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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1980

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN

7130 COLUMBIA GATEWAY DRIVE
SUITE A
COLUMBIA, MD 21046-0000

7130 COLUMBIA GATEWAY DRIVE
SUITE A
COLUMBIA, MD 21046-0000

2b Employer Identification Number (EIN)
52-1190205

2c Plan Sponsor's telephone number
410-872-9500

2d Business code (see instructions)
238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2026	PASQUALE PETROVIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2026	CHARLES DANIEL
	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

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	4426
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	4193
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4387
b	Retired or separated participants receiving benefits	**6b**	56
c	Other retired or separated participants entitled to future benefits	**6c**	169
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4612
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	52
f	Total. Add lines **6d** and **6e**.	**6f**	4664
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	2959
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	3178
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	105

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

2E 2F 2G 2J 2T

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN

D Employer Identification Number (EIN)
52-1190205

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

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	780343-01	728	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	95294918

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN

D Employer Identification Number (EIN)
52-1190205

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER ANNUITY INS CO OF AMERICA

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 13	NONE	245057	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ABATO, RUBENSTEIN & ABATO

52-0904713

(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	145776	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENESYS, INC.

38-2383171

(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	119604	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

SEGAL MARCO ADVISORS

13-2644611

(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 50	NONE	36000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	13250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROBERT BENNETT

52-1059733

(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?
20 50	TRUSTEE	10011	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

ANDREW GANNON

52-1059733

(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?
20 50	TRUSTEE	10011	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CRM

84-0996383

(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?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

T. ROWE PRICE

52-2294396

(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?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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)

WILLIAM BLAIR

36-2214610

(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?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

NORTHERN FUNDS

36-3608252

(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?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

STABLE RETURN FUND (GALLIARD)

94-6751924

(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?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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)

AMERICAN FUNDS

95-1411037

(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?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CRM	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MID CAP VALUE (CRM) 84-0996383	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
T. ROWE PRICE	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE BALANCED FUND 56-2294396	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WILLIAM BLAIR	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WILLIAM BLAIR LARGE CAP GROW 36-2214610	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NORTHERN FUNDS	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SMALL CPA INDEX (NORTHERN) 36-3608252	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STABLE RETURN FUND (GALLIARD)	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
STABLE RETURN II (WELSS/GALL 94-6751924	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EUROPACIFIC GROWTH (AMERICAN 95-1411037	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2010 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2015 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2020 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2025 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2030 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2035 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2040 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2045 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2050 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2055 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2060 TARET DR 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN

D Employer Identification Number (EIN)
52-1190205

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MASS MUTUAL MID CAP GROWTH I

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

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)
90-0342299-000	P	5569447

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN FUND C

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

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)
52-2250946-001	C	22827908

a Name of MTIA, CCT, PSA, or 103-12 IE: MM S&P 500 INDEX I

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

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)
90-0342299-000	P	30489092

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUPAC R5

b Name of sponsor of entity listed in (a): CAPITAL GROUP

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)
90-0342299-000	P	3526435

a Name of MTIA, CCT, PSA, or 103-12 IE: MASS MUTUAL SMALL COMPANY VAL I

b Name of sponsor of entity listed in (a): MASS MUTUAL

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)
90-0342299-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MASS MUTUAL GLOBAL R5

b Name of sponsor of entity listed in (a): MASS MUTUAL

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)
04-1590850-000	P	9024395

a Name of MTIA, CCT, PSA, or 103-12 IE: CRM MID CAP VALUE INV

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

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)
04-1590850-000	P	4688296

a Name of MTIA, CCT, PSA, or 103-12 IE: MASS MUTUAL CORE BOND I

b Name of sponsor of entity listed in (a): MASS MUTUAL

c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11282882

a Name of MTIA, CCT, PSA, or 103-12 IE: MASS MUTUAL DIVERSIFIED VALUE I

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

c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6346621

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)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN

D Employer Identification Number (EIN)
52-1190205

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	91332	1731824
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1883267	1630683
(2) Participant contributions	1b(2)	664249	649045
(3) Other	1b(3)	1255187	1962126
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1434423	1539841
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		22827908
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	386386190	415536121
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	391714648	445877548
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	116504	152477
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	116504	152477
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	391598144	445725071

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	13063824	
(B) Participants	2a(1)(B)	6236113	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		19299937
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	41447	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		41447
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	22693687	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		22693687
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	8909028	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		8909028

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		446729
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		6566951
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		22995776
c Other income	2c		13153
d Total income. Add all **income** amounts in column (b) and enter total	2d		80966708
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26156865	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		26156865
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	119604	
(3) Recordkeeping fees	2i(3)	245057	
(4) IQPA audit fees	2i(4)	10839	
(5) Investment advisory and investment management fees	2i(5)	38400	
(6) Bank or trust company trustee/custodial fees	2i(6)	5260	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	145776	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	32995	
(11) Other expenses	2i(11)	84985	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		682916
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		26839781
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		54126927
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: NOVAK FRANCELLA, LLC **(2)** EIN: 61-1436956

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		2963412
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.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN

D Employer Identification Number (EIN)
52-1190205

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

PLUMBERS AND STEAMFITTERS LOCAL 486
SEVERANCE AND ANNUITY/401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

PLUMBERS AND STEAMFITTERS LOCAL 486
SEVERANCE AND ANNUITY/401(K) PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2025 AND 2024

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Novak Francella LLC | CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Plumbers and Steamfitters Local 486
Severance and Annuity/401(k) Plan

Opinion

We have audited the financial statements of the Plumbers and Steamfitters Local 486 Severance and Annuity/401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with the accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year and Schedule of Delinquent Participant Contributions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Delinquent Participant Contributions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, 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.

