

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan PLUMBERS & STEAMFITTERS LOCAL 141 H & W FUND
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 05/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PLUMBERS & STEAMFITTERS LOCAL 141 H & W FUND 7113 WEST BERT KOUNS INDUSTRIAL LOO SHREVEPORT, LA 71129
2b Employer Identification Number (EIN) 72-0800067
2c Plan Sponsor's telephone number 318-688-6990
2d Business code (see instructions) 238220

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Michael Hale (plan administrator) and Ken Payne (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	602
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	570
	6a(2)	595
	6b	31
	6c	
	6d	626
	6e	
	6f	626
	6g(1)	0
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	31

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan PLUMBERS & STEAMFITTERS LOCAL 141 H & W FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL 141 H & W FUND</p>	<p>D Employer Identification Number (EIN) 72-0800067</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
METROPOLITAN INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	009336	595	05/01/2024	04/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	60843
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan PLUMBERS & STEAMFITTERS LOCAL 141 H & W FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL 141 H & W FUND</p>	<p>D Employer Identification Number (EIN) 72-0800067</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
BLUE CROSS BLUE SHIELD OF LOUISIANA

(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
23-7384555	81200	78938ERC	1401	05/01/2024	05/01/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

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

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

e Deductions:

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

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

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	
b	Benefit charges (1) Claims paid	9b(1)	6600848
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	6600848
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	292973
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention	9c(1)(H)	292973
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

A Name of plan PLUMBERS & STEAMFITTERS LOCAL 141 H & W FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL 141 H & W FUND	D Employer Identification Number (EIN) 72-0800067	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

TED WINDSOR & ASSOCIATES

902 GREENWOOD AVE
WINNETKA, IL 60093

36-4374704

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	50400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ROBIEN, URANN, SPENCER, PICARD & CA

2540 SEVERN AVE SUITE 400
METAIRIE, LA 70002

72-0999672

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	31709	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

UBS FINANCIAL SERVICES

1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

13-2638166

(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?
27	NONE	78964	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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)

BENEFIT RESOURCES, INC.

8441 GULF FREEWAY
SUITE 304
HOUSTON, TX 77017

76-0560949

(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?
14	NONE	143962	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EDWARDS AND LEATHERS, P.C.

PO BOX 860
BAYTOWN, TX 77522

20-8739519

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	14000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan PLUMBERS & STEAMFITTERS LOCAL 141 H & W FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS LOCAL 141 H & W FUND	D Employer Identification Number (EIN) 72-0800067

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 581694	784874
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 545704	755786
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 2835	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 151951	451038
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 9331075	10551043
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	2162

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10613259	12544903
Liabilities			
g Benefit claims payable.....	1g	1254630	867333
h Operating payables.....	1h	17843	49079
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1272473	916412
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9340786	11628491

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	7536505	
(B) Participants.....	2a(1)(B)	203438	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7739943
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	430027	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		542992
c Other income	2c		214
d Total income. Add all income amounts in column (b) and enter total.....	2d		8713176

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6006311	
(2) To insurance carriers for the provision of benefits	2e(2)	60843	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6067154
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	143962	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	14000	
(5) Investment advisory and investment management fees	2i(5)	78964	
(6) Bank or trust company trustee/custodial fees	2i(6)	1093	
(7) Actuarial fees	2i(7)	50400	
(8) Legal fees	2i(8)	31709	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	38189	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		358317
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6425471

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2287705
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: EDWARDS AND LEATHERS, P.C.

(2) EIN: 20-8739519

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

PLUMBERS AND STEAMFITTERS LOCAL 141
HEALTH AND WELFARE FUND
REPORT ON AUDITS OF FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
APRIL 30, 2025 AND 2024

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EDWARDS AND LEATHERS

Certified Public Accountants

Larry V. Edwards
Michael R. Leathers



The CPA. Never Underestimate The Value.™

INDEPENDENT AUDITOR'S REPORT

To the Participants and the Board of Trustees of
Plumbers and Steamfitters Local 141 Health and Welfare Fund
Shreveport, Louisiana

Opinion

We have audited the accompanying financial statements of Plumbers and Steamfitters Local 141 Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of April 30, 2025, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Plumbers and Steamfitters Local 141 Health and Welfare Fund as of April 30, 2025 and 2024, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis of 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 141 Health and Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local 141 Health and Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

4500C N. Main Street • P.O. Box 860 • Baytown, Texas 77522-0860 • (281) 428-1655 • Fax 1 (832) 218-5313

Member of the American Institute of Certified Public Accountants
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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 including 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 141 Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local 141 Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Investments Held at Year End are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Other Matters

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

Baytown, Texas
February 16, 2026

Edwards & Leathers, P.C.

