plan amendments increased obligations by \$11,815,285 and \$-0-, respectively. Plan provisions changing the MAPD premium effective January 1, 2026 contributed to the increase in obligations for the year ended May 31, 2025.

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

---

## Notes to Financial Statements

May 31, 2025 and May 31, 2024

### Note 6: PLAN BENEFIT OBLIGATIONS (continued)

#### Medical claims payable:

Medical claims payable represents the amount currently due for medical claims incurred, reported, and processed prior to the end of the year.

The Plan's deficiency of net assets over benefit obligations at May 31, 2025 and May 31, 2024, related primarily to postretirement benefit obligations, the funding of which is not covered by the contribution rate provided by the current bargaining agreement. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates.

### Note 7: DESCRIPTION OF GROUP INSURANCE ARRANGEMENT

The Plan maintains a stop-loss insurance policy to cover large claims.

### Note 8: TAX STATUS

The Plan obtained its latest determination letter on April 11, 1994, 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 (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 Code. Therefore, they believe that the Plan was qualified and the related Trust was tax-exempt under Section 501(c)(9) as of the financial statement date. The Plan is subject to examinations for a period of three years from the date the Form 5500 is filed.

### Note 9: CLINIC CONTRACTS AND OPERATING LEASE AGREEMENT

In April 2015, the Plan signed a contract with Marathon Health, LLC (formerly Everside Health, LLC) to perform medical services for Plan participants. Fees for this service are based on a clinic membership per covered life per month fee schedule as outlined in the original contract and its amendments. The clinic located in Indianapolis, Indiana was opened during August 2015. In March 2021, the Plan signed an extension of the contract through June 2024. In March 2022, the Plan signed an amendment to include management and professional services for an additional clinic located in Muncie, Indiana.

In addition, the Plan entered into a lease agreement with an unrelated party for use of the Indianapolis, Indiana clinic space in April 2015. The lease was amended in March of 2021 to extend the term through June 2024. The Plan did not renew this lease upon its termination date in June 2024. The original and amended leases both included annual increases in rent. There were no explicit renewal or termination clauses in the amended lease, and no variable lease payments, no residual value guarantees, and no restrictions or covenants imposed by the leases. Lease expense for the years ended May 31, 2025 and May 31, 2024 was \$6,078 and \$73,710, respectively, and was included in Marathon (Everside) clinic expense on the statements of changes in net assets available for benefits. While an amended management and professional services contract was signed with Marathon Health, LLC to include the Muncie, Indiana clinic, there was no separate lease agreement within the scope of ASC 842 for the use of the clinic space, as there was for the Indianapolis, Indiana clinic lease.

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

## Notes to Financial Statements

May 31, 2025 and May 31, 2024

**Note 9: CLINIC CONTRACTS AND OPERATING LEASE AGREEMENT (continued)**

Upon termination of the Indianapolis, Indiana clinic space in June 2024, the Plan entered into a separate lease agreement with an unrelated party for use of an Indianapolis, Indiana clinic space which began on July 1, 2024. The lease requires monthly payments of \$5,667 after a three-month rent abatement, and includes annual increases in rent and an option to extend the lease term for an additional three-year period. The agreement also included a provision for the landlord to reimburse the Plan for up to \$4,000 of tenant improvements. The lease contains no variable lease payments, no residual value guarantees, and no restrictions or covenants imposed by the leases. Lease expense for the years ended May 31, 2025 and May 31, 2024 was \$45,333 and \$-0-, respectively, and was included in Marathon (Everside) clinic expense on the statements of changes in net assets available for benefits.

In accordance with ASU 2016-01, the right-of-use assets were \$337,171 and \$139,482 for the years ended May 31, 2025 and May 31, 2024, respectively, and the associated accumulated right-of-use amortization was \$198,829 and \$133,902 for the years then ended. Upon termination of the first Indianapolis, Indiana lease on June 30, 2024, the associated right-of-use asset was derecognized from the statements of net assets available for benefits. The right-of-use assets, net of amortization, are included in other assets on the statements of net assets available for benefits and the associated lease liabilities are included in liabilities on the statements of net assets available for benefits. The operating lease liabilities totaled \$138,342 and \$5,580 as of May 31, 2025 and May 31, 2024, respectively.

The weighted average remaining lease terms were 28 months and 1 month for the years ended May 31, 2025 and May 31, 2024, respectively, and the weighted average discount rates were 4.37% and 2.66% for the years ended May 31, 2025 and May 31, 2024, respectively. The Plan elected to use the risk-free rate practical expedient as the discount rate for all new and existing leases after June 1, 2022.

The following table represents the future undiscounted lease payments for the operating lease as of May 31, 2025:

Year Ended May 31,	Amount
2026	\$ 69,500
2027	70,750
2028	23,667
Total undiscounted lease payments	163,917
Less: net present value adjustment	25,575
	<u>\$ 138,342</u>

At May 31, 2025 and May 31, 2024, property and equipment at the Indianapolis, Indiana clinics consisted of the following:

	May 31, 2025	May 31, 2024
Equipment	\$ 13,140	\$ 13,140
Leasehold improvements	110,762	177,734
	123,902	190,874
Less: Accumulated depreciation	28,840	50,089
Totals	<u>\$ 95,062</u>	<u>\$ 140,785</u>

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

---

## Notes to Financial Statements

May 31, 2025 and May 31, 2024

### Note 10: PARTY-IN-INTEREST TRANSACTIONS

There were no loans nor fixed income obligations in default or uncollectible, nor were there leases in default or classified as uncollectible. There were no non-exempt prohibited transactions with parties-in-interest for the years ended May 31, 2025 and May 31, 2024.

Fees paid by the Plan during the years ended May 31, 2025 and May 31, 2024, for services rendered by parties-in-interest, as defined by ERISA, were based on contractual rates for their services in the ordinary course of business.