Novak Francella LLC

Columbia, Maryland
September 30, 2026

Plumbers and Steamfitters Local 486
Severance and Annuity/401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value		
Common collective trust	$ 22,827,908	$ 24,328,906
Mutual funds	344,608,953	296,054,797
Pooled separate accounts	70,927,168	66,171,072
Short-term investment	1,539,841	1,265,838
Total investments	439,903,870	387,820,613
Receivables		
Employer contributions	1,630,683	1,883,267
Employer late interest assessments	12,932	-
Due from related party	1,947,869	1,255,187
Participant contributions	649,045	664,249
Total receivables	4,240,529	3,802,703
Other assets		
Interest bearing cash	1,731,824	91,332
Prepaid expenses	1,325	-
Total other assets	1,733,149	91,332
Total assets	445,877,548	391,714,648
Liabilities and Net Assets		
Liabilities		
Accounts payable	152,477	116,504
Net assets available for benefits	$ 445,725,071	$ 391,598,144

See accompanying notes to financial statements.

Plumbers and Steamfitters Local 486
Severance and Annuity/401(k) Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 38,918,484	$ 36,673,293
Interest and dividends	22,735,134	13,214,797
Investment income - net	61,653,618	49,888,090
Contributions		
Employers - net of reciprocity of $198,363 and $(3,517) in 2025 and 2024, respectively	13,063,823	11,593,912
Participants	6,236,114	5,457,655
Rollovers	-	11,275
Total contributions	19,299,937	17,062,842
Other employer contributions		
Interest assessments	12,932	-
Other income	221	3,416
Total additions	80,966,708	66,954,348
Deductions		
Benefits paid to participant	26,156,865	26,062,514
Administrative expenses	682,916	516,103
Total deductions	26,839,781	26,578,617
Net increase	54,126,927	40,375,731
Net assets available for benefits		
Beginning of year	391,598,144	351,222,413
End of year	$ 445,725,071	$ 391,598,144

See accompanying notes to financial statements.

PLUMBERS AND STEAMFITTERS LOCAL 486
SEVERANCE AND ANNUITY 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Plumbers and Steamfitters Local 486 Severance and Annuity/401(k) Plan (the Plan), provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

General - The Plan was established in 1980. Effective January 1, 2002, the Plumbers & Steamfitters Local 486 401(k) Plan merged into the Plumbers and Steamfitters Local 486 Severance and Annuity Plan and the Plan was renamed the Plumbers & Steamfitters Local 486 Severance and Annuity/401(k) Plan. The Plan is a defined contribution plan that provides supplemental retirement and other special benefits to participants and their beneficiaries. The operation and administration of the Plan is the joint responsibility of the Board of Trustees, divided equally between employer trustees and union trustees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees oversees governance of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan was established pursuant to the collective bargaining agreement with Local Union 486 of the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, AFL-CIO (Local Union 486), whereby participating employers contribute money on the employees' behalf, based on hours worked. Journeymen and 2nd to 5th year apprentices are eligible to participate in the Plan. The contributions are deposited into an individual's account, where they will be ultimately distributed in accordance with the Plan provisions upon the participant's termination.

The Plan has a 401(k) feature that was established to provide benefits to eligible participants through a tax-deferred compensation arrangement. Accordingly, participant contributions and the investment income derived from such contributions are not considered taxable income until received as a distribution from the Plan.

Participant Accounts - The value of an individual participant's account is determined on a daily basis considering each day of the Plan year as the valuation date for an individual participant's account. At the close of each business day, the individual participant account balances are adjusted for the amount of employer and employee contributions, if any, investment earnings/losses, loan transactions and an allocation of administrative expenses.

Vesting - All participants are 100% vested upon entering the Plan.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

Investment Options - Upon enrollment into the Plan, a participant may direct any portion of their individual account balance into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts, collective trusts, and mutual funds as investment options for participants. Participants may change their options daily. Participants who fail to direct their individual account balance will automatically be invested in a target date fund which is appropriate for their age group as determined by the trustees or, if their age is unknown, a money market fund.

Unallocated Amounts - Participant accounts are credited with contributions from the employers. If a participant's account is credited with more employer contributions than the amount allowable by law, they are considered to be a highly-compensated participant, and the amount over-credited to their account is forfeited and sent to the Plan; these amounts are included in an unallocated account until they can be properly allocated by the Plan. As of December 31, 2025 and 2024, the Plan had a total of $1,718,620 and $1,434,423, respectively, in unallocated accounts.

Notes Receivable from Participants - After five years of participation in the Plan, a participant may borrow not more than the lesser of: $50,000 or 40% of the amount credited to their respective account reduced by any outstanding loans from the Plan on the date the loan is made. (Only one loan is permissible at any time unless the loan is for either medical self-payments or educational expenses, as described in the Plan document). Loans must be paid back within 5 years. Repayments are required on at least a quarterly basis beginning with the quarter the participant receives the loan. Failure to remit timely payments may result in a default, in which case the outstanding principal and interest balance would be considered a taxable distribution to the participant. As of December 31, 2025 and 2024, deemed distributed loans totaled $1,721,144 and $1,759,520, respectively. There were no active loans as of December 31, 2025 and 2024.