Edwards and Leathers, P.C.
Certified Public Accountants

Plumbers and Steamfitters Local 141 Health and Welfare Fund
 Statements of Net Assets Available for Benefits
 Year Ended April 30, 2025 and 2024

Assets	<u>2025</u>	<u>2024</u>
Investments, at fair value: (Note E)		
Mutual Funds	\$ 10,551,043	\$ 9,331,075
CD's / Cash equivalents	<u>451,038</u>	<u>151,951</u>
Total Investments	<u>11,002,081</u>	<u>9,483,026</u>
Receivables: (Note A)		
Employers' Contributions	<u>755,786</u>	<u>545,704</u>
Total Receivables	<u>755,786</u>	<u>545,704</u>
Cash	<u>784,874</u>	<u>581,694</u>
Prepays	<u>2,162</u>	<u>2,835</u>
Total assets	<u>12,544,9033</u>	<u>10,613,259</u>
Liabilities		
Accounts payable – Trade	<u>49,079</u>	<u>17,843</u>
Total Liabilities	<u>49,079</u>	<u>17,843</u>
Net assets available for benefits	<u>\$ 12,495,824</u>	<u>\$ 10,595,416</u>

The accompanying notes are an integral part of these financial statements.

Plumbers and Steamfitters Local 141 Health and Welfare Fund
Statements of Changes in Net Assets Available for Benefits
Year Ended April 30, 2025 and 2024

	2025	2024
Additions to plan assets attributed to:		
Net appreciation (depreciation) in fair value of investments (Notes C & D):	\$ 542,992	\$ 161,769
Investment income	430,027	335,564
Less investment expense	(78,964)	(45,016)
Total Investment Income	894,055	452,317
Employers' contributions	6,390,516	5,388,710
Reciprocal contributions	1,145,989	757,630
Employee contributions	203,438	161,113
Total Contributions	7,739,943	6,307,453
Other income	214	866
Total additions	8,634,212	6,760,636
Deductions for plan assets attributed to:		
Payment for --		
BCBS Access Fees	66,614	49,973
BCBS Administrative Fees	483,459	530,074
Claims Paid - Medicare	190,340	246,056
Claims Paid - BCBS	4,937,663	4,364,586
Dental Claims	19,747	44,308
Drug Claims Paid	1,493,682	1,536,465
Life Insurance	60,843	54,417
PCORI Fee	3,117	2,620
Pharmacy Rebates	(443,885)	(473,843)
Stop-Loss Reimbursements	(357,129)	(160,322)
Total Benefit Expenses	6,454,451	6,194,335
Operating expenses	279,353	259,561
Total deductions	6,733,804	6,453,897
Net increase (decrease)	1,900,408	306,740
Net assets available for benefits		
Beginning of year	10,595,416	10,288,676
End of year	\$ 12,495,824	\$ 10,595,416

The accompanying notes are an integral part of these financial statements.

Plumbers and Steamfitters Local 141 Health and Welfare Fund
 Statements of Plan's Benefit Obligations
 Year Ended April 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Claims payable, claims incurred but reported, and premiums due to insurers	\$ 867,333	\$ 1,254,630
Estimated future benefits based on participants' Accumulated eligibility	<u>3,897,312</u>	<u>3,633,492</u>
 PLAN'S TOTAL BENEFIT OBLIGATIONS	 <u>4,764,645</u>	 <u>4,888,122</u>
 Post-retirement Benefit Obligations		
Current Retirees	\$ 1,686,094	\$2,152,553
Other Participants Fully Eligible for Benefits	2,003,416	2,334,066
Other Participants Not Yet Fully Eligible for Benefits	<u>4,311,530</u>	<u>3,569,041</u>
Total Post-retirement Benefit Obligations	8,001,040	8,055,660
 PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	 <u>\$ 12,765,685</u>	 <u>\$ 12,943,782</u>

The accompanying notes are an integral part of these financial statements.

