

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: PLUMBERS AND STEAMFITTERS LOCAL 440 DEFINED CONTRIBUTION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan): TRUSTEES OF PLUMBERS/STEAMFITTERS LOCAL 440 DEFINED CONT PENS FUND
2b Employer Identification Number (EIN): 35-2078254
2c Plan Sponsor's telephone number: 800-552-6550
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  TRUSTEES OF PLUMBERS/STEAMFITTERS LOCAL 440 DEFINED CONT PENS FUND  3440 KOSSUTH STREET P.O. BOX 5769 LAFAYETTE, IN 47903-5769	<b>3b</b> Administrator's EIN 35-2078254																				
	<b>3c</b> Administrator's telephone number 800-552-6550																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN																				
	<b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 3096																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr><td><b>6a(1)</b></td><td>2945</td></tr> <tr><td><b>6a(2)</b></td><td>3535</td></tr> <tr><td><b>6b</b></td><td>61</td></tr> <tr><td><b>6c</b></td><td>0</td></tr> <tr><td><b>6d</b></td><td>3596</td></tr> <tr><td><b>6e</b></td><td>8</td></tr> <tr><td><b>6f</b></td><td>3604</td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td>3604</td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>	2945	<b>6a(2)</b>	3535	<b>6b</b>	61	<b>6c</b>	0	<b>6d</b>	3596	<b>6e</b>	8	<b>6f</b>	3604	<b>6g(1)</b>		<b>6g(2)</b>	3604	<b>6h</b>	
<b>6a(1)</b>	2945																				
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<b>6b</b>	61																				
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<b>6d</b>	3596																				
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<b>6f</b>	3604																				
<b>6g(1)</b>																					
<b>6g(2)</b>	3604																				
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b> 82																				

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2C

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

<b>9a</b> 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	<b>9b</b> Plan benefit 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
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <b>PLUMBERS AND STEAMFITTERS LOCAL 440 DEFINED CONTRIBUTION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF PLUMBERS/STEAMFITTERS LOCAL 440 DEFINED CONT PENS FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>35-2078254</b>	

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

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

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

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

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

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

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

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

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

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

NEWPORT GROUP

200 DRYDEN ROAD  
DRESHER, PA 19025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 50	NONE	160546	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

S.C. MILLER & COMPANY

35-1820020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	85360	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARINER INSTITUTIONAL

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50 27	NONE	42000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

L.M. HENDERSON & CO., LLP

20-5520612

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	15115	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHNSON & KROL

36-4342024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	14253	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REGIONS BANK

63-0371391

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 21	NONE	14020	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BLACK HORSE ENTERPRISES LLC

2600 W 450 S  
LAFAYETTE, IN 47909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	7988	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>PLUMBERS AND STEAMFITTERS LOCAL 440 DEFINED CONTRIBUTION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF PLUMBERS/STEAMFITTERS LOCAL 440 DEFINED CONT PENS FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>35-2078254</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO BAL RET INC CT FOUNDERS

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

<b>c</b> EIN-PN <u>27-0834899-035</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>293888</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>PLUMBERS AND STEAMFITTERS LOCAL 440 DEFINED CONTRIBUTION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF PLUMBERS/STEAMFITTERS LOCAL 440 DEFINED CONT PENS FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>35-2078254</b>

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

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1088136	1141231
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	355599	430050
<b>(3)</b> Other .....	<b>1b(3)</b>	16712	14030
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	949294	192682179
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		293888
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	170287181	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		3598033

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	172696922	198159411
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	385757	131996
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	385757	131996
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	172311165	198027415

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	10620683	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	4264351	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	427661	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		15312695
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	7889637	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	16483304	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	15885608	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	12675802	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		36475830

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	10384400	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		10384400
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	95102	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	15115	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	192804	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	15625	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	27368	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	29166	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		375180
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		10759580

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		25716250
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

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

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1451059
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

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## FINANCIAL STATEMENTS

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



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

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

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*May 31, 2025 and May 31, 2024*

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Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
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<b>SUPPLEMENTARY INFORMATION:</b>	
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions at May 31, 2025	13
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) at May 31, 2025	14
<b>NOTE:</b> All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



"Serving Our Clients Since 1948"

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

James J. Cline, Jr.  
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Indianapolis, IN 46240  
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### Independent Auditor's Report

Board of Trustees of  
Plumbers and Steamfitters Local 440  
Defined Contribution Pension Fund  
Indianapolis, Indiana

#### **Opinion**

We have audited the accompanying financial statements of Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund (an Indiana multi-employer benefit plan), which comprises the statements of net assets available for benefits as of May 31, 2025 and May 31, 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

#### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers and Steamfitters Local 440 Defined Contribution Pension 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 440 Defined Contribution Pension Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers and Steamfitters Local 440 Defined Contribution Pension 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 440 Defined Contribution Pension 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 as listed in the accompanying index is 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.