Contributions - Contributions to the Plan are provided by the employers in the amount specified by the current collective bargaining agreement between the union and the employers. Eligible Plan participants may also defer current wages at the rate determined by the collective bargaining agreement between the employers and Local Union 486 up to 100% of compensation and not to exceed the maximum allowed by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Empower Fee Credits - Empower, the Plan's investment manager, collects a fee based on the market value of the Plan's investments for the services they provide. The Plan and Empower have agreed on a maximum amount of fees the investment manager will collect. If the amount of fees exceeds this amount, the additional fees will be credited to an ERISA Budget Account (EBA) for the Plan. If the Plan needs funds to cover expenses, the Plan Administrator will request that funds be withdrawn from the EBA and sent to the Plan. The fee credits received by the Plan from the EBA are included in net appreciation in fair value of investments on the statements of changes in net assets available for benefits. At the end of each year, any amounts still in the EBA will be credited to the participants' accounts as income.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

Benefits Paid to Participants - Upon separation from the Plan due to retirement, death, disability, or termination of employment for a period of 12 or more consecutive months and permanent withdrawal from employment within the jurisdiction of Local Union 486, benefits are automatically payable according to methods laid out in the Plan document.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenues are recognized when earned and expenses are recognized when incurred.

Use of Estimates - The preparation of financial statements in accordance with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees determine the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Funding Policy and Revenue Recognition - The Plan is funded by employer and participants contributions. All contributions are made in accordance with collective bargaining agreements in effect between the employers and Local Union 486. Employer and participants contributions are accounted for as exchange transactions. The contributions are due on a monthly basis.

Contributions receivable represents amounts due under the term of collective bargaining agreements. Contributions are recorded in the period in which the hours giving rise to the contribution are worked. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

Reclassification - Credit reclassifications have been made to prior year end amounts to conform to the current presentation.

NOTE 3. PRIORITIES UPON TERMINATION

The Trustees, as Sponsor, shall have the right to terminate, suspend, withdraw, amend, or modify the Plan, in whole or in part, at any time.

In the event of termination of this agreement and declaration of trust, the balance of the net assets available for benefits is to be used to provide for the payment of any and all obligations of the Plan. Such payments shall be for the exclusive benefit of the members, their families, dependents or beneficiaries, and the administrative expenses of the Plan.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated November 18, 2015, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

NOTE 5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

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

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

Mutual funds: Traded in active markets on national and international securities exchanges and are valued at closing prices or net asset value of the fund on the last business day of each period.

Pooled separate accounts: Valued at estimated fair value as determined by the insurance company.

Short-term investment: Carried at cost, which approximates fair value.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2025 and 2024, there were no transfers in or out of levels 1, 2 or 3.

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

	Fair Value Measurements at December 31, 2025			
	Total	Level 1	Level 2	Level 3
Mutual funds	$ 344,608,953	$ 344,608,953	$ -	$ -
Short-term investment	1,539,841	1,539,841	-	-
Total assets in fair value hierarchy	346,148,794	$ 346,148,794	$ -	$ -
Investments measured as NAV	93,755,076			
Total investments	$ 439,903,870			

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Mutual funds	$ 296,054,797	$ 296,054,797	$ -	$ -
Short-term investment	1,265,838	1,265,838	-	-
Total assets in fair value hierarchy	297,320,635	$ 297,320,635	$ -	$ -
Investments measured as NAV	90,499,978			
Total investments	$ 387,820,613			

In accordance with Accounting Standards Codification, investments 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.

Authoritative guidance on fair value measurements permits the Plan to measure the fair value of an investment in an investment entity that does not have a readily determinable fair value based upon the net asset value (NAV) per share of the investment. The fair value of the investments measured at NAV is based on the market value of the underlying assets, less any liabilities, divided by the number of outstanding shares or units. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.

The Plan's investment in these investment entities is subject to the terms of the respective agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate share of fees and expenses incurred or charged by these investment entities.

The Plan's risk of loss in these entities is limited to its investment. The Plan may increase or decrease its level of investment in these entities at its discretion. The Plan typically has the ability to redeem its investment from these entities on a daily basis, but longer lock-up periods can apply.

The following tables summarize the Plan's investments in certain entities that calculate NAV per share as fair value measurements as of December 31, 2025 and 2024 by investing strategy:

	2025 Fair Value	2024 Fair Value	2025 Unfunded Commitments	2024 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
a. Pooled separate accounts	$ 70,927,168	$ 66,171,072	$ -	$ -	Daily	1 day
b. Common collective trusts	22,827,908	24,328,906	-	-	Daily	1 day
	$ 93,755,076	$ 90,499,978	$ -	$ -		

a. The pooled separate account investments are comprised of direct investments in eight different funds, none of which are direct filing entities (DFE's). They are valued based on the net asset value per share, without further adjustment. The price per unit is calculated based on the fair value of the underlying investments.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The Core Bond Fund (Mass Mutual) seeks to achieve a high total rate of return consistent with prudent investment risk and the preservation of capital by investing primarily in a diversified portfolio of investment grade fixed income securities.

The Diversified Value I (Mass Mutual) seeks to achieve long-term growth of capital and income by investing primarily in a diversified portfolio of equity securities of larger, well-established companies.

The EuroPacific Growth Fund (American) seeks to provide long-term growth of capital by investing primarily in common stocks, convertibles, American Depositary Receipts, European Depositary Receipts, bonds and cash.

The Global Fund (MassMutual) seeks to provide long-term capital appreciation by investing primarily in common stocks of companies in the U.S. and foreign countries.

The Mid Cap Growth Fund (MassMutual) seeks to provide growth of capital over the long term by investing primarily in equity securities of mid-capitalization companies.

The Mid Cap Value Fund (CRM) seeks to provide long-term capital appreciation by investing in at least 80% of its assets in a diversified portfolio of equity and equity-related securities of companies with market capitalizations at the time of initial purchase similar to those in the Russell Midcap Value Index that are publicly traded on a U.S. securities market.

The MM S&P 500 Index Fund (MassMutual) seeks to provide investments results that correspond to the total return performance of publicly traded common stocks in the aggregate by the Fund.

b. The common collective trust investment is comprised of a direct investment in a single DFE. The value is based on the net asset value per share, without further adjustment. The price per unit is calculated based on the fair value of the underlying investments.