Plumbers and Steamfitters Local 141 Health and Welfare Fund
Statements of Changes in Plan's Benefit Obligations
April 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Balance at beginning of year	\$ 4,888,122	\$ 3,829,711
Claims reported and approved for payment, including Benefits reclassified from benefit obligations	6,330,974	7,252,746
Benefits paid	<u>(6,454,451)</u>	<u>(6,194,335)</u>
 PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	 \$ 4,764,645	 \$ 4,888,122
 Post-retirement Benefit Obligations – (Note G)		
Balance at Beginning of Year	\$ 8,055,660	\$ 6,738,948
Increase (Decrease) During Year Attributable to:		
Changes in Actuarial Assumptions	(150,224)	(251,365)
Changes in expected claims rates	(473,917)	1,040,876
Increase in benefits accumulated during year	521,846	425,334
Increase due to the passage of time	453,071	366,226
Actuarial experience gain/(loss)	(219,328)	(103,152)
Plan Amendments	-0-	-0-
Benefits paid during year	<u>(186,068)</u>	<u>(161,207)</u>
Balance at End of Year	<u>\$ 8,001,040</u>	<u>\$ 8,055,660</u>
 PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	 <u>\$ 12,765,685</u>	 <u>\$ 12,943,782</u>

The accompanying notes are an integral part of these financial statements.

Plumbers and Steamfitters Local 141 Health and Welfare Fund
Notes to Financial Statements
April 30, 2025 and 2024

A. DESCRIPTION OF THE TRUST

General. The Fund was formed in 1976 under a Trust Agreement between the Plumbing and Air Conditioning Contractors Association of Shreveport, Inc. and the Plumbers and Steamfitters Local Union No. 141. Under the agreement, the Fund is to administer a Health and Welfare Plan for the benefit of individual Union members who participate in the Plan. Each separate contractor makes contributions to the Fund for each hour that a union member/participant works. The contributions are due to the Fund by the end of the subsequent month following the month in which the participant worked.

Benefits. The Trust participated in group insurance plans whereby insurance premiums were payable at specified rates based on the number of eligible participants. The types of benefits available to participants are medical, wellness benefits, and short term disability benefits.

Eligibility was determined as follows:

Initial eligibility was established by a participant on the first day of the second month following a 6 or less consecutive month period in which 400 hours were worked for a contributing employer.

Continuing eligibility was maintained by a participant who worked, or was credited for a minimum of 130 hours of service for a contributing employer. Hours worked in excess of 130 hours during any insurance month could accumulate in the participant's excess clock hour bank up to a maximum accumulation of 720 credit hours. A participant that worked less than 130 hours for a contributing employer during an insurance month could eliminate the shortfall and continue insurance coverage during the next insurance month by withdrawing hours from the bank equal to the shortfall.

If a participant's insurance coverage had been terminated due to insufficient hours, he could be reinstated on the first day of the second calendar month when at least 130 hours had accrued to his hour bank during the previous twelve months.

A participant and/or their dependents could continue their medical coverage on a self-pay or COBRA basis under the guidelines of the Consolidated Omnibus Budget Reconciliation Act (COBRA).

A participant became insured on the date they became eligible.

Notes to Financial Statements – Continued

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accounting policies followed by the Trust that materially affects the determination of financial position and net assets available for Trust benefits are summarized below.

Date of Management's Review. Subsequent events were evaluated through February 16, 2026, which is the date the financial statements were available to be issued.

Accounting Basis. The accounting records of the Trust are maintained on an accrual basis for financial reporting purposes.

Employers' contributions receivable is determined by reviewing contributions received after the year end which apply to the period of time prior to the year end.

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

All receivables are fully collectible; therefore, no allowance for uncollectible receivables has been necessary.

If available, quoted market prices are used to value investments. Valuations for other securities are obtained from databases and broker contracts. Real estate mortgage loan valuations are at face value, which represents the original loan amount less principal payments. Investments in guaranteed investment contracts issued by insurance companies are valued at contract value, which represents the initial investments plus interest at the guaranteed rate, less administrative charges.

Investment income is recognized when earned rather than when received.

Federal Income Taxes. The Trust is exempt from federal income taxes under Section 501 (c) (9) of the Internal Revenue Code. The trust established under the plan to hold the plan's assets obtained its latest determination letter on January 19, 1977, in which the Internal Revenue Service stated that the trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The trust has been amended since receiving the determination letter. However, the plan administrator and the plan's counsel believe that the trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the plan's financial statements.