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

Certified Public Accountants  
Indianapolis, Indiana

January 12, 2026

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

## Statements of Net Assets Available for Benefits

at May 31, 2025 and May 31, 2024

	May 31, 2025	May 31, 2024
<b>ASSETS:</b>		
Investments at fair value	\$ 192,703,033	\$ 170,287,181
Fully benefit-responsive investment contract at contract value	3,598,033	-
Total investments	<u>196,301,066</u>	<u>170,287,181</u>
Receivables:		
Employer contributions	1,141,231	1,088,136
Employee contributions	430,050	355,599
Total receivables	<u>1,571,281</u>	<u>1,443,735</u>
Other assets:		
Operating cash	273,034	949,294
Prepaid expenses	14,030	13,627
Accrued dividends	-	3,085
Total other assets	<u>287,064</u>	<u>966,006</u>
Total assets	<u>198,159,411</u>	<u>172,696,922</u>
<b>LIABILITIES:</b>		
Accounts payable	45,012	29,970
Reciprocals payable	86,984	355,787
Total liabilities	<u>131,996</u>	<u>385,757</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 198,027,415</u>	<u>\$ 172,311,165</u>

See Notes to Financial Statements.

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

## Statements of Changes in Net Assets Available for Benefits

Years Ended May 31, 2025 and May 31, 2024

	Year Ended	
	May 31, 2025	May 31, 2024
<b>ADDITIONS:</b>		
Investment income:		
Net appreciation in fair value of investments	\$ 13,273,498	\$ 21,700,257
Interest and dividends	7,889,637	4,404,448
	<u>21,163,135</u>	<u>26,104,705</u>
Less: Investment expenses	192,804	173,306
Net investment income	<u>20,970,331</u>	<u>25,931,399</u>
Employer contributions	10,620,683	7,861,518
Employee contributions	4,264,351	3,483,253
Rollover contributions	427,661	54,292
	<u>15,312,695</u>	<u>11,399,063</u>
Total additions	<u>36,283,026</u>	<u>37,330,462</u>
<b>DEDUCTIONS:</b>		
Benefits paid to participants	<u>10,384,400</u>	<u>8,742,316</u>
Administrative expenses:		
Administrative fees	85,360	77,366
Audit and tax preparation fees	15,115	14,842
Bank fees	15,625	13,595
Distribution administrative fees	9,742	8,899
Insurance expense	11,966	8,704
Legal fees	27,368	14,254
Printing and postage	17,200	16,453
Total administrative expenses	<u>182,376</u>	<u>154,113</u>
Total deductions	<u>10,566,776</u>	<u>8,896,429</u>
<b>NET INCREASE</b>	25,716,250	28,434,033
<b>NET ASSETS AVAILABLE FOR BENEFITS:</b>		
Balance, beginning of year	<u>172,311,165</u>	<u>143,877,132</u>
Balance, end of year	<u>\$ 198,027,415</u>	<u>\$ 172,311,165</u>

See Notes to Financial Statements.

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

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## Notes to Financial Statements

May 31, 2025 and May 31, 2024

### Note 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Significant accounting policies followed by the Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund (the Fund) are listed below:

#### **Basis of Accounting**

Assets and liabilities and income and expense are recognized on the accrual basis of accounting.

#### **Investment Valuation and Income Recognition**

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

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

Investment contracts held by a defined contribution plan that are fully benefit-responsive are reported at contract value, rather than fair value, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Fund. The Fund's investment in the John Hancock Stable Value Guaranteed Income contract is a fully benefit-responsive investment contract and is reported at contract value in the statements of net assets available for benefits.

#### **Contributions**

Contributions from employers are accrued based upon hours worked during the year by covered employees. Contributions receivable represents the total of employer contributions received by the depository after May 31, which were applicable to the Fund period. This amount does not reflect amounts due from employers who are contractually liable to the Fund but have failed to make contributions, or from employers who have filed inaccurate reports, if any.