NOTE 6. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan is related to the Plumbers and Steamfitters Local Union No. 486 Joint Administration Fund (the Joint Fund) through common Board of Trustees membership. The Plan's transactions with the Joint Fund consist of the transfer to the Plan of employer contributions received by the Joint Fund throughout the year. During the years ended December 31, 2025 and 2024, contributions of $22,448,151 and $15,595,914, respectively, were transferred from the Joint Fund to the Plan. As of December 31, 2025 and 2024, the Joint Fund owed the Plan $1,947,869 and $1,255,187, respectively, for contributions received during the Plan year and not transferred.

Employers are responsible for remitting interest assessments, or lost earnings associated with the delinquent participant contributions, to make the Plan whole. The interest assessment for the Plan year ending December 31, 2025 totaled $12,932. As of December 31, 2025, the employers owed $12,932 to the Plan.

NOTE 7. RISKS AND UNCERTAINTIES

The Plan invests in investments. Investments are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 8. TIMELY REMITTANCE OF PARTICIPANT CONTRIBUTIONS

During 2025 and 2024, the participating employers in the Plan failed to deposit approximately $3,297,086 and $1,256,430, respectively, of participant deferrals within the required time frame as stated by the United States Department of Labor (DOL). The DOL considers late deposits to be prohibited transactions. During the years ended December 31, 2025 and 2024, corrections were made by participating employers related to delinquent contributions of $1,591,307 and $0, respectively.

NOTE 9. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 30, 2026, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

PLUMBERS AND STEAMFITTERS LOCAL 486
SEVERANCE AND ANNUITY/401(K) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-1190205
Plan No: 001

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Maturity Value or Shares	Cost	Current Value
		Common collective trust:					
**	Stable Return Fund (Galliard)	CCT	N/A	N/A	118,007	*	$ 22,827,908
		Mutual funds:					
	American Funds 2010 Target Date Retirement Fund	MF	N/A	N/A	155,541	*	1,902,265
	American Funds 2015 Target Date Retirement Fund	MF	N/A	N/A	272,362	*	3,499,854
	American Funds 2020 Target Date Retirement Fund	MF	N/A	N/A	481,612	*	6,814,803
	American Funds 2025 Target Date Retirement Fund	MF	N/A	N/A	1,070,904	*	17,177,304
	American Funds 2030 Target Date Retirement Fund	MF	N/A	N/A	1,458,114	*	27,169,209
	American Funds 2035 Target Date Retirement Fund	MF	N/A	N/A	2,162,815	*	45,008,189
	American Funds 2040 Target Date Retirement Fund	MF	N/A	N/A	1,320,886	*	30,274,705
	American Funds 2045 Target Date Retirement Fund	MF	N/A	N/A	1,700,658	*	40,526,673
	American Funds 2050 Target Date Retirement Fund	MF	N/A	N/A	1,352,642	*	31,787,099
	American Funds 2055 Target Date Retirement Fund	MF	N/A	N/A	755,410	*	19,250,255
	American Funds 2060 Target Date Retirement Fund	MF	N/A	N/A	947,335	*	22,428,135
	Small Cap Index (Fidelity)	MF	N/A	N/A	238,161	*	7,366,322
	T. Rowe Price Balanced Fund	MF	N/A	N/A	932,448	*	26,462,869
	T. Rowe Price Growth Stock Fund	MF	N/A	N/A	375,133	*	40,341,822
	William Blair Large Cap Growth Fund	MF	N/A	N/A	816,173	*	24,599,449
		Total mutual funds				*	344,608,953
		Pooled separate accounts:					
**	Core Bond Fund (MassMutual)	PSA	N/A	N/A	72,612	*	11,282,882
**	Diversified Value I (MassMutual)	PSA	N/A	N/A	13,070	*	6,346,621
**	EuroPacific Growth Fund (American)	PSA	N/A	N/A	14,363	*	3,526,435
**	Global Fund (MassMutual)	PSA	N/A	N/A	7,653	*	9,024,395
**	Mid Cap Growth Fund (MassMutual)	PSA	N/A	N/A	10,896	*	5,569,447
**	Mid Cap Value Fund (CRM)	PSA	N/A	N/A	8,891	*	4,688,296
**	MM S&P 500 Index Fund (MassMutual)	PSA	N/A	N/A	42,323	*	30,489,092
		Total pooled separate accounts				*	70,927,168
		Short-term investment:					
	Holding account		N/A	N/A	151,550	*	1,539,841
		Total investments				*	439,903,870
	Reconciliation to Form 5500						
		Interest bearing cash:					
	Interest bearing cash		N/A	N/A	1,731,824	1,731,824	1,731,824
		Total investments per Form 5500				$ 1,731,824	$ 441,635,694

* Cost information is not required for participant-directed investments.
** A party-in-interest as defined by ERISA.