Notes to Financial Statements-Continued

Generally accepted accounting principles require management to evaluate tax positions taken and recognize a tax liability if the entity has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the tax positions taken by the Plan and concluded that as of April 30, 2025 there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. Management believes the Plan is no longer subject to tax examinations for years prior to 2021.

Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. The Benefit Obligation for estimated future benefits based on participants' accumulated eligibility is an estimated obligation. The Benefit Obligations for claims reported / not paid (CRNP) and claims incurred / not reported (IBNR) are also estimated obligations. Actual results could differ from those estimates. It is reasonably possible that the effect on the financial statements of significant estimates involving SFAS No. 5 contingencies will change within one year of the date of the financial statements.

Termination of the Fund and Trust.

In the event of termination of this Agreement and Declaration of Trust, the Trustees shall apply the Fund to pay or to provide for the payment of any and all obligations of the Fund and shall distribute and apply any remaining surplus in such manner as will in their opinion best effectuate the purpose of the Fund provided, however, that no part of the corpus or income of said Fund shall be used for or diverted to purposes other than for the exclusive benefits of the employees of the employers or their eligible dependents, or the administrative expenses of the Fund or for other payments in accordance with the provisions of the Fund. Under no circumstances shall any portion of the corpus or income of the Fund, directly or indirectly, revert or accrue to the benefit of any contributing employer or the Union.

C. ESTIMATED ELIGIBILITY LAG LIABILITY

An employee is eligible for benefits on the first day of the second calendar month following a six or less consecutive month period during which he is credited with at least 400 hours of Covered Employment.

All hours an Employee works in Covered Employment shall be accumulated in a Reserve Account maintained on his behalf. However, if he is employed by the Union, the Apprenticeship Fund or the Trust Fund, and covered by a Participation Agreement, he is not eligible for Reserve Accounts unless he qualifies as a Bargaining Unit Alumni. A "Bargaining Unit Alumni" is an Employee who worked under a Collective Bargaining Agreement immediately prior to his full-time employment with the Union, Apprenticeship Fund, Trust Fund or other Employer in a non-bargaining unit position.

Notes to Financial Statements-Continued

The Accumulated hours in an Employee's Reserve Account shall be used to satisfy the initial and continuing eligibility requirements. Withdrawal will be made from the Employee's Reserve Account as follows:

- A. 400 hours of Covered Employment on the first day of the month for which the Employee initially becomes eligible; and
- B. 130 hours of Covered Employment at the beginning of each month thereafter.

An Employee must have at least 130 hours of Covered Employment accumulated in his Revenue Account, or if he is not eligible for a Revenue Account, he must be credited with at least 130 hours of Covered Employment, at the beginning of each month after the month in which the Employee initially becomes eligible in order to be covered for that month. There is a one (1) month lag between the time worked and the time the corresponding hours are credited to his account.

This Eligibility Lag Liability, as of April 30, 2025, is estimated to be \$1,308,079 by the Fund Consultant.

D. ESTIMATED HOUR BANK LIABILITY

Hours reported by Participating Employers in excess of 130 hours during an eligibility month shall be credited to an employee's individual Hour Bank, up to a maximum of 720 hours. The hours in an employee's Hour Bank may be withdrawn as necessary to continue his eligibility. The liability for the Hour Bank has been estimated by the Consultant to be \$3,897,312 for the year ended April 30, 2025.

E. INCURRED BUT UNPAID CLAIMS

All health benefit claims incurred by eligible members as specified in the Plan are paid directly out of the Fund. The amount of \$867,333 is an estimated amount by the Consultant for claims incurred but not paid to the Fund until after April 30, 2025. This amount represents \$42,413 reported and unpaid and \$824,920 incurred but unreported.

F. COBRA COMPLIANCE

This Plan is subject to the continuation of COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985). Accordingly, the Plan has taken steps to comply with this Act.

Notes to Financial Statements-Continued

G. POST-RETIREMENT BENEFIT OBLIGATIONS

The post-retirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered prior to April 30. Post-retirement 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 the participating employers. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service in the industry rendered prior to the valuation date.