The Plan has several related organizations which include a pension fund and apprenticeship fund which are tax-exempt Trusts and a local union which is also a separate entity. As of May 31, 2025 and May 31, 2024, the Plan was not owed any amounts from related parties.

### Note 11: RISKS AND UNCERTAINTIES

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

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

### Note 12: PLAN AMENDMENTS

During the year ended May 31, 2025, the plan document was amended as follows:

- Effective December 3, 2024 – The Plan was amended to provide a policy and provisions regarding future claims related to subrogation (right of reimbursement).
- Effective January 1, 2025 – The Plan was amended to add that in-network coinsurance percentages, annual deductible amount, and out-of-pocket limits will apply once \$500 in benefits are paid. In addition, the benefit is further clarified such that 100% of in-network eligible expenses are payable by the Plan up to \$500. In-network eligible expenses in excess of \$500 will be subject to the annual deductible amount, coinsurance percentages, and out-of-pocket limits.
- Effective April 1, 2025 – The Plan was amended to add the mandatory Impact Program within the existing prescription drug benefits. The plan was also amended by adding the limitation of benefits for prescription drugs in the Sav-Rx Impact Program when the patient does not follow the mandatory Impact Program. Additionally, a new subsection relating to the Sav-Rx Impact Program for certain specialty medications was added to the prescription drug benefits.

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

## Notes to Financial Statements

May 31, 2025 and May 31, 2024

**Note 12: PLAN AMENDMENTS (continued)**

During the year ended May 31, 2024, the plan document was amended as follows:

- Effective June 1, 2023 - The Plan was amended to update the weekly disability benefit for active employees only to an amount not to exceed \$700 per week.
- Effective May 11, 2023 - The Plan was amended to add a subsection outlining the fund coinsurance for physician primary care and specialty care office visits and telehealth visits for both in-network and out-of-network. Additionally, a section was added outlining the use of Anthem’s LiveHealth Online program.
- Effective July 19, 2023 - The Plan was amended to update the smoking cessation program and to update language within the LiveHealth Online Doctor Visit Benefit section. Residential treatment facility benefits were added to the skilled nursing facility benefit within the description of benefits. The eligibility for weekly disability benefit was changed to require active employees to be eligible for at least 12 consecutive months prior to the disability.
- Effective October 1, 2023 - The Plan was amended to include a section under Non-Medicare Eligible Retired and Disabled Employee Program for re-hired retirees. Eligible retired individuals who return to covered employment and work less than the hours required each calendar month to meet initial eligibility for active coverage are permitted to elect to offset their contribution payments with the employer contributions paid to the Fund on their behalf for hours worked in covered employment. An identical section was also added to the Eligibility for Medicare Advantage Prescription Drug Program.
- Effective January 1, 2024 - The Plan was amended to add an “out-of-network” to the coinsurance percentages in the immunization / inoculation benefit, and in-network fund coinsurance increased from 80% to 100%. The dental and vision benefit sections were amended to include a combined maximum benefit. The maximum benefit amount was increased to \$1,200 for dental and vision, combined, per person, per calendar year.

**Note 13: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

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

	<u>May 31, 2025</u>	<u>May 31, 2024</u>
Net assets available for benefits per the financial statements	\$ 60,656,807	\$ 51,683,141
Benefit obligations currently payable (claims incurred but not reported and medical claims payable, prescription drugs payable, and accumulated eligibility credits)	<u>(30,941,267)</u>	<u>(22,758,760)</u>
Net assets available for benefits per the Form 5500	<u>\$ 29,715,540</u>	<u>\$ 28,924,381</u>

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

---

## Notes to Financial Statements

May 31, 2025 and May 31, 2024

**Note 13: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)**

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

	<u>May 31, 2025</u>	<u>May 31, 2024</u>
Benefits paid per the financial statements	\$ 40,123,925	\$ 31,511,439
Add: Amounts currently payable at May 31, 2024 (2024)	30,941,267	22,758,760
Less: Amounts currently payable at May 31, 2023 (2023)	<u>(22,758,760)</u>	<u>(18,622,340)</u>
Benefits paid per the Form 5500	<u>\$ 48,306,432</u>	<u>\$ 35,647,859</u>