The Fund follows Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) 2016-13, *Measurement of Credit Losses on Financial Instruments*. The standard requires recognition of an allowance that reflects a current estimate of credit losses expected to be incurred over the life of the asset. Collections and payments from the contributing employers are continuously monitored and credit losses are estimated relating to the Fund's receivables based on a number of factors, including the age of receivable balances, history of losses, expectations of future credit losses, and the contributing employers' ability to pay their obligations. As of May 31, 2025 and May 31, 2024, all receivables were deemed fully collectible and no allowances for uncollectible receivables were recorded.

#### **Concentration of Credit Risk**

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

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

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## Notes to Financial Statements

May 31, 2025 and May 31, 2024

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

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Trustees to make estimates and assumptions that affect the reported amounts of assets, 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.

#### Administrative Expenses

Substantially all of the administrative expenses of the Fund are paid by the Fund.

#### Payment of Benefits

Benefits are recorded when paid.

#### Presentation

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

#### Subsequent Events

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

### Note 2: DESCRIPTION OF THE FUND

#### General

The Fund is a multi-employer fund established pursuant to certain collective bargaining agreements between the Plumbers and Steamfitters Local Union No. 440 and the Mechanical Contractors Association of Indiana, Inc. and the employers' signatory to the agreements with the Union. The joint-management operated pension trust fund was created for the purpose of receiving and using employer contributions to pay retirement, termination, death, and disability benefits to participants. Its affairs are administered by a Board of Trustees composed of representatives from both the Union and the employers (generally commercial construction contractors).

#### Funding Policy

The Fund is funded through contributions required by the collective bargaining agreement. Effective May 31, 2021, the participating employers contribute to the Fund monthly based on the hours worked by "mechanical" participants at the rate of \$2.50 per hour for Journeymen and \$.50 per hour for Apprentices. Effective June 3, 2024, this rate increased to \$3.00 per hour for Journeymen while the apprentice rate was unchanged.

Effective January 1, 2022, the rate for standard residential Journeymen is \$1.25 per hour for straight time. Effective January 1, 2025, this rate increased to \$2.00 per hour for straight time.

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

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## Notes to Financial Statements

May 31, 2025 and May 31, 2024

### Note 2: DESCRIPTION OF THE FUND (continued)

#### **Funding Policy (continued)**

Elective participant contributions of up to \$11.00 per hour worked for those members over 50 years of age and \$8.00 per hour for members under 50 years of age are permitted up to the federal maximum dollar amount. Participants who have obtained the age of 50 before the end of the Fund year may be eligible to make catch up contributions up to the federal maximum dollar amount.

#### **Vesting**

Participants are fully vested in employer contributions and the earnings upon completion of one hour of service and participants are entitled to receive those contributions and earnings in the event of termination of employment, if there have been no employer contributions made for the participant for one Fund year. There is no account balance limitation on lump sum distributions for married participants who have spousal consent. Upon a participant's death, 100% of the participant's account balance will be paid to beneficiaries. Contributions left in the Fund will continue to be invested at the participant's direction and will be used to provide retirement, disability or death benefits.

#### **Normal Retirement Benefits**

The normal retirement age is 65. The normal retirement date is the first day of the month following the date the participants reach normal retirement age. At the normal retirement date, the participant will be entitled to 100% of his or her account balance. Payment of benefits will begin on the retirement date.

#### **Participant Accounts**

Individual accounts are maintained for each of the Fund's participants to reflect the participant's share of the Fund's income, the employer contributions made on behalf of the participant, and the participant's own elective contributions. Each participant's account is charged a lump sum monthly fee for administrative expenses.

The proceeds of participants' elective participant contribution account and/or profit-sharing account may be available for distribution in the event of demonstrated hardship. The Fund has adopted a safe harbor definition of hardship under the Internal Revenue Code (Code), which allows for a distribution only if the hardship qualifies under the safe harbor provisions.

#### **Investment Options**

Upon enrollment in the Fund, a participant may direct the investment of employer contributions, in accordance with procedures established by the Fund administrator, in investment options that have been selected by the Fund administrator.