The actuarial present value of the expected post-retirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The following were the significant assumptions in the valuation as of April 30, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
A. Assumptions		
1. Discount Rate	5.45%	5.34%
2. Health Care Cost Trend Rate		6% Graded to 5%
3. Mortality Rates – Pre and Post-Retirement: Health	RP-2014 Blue Collar Table (sex distinct) projected for Mortality Improvement in years beyond 2014 using Projection Scale MP2015.	RP-2014 Blue Collar Table (sex distinct) projected for Mortality Improvement in years beyond 2014 using Projection Scale MP2015.
4. Marital Status	The percentage of assumed married active employees is 70%. Husbands are assumed to be three years older than wives.	The percentage of assumed married active employees is 70%. Husbands are assumed to be three years older than wives.
5. Cost Method	Projected Unit Credit Cost Method with benefits accrued ratably from date of eligibility to full benefit eligibility.	Projected Unit Credit Cost Method with benefits accrued ratably from date of eligibility to full benefit eligibility.

Notes to Financial Statements-Continued

G. POST-RETIREMENT BENEFIT OBLIGATIONS (Continued)

B. Medical Trends	Year	Increase	Year	Increase
	2022	6%	2023	6%
	2023 & beyond	5%	2024 & beyond	5%

Effect of increase in health trend rates

	<u>April 30, 2024</u>	<u>April 30, 2025</u>
1. Effect of increase of +1%	\$ 1,617,946	\$ 1,350,301
2. <i>Adjusted total benefit obligations</i>	\$ 9,673,606	\$ 9,351,341

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 post-retirement benefit obligation.

H. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification Topic 820, Fair Value Measurements and Disclosures ("ASC Topic 820") provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserving inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

Notes to Financial Statements-Continued

H. FAIR VALUE MEASUREMENTS (Continued)

The assets' or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at April 30, 2025 and 2024.

The methods used may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Fund 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.

	Fair Value	(Level 1)
<u>April 30, 2025</u>		
Mutual Funds	\$ 10,551,043	\$ 10,551,043
Cash equivalent in trust accounts	<u>451,038</u>	<u>451,038</u>
Total	<u>\$ 11,002,081</u>	<u>\$ 11,002,081</u>
<u>April 30, 2024</u>		
Mutual Funds	\$ 9,331,075	\$ 9,331,075
Cash equivalent in trust accounts	<u>151,951</u>	<u>151,951</u>
Total	<u>\$ 9,483,026</u>	<u>\$ 9,483,026</u>

Transfers between levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy.

Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Trustees evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended April 30, 2025 and 2024, there were no significant transfers.

Notes to Financial Statements-Continued

H. FAIR VALUE MEASUREMENTS (Continued)

Investment policies, guidelines and procedures have been established by the Board and may be modified or amended only at the direction of the Board. In establishing and determining the reasonableness of investment valuations, the Fund enlists the assistance of independent appraisers, fiduciaries and investment managers who review the performance of investments to ensure adherence to those policies, guidelines and procedures.

Investments are monitored by management, as assisted by the Fund's independent fiduciaries, to review pricing models and methodologies, to analyze changes in fair value from period to period, to report valuations and changes in valuations to the Board and to verify compliance with the presentation of investments in accordance with U.S. GAAP.

I. 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. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note H for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends on stocks are recognized as income when received. Interest income on investments is recognized as it is earned, regardless of maturity or interest payment dates. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

During the years ended April 30, 2025 and 2024, the Plan's investments (including investments bought, sold, and held during the year) appreciated / (depreciated) in value by \$542,992 and \$161,769 as follows:

	Net Appreciation (Depreciation) in Fair Value	
	<u>April 30, 2025</u>	<u>April 30, 2024</u>
Mutual Funds	<u>\$ 542,992</u>	<u>\$ 161,769</u>

Notes to Financial Statements-Continued

J. RISKS AND UNCERTAINTIES

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

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

K. RELATED PARTY TRANSACTIONS

Transactions with related parties and other parties in interest were consummated on terms equivalent to those that prevail in arm's length transactions. These transactions were consummated in the ordinary course of business.

L. PARTY-IN-INTEREST TRANSACTIONS

Transactions with the Plan's administrator were for administrating services. Transactions with the Plan's auditor were for accounting and auditing services, while transactions with the Plan's attorney were for legal services. Transactions with the Plan's consultant were for actuarial services. All of the transactions were conducted in the ordinary course of business. Transactions with all parties - in - interest are equivalent to those that prevail in arms - length transactions.

M. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The difference between the information in the separate financial statements and in the assets, liabilities, income, expenses, and changes in net assets reported on Form 5500 are explained below.

Notes to Financial Statements-Continued

The following is a reconciliation of investments per the financial statements to the Form 5500.

<u>Statement of Net assets available for benefits</u>	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the Financial statements	\$ 12,495,824	\$10,595,416
Benefit obligations currently payable (IBNR & CRNP)	<u>(867,333)</u>	<u>(1,254,630)</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 11,628,491</u>	<u>\$9,340,786</u>

Difference is Net Assets per Form 5500 subtracts IBNR & CRNP. On the Financial Statements they are reported on the Statements of Plan's Benefit Obligations.

**M. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500
(Continued)**

<u>Liabilities</u>	April 30, 2025		April 30, 2024
Liabilities per financial statements	\$ 49,079		\$ 17,843
Liabilities per Form 5500	916,412		1,272,473
Difference	\$ 867,333		\$ 1,254,630

<u>Statement of Changes Net Assets Available for Benefits</u>	April 30, 2025		April 30, 2024
<u>Income</u>			
Income per financial statements	\$ 8,634,212		\$ 6,760,636
Income per Form 5500	8,713,176		6,805,652
Difference	\$ 78,964		\$ 45,016

Notes to Financial Statements-Continued

Difference is that investment fee is netted against investment income per the financial statements and it is included in expenses on the Form 5500.

<u>Expenses</u>	<u>April 30, 2025</u>	<u>April 30, 2024</u>
Total expenses per financial statements	\$ 6,733,804	\$ 6,453,897
Plus Investment expenses	78,964	45,016
Change in Benefit Obligations	<u>(387,297)</u>	<u>502,610</u>
Total expenses per Form 5500	<u>\$ 6,542,471</u>	<u>\$ 7,001,523</u>

N. FUNDING POLICY

The Trust was funded by employers' contributions, employees' contributions, COBRA payments, and investment income. The funding policy has not changed since the previous audit report was issued.

O. SUBSEQUENT EVENTS

Transactions were examined for the two months subsequent to the fiscal year-end. No unusual transactions were noted and no adjustments were made to the fiscal year asset and liability accounts. All subsequent events have been evaluated through February 14, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no other material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

P. CONCENTRATIONS

Most of the employers who are members of the Plan are located in Shreveport Louisiana. If a catastrophic event occurred in that region of the country, it is reasonably possible that the event could have a severe impact on the Plan. During the years ended April 30, 2025 and 2024 no employer accounted for 50% of participating employers' contribution.

Q. COMMITMENTS AND CONTINGENCIES

The Trust had a significant concentration of credit risk from cash deposits in excess of federally insured limits in the amount of \$567,087 and \$376,883 at April 30, 2025 and 2024, respectively.

SUPPLEMENTAL SCHEDULES

Plumbers and Steamfitters Local 141 Health and Welfare Fund
Supplemental Schedules - Act Sec. 103(b)(3)
April 30, 2025 and 2024

(A) Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

See Schedule 1

(B) Schedule of Investment Assets That Were Both Acquired and Disposed of Within the Plan Year

None

(C) Schedule of Loans and Fixed Income Obligations

None

(D) Schedule of Leases in Default or Uncollectible

None

(E) Schedule of Reportable Transactions

None

(F) Schedule of Nonexempt (Prohibited) Transactions That Are Disclosed in Notes to Financial Statements

None

(G) Schedule of Nonexempt (Prohibited) Transactions That Are Not Disclosed in Notes to Financial Statements