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

---

## **SUPPLEMENTARY INFORMATION**

*at May 31, 2025*

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

EIN: 35-1899607 PN: 502

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

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including interest rate, maturity date, par or quantity			Cost	Current Value	
<b>U.S. GOVERNMENT AGENCY OBLIGATIONS:</b>						
Federal National Mtg Assg	3.000%	10/01/31	13,200	\$ 13,611	\$ 12,817	
Federal National Mtg Assg	5.000%	10/01/52	75,801	74,675	73,542	
Federal National Mtg Assg	5.500%	11/01/52	82,933	82,615	82,351	
Federal National Mtg Assg	6.000%	11/01/52	47,464	48,326	48,065	
Federal National Mtg Assg	5.500%	10/01/52	50,382	50,897	50,067	
Federal National Mtg Assg	3.000%	07/01/30	13,149	13,585	12,805	
Federal National Mtg Assg	3.000%	09/01/31	12,119	12,521	11,753	
Federal National Mtg Assg	3.000%	02/01/47	13,185	13,944	11,409	
Federal National Mtg Assg	2.500%	10/01/31	44,890	47,191	42,978	
Federal National Mtg Assg	4.500%	07/01/48	46,708	44,497	44,794	
Federal National Mtg Assg	1.500%	11/01/35	33,054	33,811	29,106	
Federal National Mtg Assg	2.000%	02/01/51	53,532	45,110	34,289	
Federal National Mtg Assg	4.500%	08/01/52	154,126	150,613	145,661	
Federal National Mtg Assg	3.500%	09/01/34	18,139	19,194	17,465	
Federal National Mtg Assg	2.500%	12/01/34	22,527	23,653	21,022	
Federal National Mtg Assg	2.500%	08/01/35	76,462	70,871	71,023	
Federal National Mtg Assg	5.500%	10/01/52	66,335	65,889	65,869	
Federal National Mtg Assg	3.500%	01/01/51	56,758	52,306	50,906	
Federal National Mtg Assg	2.500%	08/01/51	61,068	63,921	50,685	
Federal National Mtg Assg	4.000%	07/01/52	73,123	70,026	67,929	
Federal National Mtg Assg	3.500%	07/01/49	20,073	21,063	18,071	
Federal National Mtg Assg	3.000%	02/01/35	24,436	25,997	23,703	
Federal National Mtg Assg	2.500%	09/01/50	57,647	60,845	47,818	
Federal National Mtg Assg	1.500%	01/01/31	23,861	24,482	22,385	
Federal National Mtg Assg	1.500%	12/01/35	69,968	71,258	61,687	
Federal National Mtg Assg	2.000%	01/01/36	85,090	88,347	77,315	
Federal National Mtg Assg	4.000%	12/01/45	11,354	12,166	10,615	
Federal National Mtg Assg	3.000%	01/01/31	10,899	11,415	10,589	
Federal National Mtg Assg	2.500%	11/01/31	15,910	15,957	15,232	
Federal National Mtg Assg	4.000%	05/01/49	66,975	61,198	62,289	
Federal National Mtg Assg	3.000%	09/01/50	25,260	26,724	21,700	
Federal National Mtg Assg	2.000%	02/01/36	53,911	56,404	48,818	
Federal National Mtg Assg	2.000%	03/01/31	50,792	52,792	48,317	
Federal National Mtg Assg	5.000%	10/01/52	97,984	94,843	95,164	
Govt National Mtg Assg	3.500%	09/15/43	49,470	50,133	45,157	
Balances carried forward				1,670,880	1,553,396	

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

EIN: 35-1899607 PN: 502

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

(a)	(b)	(c)		(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including interest rate, maturity date, par or quantity			Cost	Current Value
<b>U.S. GOVERNMENT AGENCY OBLIGATIONS (continued):</b>					
Balances brought forward				\$ 1,670,880	\$ 1,553,396
USA Treasury BD	5.250%	02/15/29	30,000	31,651	31,493
USA Treasury Notes	0.375%	09/30/27	115,000	103,863	106,119
USA Treasury Notes	1.125%	02/15/31	600,000	504,701	512,580
USA Treasury Notes	1.875%	02/15/32	790,000	669,766	685,143
USA Treasury Notes	1.875%	02/28/27	40,000	38,784	38,608
USA Treasury Notes	3.375%	05/15/33	105,000	99,135	98,844
USA Treasury Notes	4.125%	07/31/28	140,000	142,187	141,044
USA Treasury Notes	3.875%	08/15/33	470,000	460,067	457,183
USA Treasury Notes	4.375%	05/15/34	295,000	298,445	295,829
USA Treasury Notes	4.625%	02/15/35	140,000	144,301	142,625
USA Treasury Notes	2.000%	11/15/26	75,000	71,844	72,876
USA Treasury Notes	2.375%	05/15/27	1,135,000	1,107,747	1,102,323
USA Treasury Notes	1.625%	08/15/29	370,000	329,304	337,843
USA Treasury Notes	1.750%	11/15/29	205,000	183,373	187,063
USA Treasury Notes	1.625%	11/30/26	275,000	261,045	265,590
USA Treasury Notes	1.125%	02/28/27	100,000	94,317	95,266
USA Treasury Notes	0.625%	05/15/30	365,000	302,540	310,480
USA Treasury Notes	1.500%	01/31/27	370,000	350,564	355,374
USA Treasury Notes	1.500%	02/15/30	335,000	299,350	300,126
USA Treasury Notes	2.750%	02/15/28	50,000	48,131	48,563
USA Treasury Notes	2.875%	05/15/28	285,000	270,634	277,151
USA Treasury Notes	2.875%	08/15/28	1,065,000	1,007,317	1,032,848
USA Treasury Notes	3.125%	11/15/28	15,000	14,765	14,630
USA Treasury NTS	2.375%	05/15/29	680,000	626,208	641,989
Total U.S. Government Agency Obligations				<u>9,130,919</u>	<u>9,104,986</u>
<b>CORPORATE BONDS AND NOTES:</b>					
AT&T Inc	4.300%	02/15/30	30,000	33,348	29,684
Abbvie Inc	4.950%	03/15/31	60,000	59,938	60,974
Allstate Corp	1.450%	12/15/30	65,000	50,491	54,860
Amazon.com Inc	2.100%	05/12/31	40,000	31,937	35,241
American Electric Power	5.625%	03/01/33	35,000	34,871	35,831
American Express Co	Var	04/25/31	70,000	70,546	70,794
Balances carried forward				<u>281,131</u>	<u>287,384</u>