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

## Notes to Financial Statements

May 31, 2025 and May 31, 2024

### Note 2: DESCRIPTION OF THE FUND (continued)

#### Risks and Uncertainties

The Fund 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

#### Fund Termination

The participating groups anticipate and believe that the Fund will continue without interruption but reserve the right to discontinue the Fund. Should the Fund terminate at some future time, its net assets would be available to pay participants the balance in their accounts.

### Note 3: INVESTMENTS

Investments held by the Fund were as follows at May 31, 2025 and May 31, 2024:

Description	Market Value	
	May 31, 2025	May 31, 2024
Mutual funds	\$ 192,322,920	\$ 167,572,591
Money market funds	86,225	2,714,590
Collective investment trust	293,888	-
Total	<u>\$ 192,703,033</u>	<u>\$ 170,287,181</u>

During the years ended May 31, 2025 and May 31, 2024, the Fund's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated by \$13,273,498 and \$21,700,257.

### Note 4: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

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## Notes to Financial Statements

May 31, 2025 and May 31, 2024

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

*Collective investment trusts:* Valued based on calculating a unit value on the net assets of the underlying portfolio of securities, as reported by the manager of the fund. The net asset value is used as the practical expedient to estimate fair value.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the 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.

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

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

## Notes to Financial Statements

May 31, 2025 and May 31, 2024

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

Assets at Fair Value as of May 31, 2025				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 192,322,920	\$ -	\$ -	\$ 192,322,920
Money market funds	86,225	-	-	86,225
Total asset in the fair value hierarchy	192,409,145	-	-	192,409,145
Investments measured at net asset value*:	-	-	-	293,888
Total assets at fair value	\$ 192,409,145	\$ -	\$ -	\$ 192,703,033

  

Assets at Fair Value as of May 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 167,572,591	\$ -	\$ -	\$ 167,572,591
Money market funds	2,714,590	-	-	2,714,590
Total assets at fair value	\$ 170,287,181	\$ -	\$ -	\$ 170,287,181

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

For the years ended May 31, 2025 and May 31, 2024, there were no significant transfers between levels.

#### Investments measured using the net asset value per share practical expedient:

Beginning in the year ended May 31, 2025, the Fund began investing in collective investment trusts. The following table summarizes the investments for which fair value is measured using the net asset value per share practical expedient.

May 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
PIMCO Bal Ret Inc	\$ 293,888	\$ -	Daily	Daily
CT Founders				

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

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## Notes to Financial Statements

May 31, 2025 and May 31, 2024

### Note 5: FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Fund invests in the John Hancock Stable Value Guaranteed Income Fund, a fully benefit-responsive annuity contract (the Contract) with John Hancock, which maintains the contributions in a guaranteed account. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Fund.

Because the Contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. As described in Note 1, contract value, as reported to the Fund by John Hancock, represents contributions made under the Contract, plus earnings (losses), less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all, or a portion, of their investment at contract value. The contract value at May 31, 2025 was \$3,598,033.

The Contract permits the Employer to terminate the Contract at any time by providing written notice and completing the required termination documents. The effective date of termination will be a date mutually agreed upon. Upon termination, the Plan may elect either a lump-sum payout subject to a market value adjustment or a five-year installment payout at contract value with no adjustment. The credit rate is reset semi-annually and was 3.0% at May 31, 2025.

### Note 6: PARTY-IN-INTEREST TRANSACTIONS

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

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

The Fund has several related parties which include a health and welfare fund and apprenticeship fund which are tax-exempt trusts and a local union, which is also a separate entity. At May 31, 2025 and May 31, 2024, the Fund did not owe any amounts to related parties.

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

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## Notes to Financial Statements

May 31, 2025 and May 31, 2024

### Note 7: TAX STATUS

The Internal Revenue Service has determined that the Trust constitutes a qualified Trust under Section 401(a) of the Code and is, therefore, exempt from federal income taxes under provisions of Section 501(a). The Fund obtained its latest determination letter on September 2, 2015, in which the Internal Revenue Service stated that the Fund, as then designed, was in compliance with the applicable requirements of the Code. The Fund has been amended since receiving the determination letter, as required by the Internal Revenue Service (IRS). Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if the Fund has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Fund administrator has analyzed the tax positions taken by the Fund, and has concluded that as of May 31, 2025 and May 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Fund is subject to examinations for a period of three years from the date the Form 5500 is filed.