Plumbers and Steamfitters Local 486
Severance and Annuity/401(K) Plan

Schedule of Delinquent Participant Contributions

Year Ended December 31, 2025

Form 5500, Schedule H, Line 4a

EIN: 52-1190205
Plan No.: 001

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Ainsworth, inc	Contributing Employer	02/28/25	$ -	$ 1,877
Ainsworth, inc	Contributing Employer	03/31/25	-	1,809
Ainsworth, inc	Contributing Employer	10/31/25	-	3,413
			-	7,099
Arctic Refigeration, inc	Contributing Employer	01/31/25	10,592	-
Arctic Refigeration, inc	Contributing Employer	02/23/25	5,057	-
Arctic Refigeration, inc	Contributing Employer	03/30/25	10,021	-
Arctic Refigeration, inc	Contributing Employer	04/27/25	8,087	-
Arctic Refigeration, inc	Contributing Employer	05/31/25	8,362	-
Arctic Refigeration, inc	Contributing Employer	06/30/25	9,272	-
Arctic Refigeration, inc	Contributing Employer	07/31/25	7,714	-
Arctic Refigeration, inc	Contributing Employer	08/31/25	10,172	-
Arctic Refigeration, inc	Contributing Employer	09/30/25	7,953	-
Arctic Refigeration, inc	Contributing Employer	10/31/25	-	7,831
			77,230	7,831
Bay Area Mechanical Services	Contributing Employer	01/31/25	4,607	-
Bay Area Mechanical Services	Contributing Employer	02/28/25	3,534	-
Bay Area Mechanical Services	Contributing Employer	03/31/25	3,843	-
Bay Area Mechanical Services	Contributing Employer	04/30/25	4,765	-
Bay Area Mechanical Services	Contributing Employer	05/31/25	3,817	-
			20,566	-
BBR Mechanical Services, inc	Contributing Employer	03/31/25	-	300
BBR Mechanical Services, inc	Contributing Employer	04/30/25	-	301
BBR Mechanical Services, inc	Contributing Employer	05/31/25	-	363
BBR Mechanical Services, inc	Contributing Employer	06/30/25	-	335
BBR Mechanical Services, inc	Contributing Employer	07/31/25	-	382
BBR Mechanical Services, inc	Contributing Employer	08/31/25	-	301
BBR Mechanical Services, inc	Contributing Employer	09/30/25	-	537

* The pay periods reported are the work month rather than the pay period end date.
** Reciprocity employer not avialable

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date*	Contribution Not Corrected	Contribution Corrected Outside of VFCP
BBR Mechanical Services, inc	Contributing Employer	10/31/25	$ -	$ 301
			-	2,820
BMC Services	Contributing Employer	01/31/25	9,626	-
BMC Services	Contributing Employer	02/28/25	4,825	-
BMC Services	Contributing Employer	02/28/25	7,067	-
BMC Services	Contributing Employer	03/31/25	327	-
BMC Services	Contributing Employer	03/31/25	13,152	-
BMC Services	Contributing Employer	04/30/25	11,555	-
BMC Services	Contributing Employer	05/31/25	10,670	-
BMC Services	Contributing Employer	06/30/25	7,987	-
BMC Services	Contributing Employer	07/31/25	11,190	-
BMC Services	Contributing Employer	08/31/25	7,938	-
BMC Services	Contributing Employer	09/30/25	8,279	-
BMC Services	Contributing Employer	10/31/25	-	12,649
			92,616	12,649
Borlie Mechanical Contracting LLC	Contributing Employer	01/31/25	-	3,152
Borlie Mechanical Contracting LLC	Contributing Employer	02/28/25	-	716
Borlie Mechanical Contracting LLC	Contributing Employer	02/28/25	-	1,981
Borlie Mechanical Contracting LLC	Contributing Employer	03/31/25	-	2,830
Borlie Mechanical Contracting LLC	Contributing Employer	04/30/25	-	2,801
Borlie Mechanical Contracting LLC	Contributing Employer	05/31/25	-	3,374
Borlie Mechanical Contracting LLC	Contributing Employer	06/30/25	-	3,068
Borlie Mechanical Contracting LLC	Contributing Employer	07/31/25	-	5,170
Borlie Mechanical Contracting LLC	Contributing Employer	08/31/25	-	4,754
Borlie Mechanical Contracting LLC	Contributing Employer	09/30/25	-	4,535
Borlie Mechanical Contracting LLC	Contributing Employer	10/31/25	-	6,163
			-	38,544
Control Sources LLC	Contributing Employer	05/31/25	4,631	-
Control Systems, inc	Contributing Employer	01/31/25	1,696	-
Control Systems, inc	Contributing Employer	02/28/25	984	-
Control Systems, inc	Contributing Employer	02/28/25	334	-
Control Systems, inc	Contributing Employer	03/31/25	1,348	-
Control Systems, inc	Contributing Employer	04/30/25	-	1,731
Control Systems, inc	Contributing Employer	05/31/25	-	1,512
Control Systems, inc	Contributing Employer	06/30/25	-	1,422
Control Systems, inc	Contributing Employer	07/31/25	-	1,880
Control Systems, inc	Contributing Employer	08/31/25	-	1,332
Control Systems, inc	Contributing Employer	09/30/25	-	1,413
Control Systems, inc	Contributing Employer	10/31/25	-	1,706

* The pay periods reported are the work month rather than the pay period end date.

** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Control Systems, inc	Contributing Employer	11/30/25	$ -	$ 1,389
			4,362	12,385
Core Mechanical Solutions	Contributing Employer	01/31/25	1,559	-
Core Mechanical Solutions	Contributing Employer	02/28/25	1,235	-
Core Mechanical Solutions	Contributing Employer	03/31/25	1,223	-
Core Mechanical Solutions	Contributing Employer	04/30/25	-	1,376
Core Mechanical Solutions	Contributing Employer	05/31/25	-	1,431
Core Mechanical Solutions	Contributing Employer	06/30/25	-	1,380
Core Mechanical Solutions	Contributing Employer	07/31/25	-	1,540
Core Mechanical Solutions	Contributing Employer	08/31/25	-	1,303
Core Mechanical Solutions	Contributing Employer	09/30/25	-	1,303
Core Mechanical Solutions	Contributing Employer	10/31/25	-	1,300
			4,017	9,633
Custom Mechanical Services inc	Contributing Employer	01/31/25	-	77
Custom Mechanical Services inc	Contributing Employer	03/31/25	-	253
Custom Mechanical Services inc	Contributing Employer	04/30/25	-	337
Custom Mechanical Services inc	Contributing Employer	05/31/25	-	282
Custom Mechanical Services inc	Contributing Employer	06/30/25	-	186
Custom Mechanical Services inc	Contributing Employer	08/31/25	-	262
Custom Mechanical Services inc	Contributing Employer	09/30/25	-	228
Custom Mechanical Services inc	Contributing Employer	10/31/25	-	238
			-	1,863
Debra-Kuempel	Contributing Employer	01/31/25	-	394
Dynastics Mechanical Contractors	Contributing Employer	09/30/25	-	660
Dynastics Mechanical Contractors	Contributing Employer	11/30/25	-	1,320
			-	1,980
Dynastics, inc	Contributing Employer	02/09/25	8,700	-
Dynastics, inc	Contributing Employer	02/23/25	9,133	-
Dynastics, inc	Contributing Employer	03/31/25	24,581	-
Dynastics, inc	Contributing Employer	06/30/25	-	25,448
Dynastics, inc	Contributing Employer	09/30/25	-	18,026
Dynastics, inc	Contributing Employer	10/31/25	17,824	-
Dynastics, inc	Contributing Employer	11/30/25	19,687	-
			79,925	43,474
Electrical Automation Services inc	Contributing Employer	01/31/25	6,604	-
Electrical Automation Services inc	Contributing Employer	01/31/25	5,531	-
Electrical Automation Services inc	Contributing Employer	02/28/25	1,938	-

* The pay periods reported are the work month rather than the pay period end date.

** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Electrical Automation Services inc	Contributing Employer	02/28/25	$ 5,531	$ -
Electrical Automation Services inc	Contributing Employer	03/31/25	7,851	-
Electrical Automation Services inc	Contributing Employer	04/30/25	6,976	-
Electrical Automation Services inc	Contributing Employer	05/31/25	8,952	-
Electrical Automation Services inc	Contributing Employer	06/30/25	7,191	-
Electrical Automation Services inc	Contributing Employer	07/31/25	10,063	-
Electrical Automation Services inc	Contributing Employer	08/31/25	9,194	-
Electrical Automation Services inc	Contributing Employer	09/30/25	8,766	-
Electrical Automation Services inc	Contributing Employer	10/31/25	-	13,019
			78,597	13,019
Excel Mechanical Contractors LLC	Contributing Employer	01/31/25	4,461	-
Excel Mechanical Contractors LLC	Contributing Employer	02/28/25	5,482	-
Excel Mechanical Contractors LLC	Contributing Employer	03/31/25	7,065	-
Excel Mechanical Contractors LLC	Contributing Employer	04/30/25	8,711	-
Excel Mechanical Contractors LLC	Contributing Employer	05/31/25	7,617	-
Excel Mechanical Contractors LLC	Contributing Employer	06/30/25	10,190	-
Excel Mechanical Contractors LLC	Contributing Employer	07/31/25	12,405	-
Excel Mechanical Contractors LLC	Contributing Employer	08/31/25	15,790	-
Excel Mechanical Contractors LLC	Contributing Employer	09/30/25	12,416	-
			84,137	-
Facility Engineering Services Corp.	Contributing Employer	02/28/25	-	2,234
Facility Engineering Services Corp.	Contributing Employer	03/31/25	-	1,796
Facility Engineering Services Corp.	Contributing Employer	04/30/25	-	1,758
Facility Engineering Services Corp.	Contributing Employer	05/31/25	-	2,172
Facility Engineering Services Corp.	Contributing Employer	06/30/25	-	1,744
Facility Engineering Services Corp.	Contributing Employer	07/31/25	-	2,197
Facility Engineering Services Corp.	Contributing Employer	08/31/25	-	1,614
Facility Engineering Services Corp.	Contributing Employer	09/30/25	-	1,686
			-	15,201
Flo-Tron Contracting, inc	Contributing Employer	01/31/25	33,941	-
Flo-Tron Contracting, inc	Contributing Employer	02/28/25	31,475	-
Flo-Tron Contracting, inc	Contributing Employer	03/31/25	34,208	-
Flo-Tron Contracting, inc	Contributing Employer	04/30/25	32,217	-
Flo-Tron Contracting, inc	Contributing Employer	05/31/25	37,374	-
Flo-Tron Contracting, inc	Contributing Employer	06/30/25	30,831	-
Flo-Tron Contracting, inc	Contributing Employer	07/31/25	40,470	-
Flo-Tron Contracting, inc	Contributing Employer	08/31/25	32,608	-
Flo-Tron Contracting, inc	Contributing Employer	09/30/25	31,148	-
Flo-Tron Contracting, inc	Contributing Employer	10/31/25	36,206	-
			340,478	-