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

EIN: 35-1899607 PN: 502

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

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including interest rate, maturity date, par or quantity			Cost	Current Value	
<b>CORPORATE BONDS AND NOTES (continued):</b>						
Balances brought forward				\$ 281,131	\$ 287,384	
American Honda Finance	4.800%	03/05/30	45,000	44,960	45,055	
Ameriprise Financial Inc	5.700%	12/15/28	45,000	45,079	46,896	
Automatic Data Processing	4.450%	09/09/34	60,000	57,505	57,875	
Autozone Inc	5.100%	07/15/29	40,000	40,871	40,770	
Bank of America Corp	Var	06/14/29	80,000	75,394	74,265	
Bank of America Corp	Var	07/22/33	40,000	39,463	39,861	
Bank of Montreal	5.203%	02/01/28	50,000	50,064	50,974	
Bank of Nova Scotia	Var	02/14/29	55,000	54,999	55,396	
Bristol-Myers Squibb Co	5.750%	02/01/31	50,000	49,886	52,901	
CDW LLC / CDW Finance	4.250%	04/01/28	45,000	43,860	44,305	
CNH Equipment Trust	2.830%	07/15/27	15,244	15,243	15,114	
CNH Equipment Trust	3.890%	11/15/27	18,339	18,336	18,263	
CNH Equipment Trust	4.810%	08/15/28	67,444	67,432	67,611	
Cigna Group/The	5.000%	05/15/29	55,000	55,195	55,833	
Canadian Imperial Bank	Var	03/30/29	75,000	75,000	75,398	
Capital One Financial Co	Var	11/02/27	55,000	52,246	52,899	
Capital One Multi-Asset Execut	4.950%	10/15/27	110,000	109,983	110,125	
Cisco Systems Inc	5.050%	02/26/34	40,000	40,164	40,306	
Citigroup Inc	Var	05/24/33	45,000	44,277	44,238	
Citigroup Inc	Var	05/07/28	60,000	60,008	59,908	
Citigroup Inc	Var	09/19/30	40,000	40,073	39,508	
Coca-Cola Consolidated	5.250%	06/01/29	30,000	30,050	30,686	
Commonwealth Edison Co	5.300%	06/01/34	35,000	34,875	35,350	
Con Edison Co of NY Inc	2.400%	06/15/31	50,000	50,179	44,260	
Constellation Brands Inc	4.800%	05/01/30	50,000	50,026	49,953	
DTE Energy Co	5.200%	04/01/30	55,000	55,651	55,943	
Diamondback Energy Inc	5.150%	01/30/30	55,000	54,024	55,662	
Discover Card Execution	3.560%	07/15/27	65,000	64,992	64,919	
Discover Card Execution	5.030%	10/15/27	35,000	34,996	35,057	
Dominion Energy Inc	4.600%	05/15/28	55,000	54,981	55,139	
Dow Chemical Co/The	4.800%	11/30/28	45,000	53,688	45,320	
Duke Energy Corp	2.550%	06/15/31	60,000	52,045	52,649	
Duke Energy Progress LLC	2.000%	08/15/31	45,000	43,987	38,497	
Eastern Energy Gas	5.800%	01/15/35	50,000	49,907	51,004	
Enbridge Inc	5.700%	03/08/33	30,000	30,178	30,598	
Balances carried forward				2,020,748	2,019,922	

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

EIN: 35-1899607 PN: 502

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

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including interest rate, maturity date, par or quantity			Cost	Current Value	
<b>CORPORATE BONDS AND NOTES (continued):</b>						
Balances brought forward				\$ 2,020,748	\$ 2,019,922	
Energy Transfer Operating	5.250%	04/15/29	60,000	70,196	60,915	
Exelon Corp	5.150%	03/15/28	50,000	49,925	50,859	
Federal Home Loan Mtg Corp	3.500%	09/15/46	13,551	13,751	13,166	
Fiserv Inc	4.200%	10/01/28	45,000	51,895	44,518	
Florida Power & Light Co	5.300%	06/15/34	45,000	45,559	45,715	
Ford Credit Auto Owner Trust	4.760%	07/15/29	65,000	65,000	64,668	
Fox Corp	4.709%	01/25/29	65,000	71,367	65,155	
General Motors Co	5.350%	04/15/28	70,000	70,078	70,565	
Georgia Power Co	4.850%	03/15/31	50,000	50,146	50,630	
Global Payments Inc	4.950%	08/15/27	75,000	74,601	75,337	
Goldman Sachs Group Inc	Var	04/23/28	120,000	120,036	120,611	
HF Sinclair Corp	5.000%	02/01/28	105,000	104,366	104,492	
HCA Inc	5.000%	03/01/28	70,000	70,158	70,738	
Honda Auto Receivables Owner	4.660%	11/15/27	42,708	42,701	42,810	
HP Enterprise Co	4.550%	10/15/29	60,000	59,936	59,495	
Huntington Bancshares	Var	08/04/28	50,000	49,149	49,923	
Intercontinental Exchange	2.100%	06/15/30	65,000	52,379	57,846	
JP Morgan Chase & Co	Var	04/22/31	80,000	76,632	72,195	
JP Morgan Chase & Co	Var	07/24/29	55,000	55,000	56,115	
JP Morgan Chase & Co	Var	07/22/28	55,000	55,005	55,433	
John Deere Owner Trust	5.090%	06/15/27	59,687	58,947	59,833	
Johnson & Johnson	4.700%	03/01/30	70,000	70,143	71,196	
Kinder Morgan Inc	5.150%	06/01/30	30,000	29,961	30,282	
Kroger Co	5.000%	09/15/34	30,000	30,072	29,219	
Lyb Int Finance III	1.250%	10/01/25	50,000	49,975	49,392	
Lyb Int Finance III	5.500%	03/01/34	45,000	43,118	43,897	
Mplx LP	5.000%	03/01/33	50,000	47,607	48,523	
Marathon Petroleum Corp	5.150%	03/01/30	80,000	79,494	80,777	
Marriott International	4.875%	05/15/29	40,000	39,598	40,306	
Mercedes-Benz Auto Receivables	4.510%	11/15/27	57,679	57,673	57,655	
Morgan Stanley	Var	01/24/29	100,000	112,290	97,855	
Morgan Stanley	Var	01/21/33	75,000	61,808	65,903	
Nextera Energy Capital	2.750%	11/01/29	35,000	35,668	32,389	
Nisource Inc	5.200%	07/01/29	55,000	54,912	56,036	
Nissan Auto Receivables Owner	5.090%	11/15/27	53,908	53,898	53,993	
Oracle Corp	2.950%	04/01/30	40,000	32,603	37,042	
Balances carried forward				4,126,395	4,105,406	