### Note 8: PLAN AMENDMENTS

A plan amendment was signed July 16, 2025 and made effective July 1, 2025. The amendment added language to further define cashouts for travelers upon termination. A traveler, following 3 months without contributions, is entitled to apply for and receive their entire account in a lump sum, subject to the rules regarding spousal consent.

A plan amendment was signed July 17, 2024 and made effective for hardship distributions made on or after August 1, 2024. The amendment added a new sub-section to hardship withdrawals to provide self-certifications pursuant to the Securing a Strong Retirement Act (the "Secure 2.0 Act"). Additionally, this amendment added an additional section to the Summary Plan Description outlining the guidelines for in-service distributions. Participants should refer to amendment #9 for further information.

A plan amendment was signed April 17, 2024 and made effective for withdrawals for qualified birth or adoptions (QBADs) made on or after December 29, 2022. The amendment states that a participant who receives a QBAD is permitted to later make one more contribution to the Plan as a rollover contribution at any time during the three-year period beginning on the day after the date on which such distribution was received. A participant who received a QBAD prior to December 29, 2022 and elects to recontribute such QBAD to the Plan as a rollover contribution must do so before January 1, 2026.

A Plan amendment was signed July 19, 2023 and was made effective December 31, 2022. The amendment states for participants who attain age 72 years on or after January 1, 2023, the participant's RMD is the April 1 of the calendar year following the later of the calendar year in which the participant attains age 73 years or terminates covered employment. Additionally, the ages for distributions of a surviving spouse have been modified. Distributions to the surviving spouse will begin December 31 of the calendar year, immediately following the calendar year in which the participant died, or, if later, by December 31 of the calendar year in which the participant would have attained age (1) 70-1/2 for a participant who would have attained age 70-1/2 prior to January 1, 2020, or (2) 72 for a participant who would have attained age 70-1/2 on or after January 1, 2020 but before January 1, 2023, or (3) 73 for a participant who would have attained age 72 on or after January 1, 2023.

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

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## Notes to Financial Statements

*May 31, 2025 and May 31, 2024*

### **Note 8: PLAN AMENDMENTS (continued)**

A Plan amendment was signed July 19, 2023 and made effective for distributions made after December 31, 2023 to increase the threshold for cash-outs upon termination without spousal consent from \$5,000 to \$7,000. Termination is defined as a 24-month period in which no employer contributions have been required for a given participant.

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

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## **SUPPLEMENTARY INFORMATION**

*Year Ended May 31, 2025*

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

EIN: 35-2078254 PN: 001

Schedule H, line 4a - Schedule of Delinquent Participant Contributions at May 31, 2025

Participant Contributions Transferred Late To Plan <input type="checkbox"/> Check here if Late Participant Loan Repayments are Included:	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 1,451,059	\$ -	\$ 1,451,059	\$ -	\$ -

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

EIN: 35-2078254 PN: 001

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

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including interest rate, maturity date, par or quantity	Cost	Current Value	
<b>MUTUAL FUNDS:</b>				
American Funds	American Balanced R6 Fund	**	\$ 35,793,941	
American Funds	American Funds 2010 Target Date Fund	**	986,606	
American Funds	American Funds 2020 Target Date Fund	**	6,163,433	
American Funds	American Funds 2030 Target Date Fund	**	38,629,891	
American Funds	American Funds 2040 Target Date Fund	**	52,618,123	
American Funds	American Funds 2050 Target Date Fund	**	35,987,331	
American Funds	American Funds 2060 Target Date Fund	**	7,444,504	
Vanguard	Vanguard 500 Index Admiral Fund	**	13,158,745	
Vanguard	Vanguard Short-Term Federal Admiral Fund	**	273,710	
Vanguard	Vanguard Total Bond Market Admiral Fund	**	1,266,636	
	Total Mutual Funds		<u>192,322,920</u>	
<b>MONEY MARKET FUND:</b>				
Vanguard	Vanguard Federal Money Market Fund	**	70,893	
JPMorgan	US Govt Money Market Cap Cl	**	15,332	
	Total Money Market Funds		<u>86,225</u>	
<b>COLLECTIVE INVESTMENT TRUST:</b>				
PIMCO	Bal Ret Inc CT Founders	**	293,888	
	Total Collective Investment Trust		<u>293,888</u>	
<b>FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT:</b>				
* John Hancock	Stable Value Guaranteed Income Fund	**	3,598,033	
	Total Fully Benefit-Responsive Investment Contracts		<u>3,598,033</u>	
	Total Assets (Held at End of Year)		<u>\$ 196,301,066</u>	