None

PLUMBERS AND STEAMFITTERS LOCAL UNION 141 HEALTH & WELFARE FUND
 EIN# 72-0800067
 PN# 501

Item 27 a - Schedule of Assets Held for Investment Purposes
 April 30, 2025

Schedule I

(a)(b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
<u>EDWARD JONES</u>			
<u>CASH AND EQUIVALENTS</u>			
Living Trust Select		\$1,247,966	\$1,956,027
Total Cash and Equivalents		\$1,247,966	\$1,956,027
TOTAL EDWARD JONES		\$1,247,966	\$1,956,027
<u>USB INSTITUTIONAL CONSULTING</u>			
<u>CASH AND EQUIVALENTS</u>			
CASH AND EQUIVALENTS		\$0	\$129
LIQUID ASSETS GOVT FUND		\$3	\$48,610
Total Cash and Equivalents		\$3	\$48,739
<u>EQUITIES</u>			
SPDR S& 500 ETF TR	724,000 shares	\$165,190	\$401,487
Total Equities		\$165,190	\$401,487
<u>MUTUAL FUNDS</u>			
BARON SMALL CAP	13,907,078 shares	\$438,243	\$408,868
CLEARBRIDGE LRG CAP GROWTH FUND	8544.102 shares	\$442,939	\$594,329
MFS INTL DIVERSIFICATION FUND CLASS R6	40,644.343 shares	\$802,773	\$1,011,638
MFS VALUE FUND CLASS R6	12,496.724 shares	\$471,803	\$608,465
NEUBERGER BERMAN REAL ESTATE FUND	51,058.640 shares	\$779,882	\$707,162
VANGUARD SMALL CAP VALUE INDEX ADMIRAL	5,809,421 shares	\$250,148	\$449,591
Total Mutual Funds		\$3,185,788	\$3,780,054
TOTAL UBS INSTITUTIONAL CONSULTING		\$3,350,977	\$4,230,279
<u>FIXED INCOME</u>			
WEC ENERGY	34,000	\$34,060	\$34,030
SOUTHERN CALIF	230,000	\$231,661	\$230,598
CITIGROUP	234,000	\$235,577	\$234,775
TRUIST FINANCIAL CORP	226,000	\$231,327	\$229,641
CADENCE DESIGN SYSTEMS	236,000	\$235,580	\$235,844
TOYOTA MOTOR CREDIT	234,000	\$236,272	\$235,827
PFIZER	230,000	\$231,286	\$231,711
JPMORGAN	232,000	\$234,424	\$234,390
AMERICAN EXPRESS	230,000	\$233,462	\$233,123
AMERICAN HONDA	236,000	\$234,825	\$234,572
PAYPAL HOLDINGS	254,000	\$236,438	\$238,481
UNITED HEALTH GROUP	230,000	\$234,400	\$233,524
ROYAL BANK OF CANADA	230,000	\$233,613	\$232,638
MORGAN STANLEY	10,000	\$9,503	\$9,478
T-MOBILE USA	248,000	\$231,501	\$230,360
DUKE ENERGY FLORIDA	92,000	\$79,491	\$80,446
PACIFIC GAS & ELEC	222,000	\$233,057	\$224,742
BK OF AMER CORP	274,000	\$234,654	\$235,032
ENBRIDGE INC	226,000	\$236,575	\$230,366
CANADIAN IMPERIAL	218,000	\$235,750	\$231,113
GENL MOTORS FINL	224,000	\$230,897	\$224,715
AT&T INC	226,000	\$233,962	\$230,452
EVERSOURCE ENERGY	218,000	\$232,037	\$225,495
ACCRUED INTEREST		\$54,422	\$54,422
TOTAL FIXED INCOME		\$4,854,774	\$4,815,775
TOTAL INVESTMENTS		\$9,453,717	\$11,002,081

Plumbers and Steamfitters Local 141 Health and Welfare Fund
Schedules of Operating Expenses
April 30, 2025 and 2024

	2025	2024
Administrative expense	\$ 143,962	\$ 143,331
Auditor expense	14,000	14,000
Consulting fee	50,400	36,333
Attorney fee	31,709	27,928
Printing	4,733	5,240
Utilities expense	1,432	1,561
Bank fees	1,093	1,470
Insurance expense	15,250	20,554
Trustee expense	-0-	1,399
Office expense	8,209	773
Computer Service Expense	6,930	6,552
Security expense	420	420
Reciprocity Program	1,215	-0-
	\$ 279,353	\$ 259,561
Total Operating Expenses	\$ 279,353	\$ 259,561

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 5/1/2024 and ending 4/30/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: PLUMBERS & STEAMFITTERS LOCAL 141 H & W FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 5/1/1976
2a Plan sponsor's name (employer, if for a single-employer plan): PLUMBERS & STEAMFITTERS LOCAL 141 H & W FUND
2b Employer Identification Number (EIN): 72-0800067
2c Plan Sponsor's telephone number: (318) 688-6990
2d Business code (see instructions): 238220