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

EIN: 35-1899607 PN: 502

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

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor, or similar party		Description of investment including interest rate, maturity date, par or quantity			Cost	Current Value
<b>CORPORATE BONDS AND NOTES (continued):</b>						
Balances brought forward					\$ 4,126,395	\$ 4,105,406
Paychex Inc	5.350%	04/15/32	55,000	54,815	55,817	
Phillips 66 Co	5.250%	06/15/31	50,000	51,443	50,619	
Prologis	2.250%	04/15/30	40,000	37,083	35,919	
RTX Corporation	1.900%	09/01/31	65,000	55,223	54,840	
Realty Income Corp	3.200%	01/15/27	65,000	63,029	63,484	
Rio Tinto Fin USA Plc	5.000%	03/14/32	40,000	39,777	40,159	
Royal Bank of Canada	Var	07/23/27	55,000	54,987	55,364	
Southern Co	1.750%	03/15/28	45,000	44,893	41,863	
Sysco Corporation	5.950%	04/01/30	35,000	43,812	36,840	
T-Mobile USA Inc	3.375%	04/15/29	50,000	45,404	47,684	
Take-Two Interactive SOF	5.400%	06/12/29	65,000	65,341	66,346	
Toronto-Dominion Bank	4.574%	06/02/28	95,000	95,000	95,063	
Toronto-Dominion Bank	Var	09/10/34	30,000	30,000	29,731	
Toyota Auto Receivables Owner	4.710%	02/15/28	63,082	63,078	63,136	
Toyota Motor Credit Corp	5.100%	03/21/31	75,000	74,975	76,277	
Truist Financial Corporation	Var	06/07/29	55,000	50,824	50,838	
United Parcel Service	5.250%	05/14/35	35,000	34,902	34,977	
US Bancorp	Var	06/12/29	35,000	35,608	36,131	
US Bancorp	Var	06/12/34	50,000	49,034	51,628	
Verizon Communications	2.355%	03/15/32	45,000	37,169	38,379	
Verizon Master Trust	5.340%	04/22/30	65,000	64,986	66,195	
Visa Inc	2.050%	04/15/30	50,000	50,608	45,099	
Wells Fargo & Company	Var	03/24/28	75,000	73,196	73,560	
Wells Fargo & Company	Var	07/25/34	35,000	34,674	35,448	
Westpac Bkg Corp	Var	11/23/31	85,000	84,723	84,125	
Westpac Bkg Corp	5.050%	04/16/29	40,000	39,926	41,031	
Total Corporate Bonds and Notes					<u>5,500,905</u>	<u>5,475,959</u>

## Plumbers and Steamfitters Local 440 Health and Welfare Plan

EIN: 35-1899607 PN: 502

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

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor, or similar party		Description of investment including interest rate, maturity date, par or quantity	Cost	Current Value
<b>MUTUAL FUNDS:</b>				
BlackRock Multi-Asset Income		138,799	\$ 1,530,610	\$ 1,426,854
DFA International Value		31,949	451,079	781,793
American Europacific Growth Fund		10,057	492,959	603,943
FMI Large Cap Fund		176,879	2,930,322	2,630,190
Fidelity 500 Index		28,782	4,150,720	5,918,951
Pimco All Asset Fund		121,509	1,522,155	1,354,823
Vanguard Mid Cap Value Fund		13,162	732,666	1,100,607
Vanguard Mid Cap Growth Index		10,307	700,292	1,191,537
	Total Mutual Funds		<u>12,510,803</u>	<u>15,008,698</u>
<b>CASH EQUIVALENTS:</b>				
Federated Hermes Government Obligations Prem SHS #117	Various	On Demand	1,863,270	1,863,270
	Total Cash Equivalents		<u>1,863,270</u>	<u>1,863,270</u>
	Total Investments		<u>\$ 29,005,897</u>	<u>\$ 31,452,913</u>



# Plumbers and Steamfitters Local 440 Health and Welfare Plan

---

## **SUPPLEMENTARY INFORMATION**

*at May 31, 2025*

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

EIN: 35-1899607 PN: 502

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

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including interest rate, maturity date, par or quantity			Cost	Current Value	
<b>U.S. GOVERNMENT AGENCY OBLIGATIONS:</b>						
Federal National Mtg Assg	3.000%	10/01/31	13,200	\$ 13,611	\$ 12,817	
Federal National Mtg Assg	5.000%	10/01/52	75,801	74,675	73,542	
Federal National Mtg Assg	5.500%	11/01/52	82,933	82,615	82,351	
Federal National Mtg Assg	6.000%	11/01/52	47,464	48,326	48,065	
Federal National Mtg Assg	5.500%	10/01/52	50,382	50,897	50,067	
Federal National Mtg Assg	3.000%	07/01/30	13,149	13,585	12,805	
Federal National Mtg Assg	3.000%	09/01/31	12,119	12,521	11,753	
Federal National Mtg Assg	3.000%	02/01/47	13,185	13,944	11,409	
Federal National Mtg Assg	2.500%	10/01/31	44,890	47,191	42,978	
Federal National Mtg Assg	4.500%	07/01/48	46,708	44,497	44,794	
Federal National Mtg Assg	1.500%	11/01/35	33,054	33,811	29,106	
Federal National Mtg Assg	2.000%	02/01/51	53,532	45,110	34,289	
Federal National Mtg Assg	4.500%	08/01/52	154,126	150,613	145,661	
Federal National Mtg Assg	3.500%	09/01/34	18,139	19,194	17,465	
Federal National Mtg Assg	2.500%	12/01/34	22,527	23,653	21,022	
Federal National Mtg Assg	2.500%	08/01/35	76,462	70,871	71,023	
Federal National Mtg Assg	5.500%	10/01/52	66,335	65,889	65,869	
Federal National Mtg Assg	3.500%	01/01/51	56,758	52,306	50,906	
Federal National Mtg Assg	2.500%	08/01/51	61,068	63,921	50,685	
Federal National Mtg Assg	4.000%	07/01/52	73,123	70,026	67,929	
Federal National Mtg Assg	3.500%	07/01/49	20,073	21,063	18,071	
Federal National Mtg Assg	3.000%	02/01/35	24,436	25,997	23,703	
Federal National Mtg Assg	2.500%	09/01/50	57,647	60,845	47,818	
Federal National Mtg Assg	1.500%	01/01/31	23,861	24,482	22,385	
Federal National Mtg Assg	1.500%	12/01/35	69,968	71,258	61,687	
Federal National Mtg Assg	2.000%	01/01/36	85,090	88,347	77,315	
Federal National Mtg Assg	4.000%	12/01/45	11,354	12,166	10,615	
Federal National Mtg Assg	3.000%	01/01/31	10,899	11,415	10,589	
Federal National Mtg Assg	2.500%	11/01/31	15,910	15,957	15,232	
Federal National Mtg Assg	4.000%	05/01/49	66,975	61,198	62,289	
Federal National Mtg Assg	3.000%	09/01/50	25,260	26,724	21,700	
Federal National Mtg Assg	2.000%	02/01/36	53,911	56,404	48,818	
Federal National Mtg Assg	2.000%	03/01/31	50,792	52,792	48,317	
Federal National Mtg Assg	5.000%	10/01/52	97,984	94,843	95,164	
Govt National Mtg Assg	3.500%	09/15/43	49,470	50,133	45,157	
Balances carried forward				1,670,880	1,553,396	