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** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Frank Lill & Son, inc	Contributing Employer	03/31/25	$ -	$ 2,926
Frank Lill & Son, inc	Contributing Employer	04/30/25	-	1,526
Frank Lill & Son, inc	Contributing Employer	05/31/25	-	1,741
Frank Lill & Son, inc	Contributing Employer	06/30/25	-	1,944
Frank Lill & Son, inc	Contributing Employer	07/31/25	-	2,727
Frank Lill & Son, inc	Contributing Employer	08/31/25	-	1,921
Frank Lill & Son, inc	Contributing Employer	09/30/25	-	2,330
Frank Lill & Son, inc	Contributing Employer	10/31/25	-	2,947
Frank Lill & Son, inc	Contributing Employer	11/30/25	-	3,518
			-	21,580
General & Mechanical Services LLC	Contributing Employer	03/29/25	-	471
George S Hall inc	Contributing Employer	02/28/25	-	314
George S Hall inc	Contributing Employer	03/31/25	-	312
George S Hall inc	Contributing Employer	04/30/25	-	312
George S Hall inc	Contributing Employer	05/31/25	-	390
George S Hall inc	Contributing Employer	06/30/25	-	312
George S Hall inc	Contributing Employer	07/31/25	-	423
George S Hall inc	Contributing Employer	08/31/25	-	312
George S Hall inc	Contributing Employer	10/31/25	-	390
			-	2,765
Harris Company	Contributing Employer	06/30/25	-	142
Heffron Company	Contributing Employer	02/28/25	-	6,026
Heffron Company	Contributing Employer	03/31/25	-	6,303
Heffron Company	Contributing Employer	06/30/25	-	7,024
Heffron Company	Contributing Employer	07/31/25	8,322	-
Heffron Company	Contributing Employer	08/31/25	9,070	-
Heffron Company	Contributing Employer	10/31/25	-	10,078
			17,392	29,431
Honeywell International inc.	Contributing Employer	02/16/25	3,015	-
Honeywell International inc.	Contributing Employer	03/31/25	3,440	-
Honeywell International inc.	Contributing Employer	04/30/25	2,910	-
Honeywell International inc.	Contributing Employer	07/31/25	2,868	-
Honeywell International inc.	Contributing Employer	09/30/25	3,916	-
Honeywell International inc.	Contributing Employer	10/31/25	-	2,512
Honeywell International inc.	Contributing Employer	11/30/25	-	1,415
			16,149	3,927

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** Reciprocity employer not avialable

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date*	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Horton Mechanical Contractors inc.	Contributing Employer	01/31/25	$ 22,670	$ -
Horton Mechanical Contractors inc.	Contributing Employer	02/06/25	5,142	-
Horton Mechanical Contractors inc.	Contributing Employer	02/28/25	17,595	-
Horton Mechanical Contractors inc.	Contributing Employer	03/31/25	20,776	-
Horton Mechanical Contractors inc.	Contributing Employer	04/30/25	18,797	-
Horton Mechanical Contractors inc.	Contributing Employer	05/31/25	23,205	-
Horton Mechanical Contractors inc.	Contributing Employer	06/30/25	22,087	-
Horton Mechanical Contractors inc.	Contributing Employer	07/31/25	21,473	-
Horton Mechanical Contractors inc.	Contributing Employer	08/31/25	17,223	-
Horton Mechanical Contractors inc.	Contributing Employer	09/30/25	18,514	-
Horton Mechanical Contractors inc.	Contributing Employer	10/31/25	23,328	-
Horton Mechanical Contractors inc.	Contributing Employer	11/30/25	20,907	-
			231,717	-
J. F. Fischer, inc	Contributing Employer	01/31/25	20,017	-
J. F. Fischer, inc	Contributing Employer	02/06/25	4,761	-
J. F. Fischer, inc	Contributing Employer	02/28/25	13,545	-
J. F. Fischer, inc	Contributing Employer	03/31/25	17,591	-
J. F. Fischer, inc	Contributing Employer	04/30/25	19,088	-
J. F. Fischer, inc	Contributing Employer	05/31/25	22,374	-
J. F. Fischer, inc	Contributing Employer	06/30/25	27,074	-
J. F. Fischer, inc	Contributing Employer	07/31/25	20,777	-
J. F. Fischer, inc	Contributing Employer	08/31/25	16,952	-
J. F. Fischer, inc	Contributing Employer	09/30/25	16,220	-
J. F. Fischer, inc	Contributing Employer	10/31/25	19,009	-
J. F. Fischer, inc	Contributing Employer	11/30/25	16,819	-
			214,227	-
John C. Grimberg Co, inc	Contributing Employer	11/30/25	-	973
Johnson Controls Federal Systems inc	Contributing Employer	02/28/25	11,766	-
KBR Wyle Services LLC	Contributing Employer	02/28/25	16,322	-
KBR Wyle Services LLC	Contributing Employer	03/31/25	15,794	-
KBR Wyle Services LLC	Contributing Employer	04/30/25	16,662	-
KBR Wyle Services LLC	Contributing Employer	05/31/25	20,708	-
KBR Wyle Services LLC	Contributing Employer	07/31/25	16,076	-
KBR Wyle Services LLC	Contributing Employer	08/31/25	18,833	-
KBR Wyle Services LLC	Contributing Employer	09/30/25	14,134	-
KBR Wyle Services LLC	Contributing Employer	10/31/25	-	17,301
			118,529	17,301
KDB - Kirlin Design Build	Contributing Employer	01/31/25	-	2,017