Electronic Filing Only

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

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

Table with 4 rows for signatures: SIGN HERE, Signature of plan administrator, Date, Michael Hale; SIGN HERE, Signature of employer/plan sponsor, Date, Ken Payne; SIGN HERE, Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor 7113 West Bert Kouns Industrial Loo Shreveport LA 71129	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 602
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 570
a(2) Total number of active participants at the end of the plan year	6a(2) 595
b Retired or separated participants receiving benefits	6b 31
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 626
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f 626
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 31

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

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

9a Plan funding arrangement (check all that apply) (1) <input 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	9b 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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 _____

Electronic Filing Only

PLUMBERS AND STEAMFITTERS LOCAL UNION 141 HEALTH & WELFARE FUND

EIN# 72-0800067

PN# 501

Item 27 a - Schedule of Assets Held for Investment Purposes

April 30, 2025

Schedule I

(a)(b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
<u>EDWARD JONES</u>			
<u>CASH AND EQUIVALENTS</u>			
Living Trust Select		\$1,247,966	\$1,956,027
Total Cash and Equivalents		\$1,247,966	\$1,956,027
TOTAL EDWARD JONES		\$1,247,966	\$1,956,027
<u>UBS INSTITUTIONAL CONSULTING</u>			
<u>CASH AND EQUIVALENTS</u>			
CASH AND EQUIVALENTS		\$0	\$129
LIQUID ASSETS GOVT FUND		\$3	\$48,610
Total Cash and Equivalents		\$3	\$48,739
<u>EQUITIES</u>			
SPDR S& 500 ETF TR	724,000 shares	\$165,190	\$401,487
Total Equities		\$165,190	\$401,487
<u>MUTUAL FUNDS</u>			
BARON SMALL CAP	13,907,078 shares	\$438,243	\$408,868
CLEARBRIDGE LRG CAP GROWTH FUND	8544,102 shares	\$442,939	\$594,329
MFS INTL DIVERSIFICATION FUND CLASS R6	40,644,343 shares	\$802,773	\$1,011,638
MFS VALUE FUND CLASS R6	12,496,724 shares	\$471,803	\$608,465
NEUBERGER BERMAN REAL ESTATE FUND	51,058,640 shares	\$779,882	\$707,162
VANGUARD SMALL CAP VALUE INDEX ADMIRAL	5,809,421 shares	\$250,148	\$449,591
Total Mutual Funds		\$3,185,788	\$3,780,054
TOTAL UBS INSTITUTIONAL CONSULTING		\$3,350,977	\$4,230,279
<u>FIXED INCOME</u>			
WEC ENERGY	34,000	\$34,060	\$34,030
SOUTHERN CALIF	230,000	\$231,661	\$230,598
CITIGROUP	234,000	\$235,577	\$234,775
TRUIST FINANCIAL CORP	226,000	\$231,327	\$229,641
CADENCE DESIGN SYSTEMS	236,000	\$235,580	\$235,844
TOYOTA MOTOR CREDIT	234,000	\$236,272	\$235,827
PFIZER	230,000	\$231,286	\$231,711
JPMORGAN	232,000	\$234,424	\$234,390
AMERICAN EXPRESS	230,000	\$233,462	\$233,123
AMERICAN HONDA	236,000	\$234,825	\$234,572
PAYPAL HOLDINGS	254,000	\$236,438	\$238,481
UNITED HEALTH GROUP	230,000	\$234,400	\$233,524
ROYAL BANK OF CANADA	230,000	\$233,613	\$232,638
MORGAN STANLEY	10,000	\$9,503	\$9,478
T-MOBILE USA	248,000	\$231,501	\$230,360
DUKE ENERGY FLORIDA	92,000	\$79,491	\$80,446
PACIFIC GAS & ELEC	222,000	\$233,057	\$224,742
BK OF AMER CORP	274,000	\$234,654	\$235,032
ENBRIDGE INC	226,000	\$236,575	\$230,366
CANADIAN IMPERIAL	218,000	\$235,750	\$231,113
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ACCRUED INTEREST		\$54,422	\$54,422
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TOTAL INVESTMENTS		\$9,453,717	\$11,002,081