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

EIN: 35-1899607 PN: 502

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

(a)	(b)	(c)		(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including interest rate, maturity date, par or quantity			Cost	Current Value
<b>U.S. GOVERNMENT AGENCY OBLIGATIONS (continued):</b>					
Balances brought forward				\$ 1,670,880	\$ 1,553,396
USA Treasury BD	5.250%	02/15/29	30,000	31,651	31,493
USA Treasury Notes	0.375%	09/30/27	115,000	103,863	106,119
USA Treasury Notes	1.125%	02/15/31	600,000	504,701	512,580
USA Treasury Notes	1.875%	02/15/32	790,000	669,766	685,143
USA Treasury Notes	1.875%	02/28/27	40,000	38,784	38,608
USA Treasury Notes	3.375%	05/15/33	105,000	99,135	98,844
USA Treasury Notes	4.125%	07/31/28	140,000	142,187	141,044
USA Treasury Notes	3.875%	08/15/33	470,000	460,067	457,183
USA Treasury Notes	4.375%	05/15/34	295,000	298,445	295,829
USA Treasury Notes	4.625%	02/15/35	140,000	144,301	142,625
USA Treasury Notes	2.000%	11/15/26	75,000	71,844	72,876
USA Treasury Notes	2.375%	05/15/27	1,135,000	1,107,747	1,102,323
USA Treasury Notes	1.625%	08/15/29	370,000	329,304	337,843
USA Treasury Notes	1.750%	11/15/29	205,000	183,373	187,063
USA Treasury Notes	1.625%	11/30/26	275,000	261,045	265,590
USA Treasury Notes	1.125%	02/28/27	100,000	94,317	95,266
USA Treasury Notes	0.625%	05/15/30	365,000	302,540	310,480
USA Treasury Notes	1.500%	01/31/27	370,000	350,564	355,374
USA Treasury Notes	1.500%	02/15/30	335,000	299,350	300,126
USA Treasury Notes	2.750%	02/15/28	50,000	48,131	48,563
USA Treasury Notes	2.875%	05/15/28	285,000	270,634	277,151
USA Treasury Notes	2.875%	08/15/28	1,065,000	1,007,317	1,032,848
USA Treasury Notes	3.125%	11/15/28	15,000	14,765	14,630
USA Treasury NTS	2.375%	05/15/29	680,000	626,208	641,989
Total U.S. Government Agency Obligations				<u>9,130,919</u>	<u>9,104,986</u>
<b>CORPORATE BONDS AND NOTES:</b>					
AT&T Inc	4.300%	02/15/30	30,000	33,348	29,684
Abbvie Inc	4.950%	03/15/31	60,000	59,938	60,974
Allstate Corp	1.450%	12/15/30	65,000	50,491	54,860
Amazon.com Inc	2.100%	05/12/31	40,000	31,937	35,241
American Electric Power	5.625%	03/01/33	35,000	34,871	35,831
American Express Co	Var	04/25/31	70,000	70,546	70,794
Balances carried forward				<u>281,131</u>	<u>287,384</u>

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

EIN: 35-1899607 PN: 502

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

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including interest rate, maturity date, par or quantity			Cost	Current Value	
<b>CORPORATE BONDS AND NOTES (continued):</b>						
Balances brought forward				\$ 281,131	\$ 287,384	
American Honda Finance	4.800%	03/05/30	45,000	44,960	45,055	
Ameriprise Financial Inc	5.700%	12/15/28	45,000	45,079	46,896	
Automatic Data Processing	4.450%	09/09/34	60,000	57,505	57,875	
Autozone Inc	5.100%	07/15/29	40,000	40,871	40,770	
Bank of America Corp	Var	06/14/29	80,000	75,394	74,265	
Bank of America Corp	Var	07/22/33	40,000	39,463	39,861	
Bank of Montreal	5.203%	02/01/28	50,000	50,064	50,974	
Bank of Nova Scotia	Var	02/14/29	55,000	54,999	55,396	
Bristol-Myers Squibb Co	5.750%	02/01/31	50,000	49,886	52,901	
CDW LLC / CDW Finance	4.250%	04/01/28	45,000	43,860	44,305	
CNH Equipment Trust	2.830%	07/15/27	15,244	15,243	15,114	
CNH Equipment Trust	3.890%	11/15/27	18,339	18,336	18,263	
CNH Equipment Trust	4.810%	08/15/28	67,444	67,432	67,611	
Cigna Group/The	5.000%	05/15/29	55,000	55,195	55,833	
Canadian Imperial Bank	Var	03/30/29	75,000	75,000	75,398	
Capital One Financial Co	Var	11/02/27	55,000	52,246	52,899	
Capital One Multi-Asset Execut	4.950%	10/15/27	110,000	109,983	110,125	
Cisco Systems Inc	5.050%	02/26/34	40,000	40,164	40,306	
Citigroup Inc	Var	05/24/33	45,000	44,277	44,238	
Citigroup Inc	Var	05/07/28	60,000	60,008	59,908	
Citigroup Inc	Var	09/19/30	40,000	40,073	39,508	
Coca-Cola Consolidated	5.250%	06/01/29	30,000	30,050	30,686	
Commonwealth Edison Co	5.300%	06/01/34	35,000	34,875	35,350	
Con Edison Co of NY Inc	2.400%	06/15/31	50,000	50,179	44,260	
Constellation Brands Inc	4.800%	05/01/30	50,000	50,026	49,953	
DTE Energy Co	5.200%	04/01/30	55,000	55,651	55,943	
Diamondback Energy Inc	5.150%	01/30/30	55,000	54,024	55,662	
Discover Card Execution	3.560%	07/15/27	65,000	64,992	64,919	
Discover Card Execution	5.030%	10/15/27	35,000	34,996	35,057	
Dominion Energy Inc	4.600%	05/15/28	55,000	54,981	55,139	
Dow Chemical Co/The	4.800%	11/30/28	45,000	53,688	45,320	
Duke Energy Corp	2.550%	06/15/31	60,000	52,045	52,649	
Duke Energy Progress LLC	2.000%	08/15/31	45,000	43,987	38,497	
Eastern Energy Gas	5.800%	01/15/35	50,000	49,907	51,004	
Enbridge Inc	5.700%	03/08/33	30,000	30,178	30,598	
Balances carried forward				2,020,748	2,019,922	