\* Denotes party-in-interest

\*\* Cost information is omitted for participant-directed investments



# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

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## **SUPPLEMENTARY INFORMATION**

*Year Ended May 31, 2025*

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

EIN: 35-2078254 PN: 001

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

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including interest rate, maturity date, par or quantity	Cost	Current Value	
<b>MUTUAL FUNDS:</b>				
American Funds	American Balanced R6 Fund	**	\$ 35,793,941	
American Funds	American Funds 2010 Target Date Fund	**	986,606	
American Funds	American Funds 2020 Target Date Fund	**	6,163,433	
American Funds	American Funds 2030 Target Date Fund	**	38,629,891	
American Funds	American Funds 2040 Target Date Fund	**	52,618,123	
American Funds	American Funds 2050 Target Date Fund	**	35,987,331	
American Funds	American Funds 2060 Target Date Fund	**	7,444,504	
Vanguard	Vanguard 500 Index Admiral Fund	**	13,158,745	
Vanguard	Vanguard Short-Term Federal Admiral Fund	**	273,710	
Vanguard	Vanguard Total Bond Market Admiral Fund	**	1,266,636	
	Total Mutual Funds		<u>192,322,920</u>	
<b>MONEY MARKET FUND:</b>				
Vanguard	Vanguard Federal Money Market Fund	**	70,893	
JPMorgan	US Govt Money Market Cap Cl	**	15,332	
	Total Money Market Funds		<u>86,225</u>	
<b>COLLECTIVE INVESTMENT TRUST:</b>				
PIMCO	Bal Ret Inc CT Founders	**	293,888	
	Total Collective Investment Trust		<u>293,888</u>	
<b>FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT:</b>				
* John Hancock	Stable Value Guaranteed Income Fund	**	3,598,033	
	Total Fully Benefit-Responsive Investment Contracts		<u>3,598,033</u>	
	Total Assets (Held at End of Year)		<u>\$ 196,301,066</u>	

\* Denotes party-in-interest

\*\* Cost information is omitted for participant-directed investments

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

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## **SUPPLEMENTARY INFORMATION**

*Year Ended May 31, 2025*

# Plumbers and Steamfitters Local 440 Defined Contribution Pension Fund

EIN: 35-2078254 PN: 001

Schedule H, line 4a - Schedule of Delinquent Participant Contributions at May 31, 2025

Participant Contributions Transferred Late To Plan <input type="checkbox"/> Check here if Late Participant Loan Repayments are Included:	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 1,451,059	\$ -	\$ 1,451,059	\$ -	\$ -

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

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

<b>1a</b> Name of plan <b>PLUMBERS AND STEAMFITTERS LOCAL 440 DEFINED CONTRIBUTION PLAN</b>	<b>1b</b> Three-digit plan number (PN) ▶	001
	<b>1c</b> Effective date of plan	06/01/1999
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (Include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>TRUSTEES OF PLUMBERS/STEAMFITTERS LOCAL 440 DEFINED CONT PENS FUND</b>	<b>2b</b> Employer Identification Number (EIN)	35-2078254
<b>3440 KOSSUTH STREET P.O. BOX 5769 LAFAYETTE IN 47903-5769</b>	<b>2c</b> Plan Sponsor's telephone number	800-552-6550
	<b>2d</b> Business code (see instructions)	238220

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

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

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

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

Form 5500 (2024)

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  <b>TRUSTEES OF PLUMBERS/STEAMFITTERS</b> <b>LOCAL 440 DEFINED CONT PENS FUND</b>  <b>3440 KOSSUTH STREET</b> <b>P.O. BOX 5769</b> <b>LAFAYETTE IN 47903-5769</b>	<b>3b</b> Administrator's EIN  <b>35-2078254</b> <b>3c</b> Administrator's telephone number <b>800-552-6550</b>
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3096
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
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<b>a(1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	2945
<b>a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	3535
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	61
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	0
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.	<b>6d</b>	3596
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<b>6e</b>	8
<b>f</b> Total. Add lines 6d and 6e.	<b>6f</b>	3604
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	3604
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	82
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
  
2C

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

<b>9a</b> 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	<b>9b</b> Plan benefit 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
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (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>b General Schedules</b> (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" 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 \_\_\_\_\_