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

EIN: 35-1899607 PN: 502

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

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including interest rate, maturity date, par or quantity			Cost	Current Value	
<b>CORPORATE BONDS AND NOTES (continued):</b>						
Balances brought forward				\$ 2,020,748	\$ 2,019,922	
Energy Transfer Operating	5.250%	04/15/29	60,000	70,196	60,915	
Exelon Corp	5.150%	03/15/28	50,000	49,925	50,859	
Federal Home Loan Mtg Corp	3.500%	09/15/46	13,551	13,751	13,166	
Fiserv Inc	4.200%	10/01/28	45,000	51,895	44,518	
Florida Power & Light Co	5.300%	06/15/34	45,000	45,559	45,715	
Ford Credit Auto Owner Trust	4.760%	07/15/29	65,000	65,000	64,668	
Fox Corp	4.709%	01/25/29	65,000	71,367	65,155	
General Motors Co	5.350%	04/15/28	70,000	70,078	70,565	
Georgia Power Co	4.850%	03/15/31	50,000	50,146	50,630	
Global Payments Inc	4.950%	08/15/27	75,000	74,601	75,337	
Goldman Sachs Group Inc	Var	04/23/28	120,000	120,036	120,611	
HF Sinclair Corp	5.000%	02/01/28	105,000	104,366	104,492	
HCA Inc	5.000%	03/01/28	70,000	70,158	70,738	
Honda Auto Receivables Owner	4.660%	11/15/27	42,708	42,701	42,810	
HP Enterprise Co	4.550%	10/15/29	60,000	59,936	59,495	
Huntington Bancshares	Var	08/04/28	50,000	49,149	49,923	
Intercontinental Exchange	2.100%	06/15/30	65,000	52,379	57,846	
JP Morgan Chase & Co	Var	04/22/31	80,000	76,632	72,195	
JP Morgan Chase & Co	Var	07/24/29	55,000	55,000	56,115	
JP Morgan Chase & Co	Var	07/22/28	55,000	55,005	55,433	
John Deere Owner Trust	5.090%	06/15/27	59,687	58,947	59,833	
Johnson & Johnson	4.700%	03/01/30	70,000	70,143	71,196	
Kinder Morgan Inc	5.150%	06/01/30	30,000	29,961	30,282	
Kroger Co	5.000%	09/15/34	30,000	30,072	29,219	
Lyb Int Finance III	1.250%	10/01/25	50,000	49,975	49,392	
Lyb Int Finance III	5.500%	03/01/34	45,000	43,118	43,897	
Mplx LP	5.000%	03/01/33	50,000	47,607	48,523	
Marathon Petroleum Corp	5.150%	03/01/30	80,000	79,494	80,777	
Marriott International	4.875%	05/15/29	40,000	39,598	40,306	
Mercedes-Benz Auto Receivables	4.510%	11/15/27	57,679	57,673	57,655	
Morgan Stanley	Var	01/24/29	100,000	112,290	97,855	
Morgan Stanley	Var	01/21/33	75,000	61,808	65,903	
Nextera Energy Capital	2.750%	11/01/29	35,000	35,668	32,389	
Nisource Inc	5.200%	07/01/29	55,000	54,912	56,036	
Nissan Auto Receivables Owner	5.090%	11/15/27	53,908	53,898	53,993	
Oracle Corp	2.950%	04/01/30	40,000	32,603	37,042	
Balances carried forward				4,126,395	4,105,406	

# Plumbers and Steamfitters Local 440 Health and Welfare Plan

EIN: 35-1899607 PN: 502

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

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor, or similar party		Description of investment including interest rate, maturity date, par or quantity			Cost	Current Value
<b>CORPORATE BONDS AND NOTES (continued):</b>						
	Balances brought forward				\$ 4,126,395	\$ 4,105,406
	Paychex Inc	5.350%	04/15/32	55,000	54,815	55,817
	Phillips 66 Co	5.250%	06/15/31	50,000	51,443	50,619
	Prologis	2.250%	04/15/30	40,000	37,083	35,919
	RTX Corporation	1.900%	09/01/31	65,000	55,223	54,840
	Realty Income Corp	3.200%	01/15/27	65,000	63,029	63,484
	Rio Tinto Fin USA Plc	5.000%	03/14/32	40,000	39,777	40,159
	Royal Bank of Canada	Var	07/23/27	55,000	54,987	55,364
	Southern Co	1.750%	03/15/28	45,000	44,893	41,863
	Sysco Corporation	5.950%	04/01/30	35,000	43,812	36,840
	T-Mobile USA Inc	3.375%	04/15/29	50,000	45,404	47,684
	Take-Two Interactive SOF	5.400%	06/12/29	65,000	65,341	66,346
	Toronto-Dominion Bank	4.574%	06/02/28	95,000	95,000	95,063
	Toronto-Dominion Bank	Var	09/10/34	30,000	30,000	29,731
	Toyota Auto Receivables Owner	4.710%	02/15/28	63,082	63,078	63,136
	Toyota Motor Credit Corp	5.100%	03/21/31	75,000	74,975	76,277
	Truist Financial Corporation	Var	06/07/29	55,000	50,824	50,838
	United Parcel Service	5.250%	05/14/35	35,000	34,902	34,977
	US Bancorp	Var	06/12/29	35,000	35,608	36,131
	US Bancorp	Var	06/12/34	50,000	49,034	51,628
	Verizon Communications	2.355%	03/15/32	45,000	37,169	38,379
	Verizon Master Trust	5.340%	04/22/30	65,000	64,986	66,195
	Visa Inc	2.050%	04/15/30	50,000	50,608	45,099
	Wells Fargo & Company	Var	03/24/28	75,000	73,196	73,560
	Wells Fargo & Company	Var	07/25/34	35,000	34,674	35,448
	Westpac Bkg Corp	Var	11/23/31	85,000	84,723	84,125
	Westpac Bkg Corp	5.050%	04/16/29	40,000	39,926	41,031
	Total Corporate Bonds and Notes				<u>5,500,905</u>	<u>5,475,959</u>

## Plumbers and Steamfitters Local 440 Health and Welfare Plan

EIN: 35-1899607 PN: 502

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

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor, or similar party		Description of investment including interest rate, maturity date, par or quantity	Cost	Current Value
<b>MUTUAL FUNDS:</b>				
BlackRock Multi-Asset Income		138,799	\$ 1,530,610	\$ 1,426,854
DFA International Value		31,949	451,079	781,793
American Europacific Growth Fund		10,057	492,959	603,943
FMI Large Cap Fund		176,879	2,930,322	2,630,190
Fidelity 500 Index		28,782	4,150,720	5,918,951
Pimco All Asset Fund		121,509	1,522,155	1,354,823
Vanguard Mid Cap Value Fund		13,162	732,666	1,100,607
Vanguard Mid Cap Growth Index		10,307	700,292	1,191,537
			<u>12,510,803</u>	<u>15,008,698</u>
<b>CASH EQUIVALENTS:</b>				
Federated Hermes Government Obligations Prem SHS #117	Various	On Demand	1,863,270	1,863,270
			<u>1,863,270</u>	<u>1,863,270</u>
Total Cash Equivalents			<u>1,863,270</u>	<u>1,863,270</u>
Total Investments			<u>\$ 29,005,897</u>	<u>\$ 31,452,913</u>

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	---	---

**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**

<p><b>1a</b> Name of plan  <b>PLUMBERS &amp; STEAMFITTERS LOCAL 440 H&amp;W PLAN</b></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <b>502</b></p>
<p><b>2a</b> 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)  <b>TRUSTEES OF PLUMBERS/STEAMFITTERS          LOCAL 440 HEALTH &amp; WELFARE PLAN</b></p> <p><b>3440 KOSSUTH STREET          P.O. BOX 5769          LAFAYETTE IN 47903-5769</b></p>	<p><b>1c</b> Effective date of plan  <b>06/01/1993</b></p> <p><b>2b</b> Employer Identification Number (EIN)  <b>35-1899607</b></p> <p><b>2c</b> Plan Sponsor's telephone number  <b>765-447-8803</b></p> <p><b>2d</b> Business code (see instructions)  <b>238220</b></p>

**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	Declassified by: <i>Robert Stieneker</i> Signature of plan administrator	2/10/2026	Robert Stieneker
		Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>		
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN		
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>5</b></td> <td style="text-align: right;">2549</td> </tr> </table>	<b>5</b>	2549
<b>5</b>	2549		
<b>6</b> 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).			
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(1)</b></td> <td style="text-align: right;">1993</td> </tr> </table>	<b>6a(1)</b>	1993
<b>6a(1)</b>	1993		
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(2)</b></td> <td style="text-align: right;">2383</td> </tr> </table>	<b>6a(2)</b>	2383
<b>6a(2)</b>	2383		
<b>b</b> Retired or separated participants receiving benefits .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6b</b></td> <td style="text-align: right;">560</td> </tr> </table>	<b>6b</b>	560
<b>6b</b>	560		
<b>c</b> Other retired or separated participants entitled to future benefits .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6c</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6c</b>	0
<b>6c</b>	0		
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6d</b></td> <td style="text-align: right;">2943</td> </tr> </table>	<b>6d</b>	2943
<b>6d</b>	2943		
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6e</b></td> <td></td> </tr> </table>	<b>6e</b>	
<b>6e</b>			
<b>f</b> Total. Add lines 6d and 6e. ....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6f</b></td> <td></td> </tr> </table>	<b>6f</b>	
<b>6f</b>			
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6g(1)</b></td> <td></td> </tr> </table>	<b>6g(1)</b>	
<b>6g(1)</b>			
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6g(2)</b></td> <td></td> </tr> </table>	<b>6g(2)</b>	
<b>6g(2)</b>			
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6h</b></td> <td></td> </tr> </table>	<b>6h</b>	
<b>6h</b>			
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>7</b></td> <td style="text-align: right;">90</td> </tr> </table>	<b>7</b>	90
<b>7</b>	90		

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

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

4A 4D 4E 4F 4L

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1)  H (Financial Information)
- (2)  I (Financial Information - Small Plan)
- (3)  A (Insurance Information) - Number Attached 2
- (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 \_\_\_\_\_