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** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
KDB - Kirlin Design Build	Contributing Employer	02/28/25	$ -	$ 2,017
KDB - Kirlin Design Build	Contributing Employer	03/31/25	-	2,521
KDB - Kirlin Design Build	Contributing Employer	04/30/25	-	2,017
KDB - Kirlin Design Build	Contributing Employer	05/31/25	-	2,017
KDB - Kirlin Design Build	Contributing Employer	06/30/25	-	1,464
KDB - Kirlin Design Build	Contributing Employer	07/31/25	-	1,009
KDB - Kirlin Design Build	Contributing Employer	08/31/25	-	1,492
KDB - Kirlin Design Build	Contributing Employer	09/30/25	-	1,023
KDB - Kirlin Design Build	Contributing Employer	10/31/25	-	1,158
			-	16,735
Kinetic Systems inc.	Contributing Employer	01/31/25	-	2,529
Kinetic Systems inc.	Contributing Employer	02/28/25	-	3,238
Kinetic Systems inc.	Contributing Employer	02/28/25	-	696
Kinetic Systems inc.	Contributing Employer	03/23/25	-	3,931
			-	10,394
M&M Welding and Fabrications inc	Contributing Employer	05/31/25	-	2,962
M&M Welding and Fabrications inc	Contributing Employer	06/30/25	-	2,675
M&M Welding and Fabrications inc	Contributing Employer	08/31/25	-	1,586
M&M Welding and Fabrications inc	Contributing Employer	09/30/25	-	1,711
M&M Welding and Fabrications inc	Contributing Employer	11/30/25	-	1,911
			-	10,845
Mechanical Systems inc	Contributing Employer	01/31/25	6,730	-
Mechanical Systems inc	Contributing Employer	02/28/25	7,001	-
Mechanical Systems inc	Contributing Employer	03/31/25	6,306	-
Mechanical Systems inc	Contributing Employer	04/30/25	-	8,627
Mechanical Systems inc	Contributing Employer	08/31/25	-	8,181
			20,037	16,808
Modern Controls inc	Contributing Employer	03/23/25	-	1,179
Modern Controls inc	Contributing Employer	08/31/25	-	1,125
			-	2,304
NAC Mechanical Services LLC	Contributing Employer	01/31/25	-	1,036
NAC Mechanical Services LLC	Contributing Employer	02/02/25	-	221
NAC Mechanical Services LLC	Contributing Employer	03/23/25	-	961
NAC Mechanical Services LLC	Contributing Employer	04/27/25	-	1,129
NAC Mechanical Services LLC	Contributing Employer	05/31/25	-	968
NAC Mechanical Services LLC	Contributing Employer	06/30/25	-	807
			-	5,122

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** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Northern Bay Environmental Systems inc	Contributing Employer	02/28/25	$ -	$ 3,535
Northern Bay Environmental Systems inc	Contributing Employer	03/31/25	-	3,772
Northern Bay Environmental Systems inc	Contributing Employer	05/31/25	-	4,529
Northern Bay Environmental Systems inc	Contributing Employer	07/31/25	-	3,982
Northern Bay Environmental Systems inc	Contributing Employer	08/31/25	-	4,791
Northern Bay Environmental Systems inc	Contributing Employer	10/31/25	-	4,750
			-	25,359
NS & Associates LLC	Contributing Employer	06/30/25	-	769
Ozell Services inc	Contributing Employer	01/31/25	-	1,268
Ozell Services inc	Contributing Employer	02/28/25	-	1,287
Ozell Services inc	Contributing Employer	07/31/25	-	1,376
Ozell Services inc	Contributing Employer	08/31/25	-	1,132
Ozell Services inc	Contributing Employer	09/30/25	-	1,432
Ozell Services inc	Contributing Employer	11/30/25	-	2,004
			-	8,499
Patapsco Mechanical	Contributing Employer	01/31/25	-	3,888
Patapsco Mechanical	Contributing Employer	03/02/25	-	3,161
Patapsco Mechanical	Contributing Employer	03/31/25	-	2,812
Patapsco Mechanical	Contributing Employer	04/30/25	-	1,908
Patapsco Mechanical	Contributing Employer	05/31/25	-	2,544
Patapsco Mechanical	Contributing Employer	06/30/25	-	3,450
Patapsco Mechanical	Contributing Employer	07/31/25	3,018	-
Patapsco Mechanical	Contributing Employer	08/31/25	2,754	-
			5,772	17,763
Pioneer Power Inc.	Contributing Employer	01/31/25	-	96
Pioneer Power Inc.	Contributing Employer	02/28/25	-	128
			-	224
Pipefitters Local 211	Contributing Employer	04/30/25	-	34
Plumbers & Steamfitters Local Union 486	Contributing Employer	02/28/25	-	9,559
Plumbers & Steamfitters Local Union 486	Contributing Employer	05/31/25	11,726	-
Plumbers & Steamfitters Local Union 486	Contributing Employer	06/30/25	9,381	-
Plumbers & Steamfitters Local Union 486	Contributing Employer	07/31/25	-	8,355
Plumbers & Steamfitters Local Union 486	Contributing Employer	08/31/25	-	10,017
			21,107	27,931
Poole & Kent Corporation - 57551	Contributing Employer	04/30/25	86,182	-

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** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Poole & Kent Corporation - 57551	Contributing Employer	05/31/25	$ 69,213	$ -
			155,395	-
Poole & Kent Corporation - 57553	Contributing Employer	02/23/25	-	4,509
Poole & Kent Corporation - 57553	Contributing Employer	03/31/25	-	4,229
Poole & Kent Corporation - 57553	Contributing Employer	05/31/25	-	4,617
Poole & Kent Corporation - 57553	Contributing Employer	06/30/25	-	4,545
Poole & Kent Corporation - 57553	Contributing Employer	07/31/25	-	2,398
			-	20,298
Power and Combustion inc	Contributing Employer	01/31/25	13,290	-
Power and Combustion inc	Contributing Employer	02/06/25	2,574	-
Power and Combustion inc	Contributing Employer	02/28/25	7,044	-
Power and Combustion inc	Contributing Employer	03/31/25	6,812	-
Power and Combustion inc	Contributing Employer	04/30/25	6,308	-
Power and Combustion inc	Contributing Employer	05/31/25	8,587	-
Power and Combustion inc	Contributing Employer	06/30/25	6,383	-
Power and Combustion inc	Contributing Employer	07/31/25	7,681	-
Power and Combustion inc	Contributing Employer	08/31/25	7,268	-
Power and Combustion inc	Contributing Employer	09/30/25	10,568	-
Power and Combustion inc	Contributing Employer	10/31/25	13,549	-
Power and Combustion inc	Contributing Employer	11/30/25	10,619	-
			100,683	-
Pro-Air inc.	Contributing Employer	01/31/25	7,222	-
Pro-Air inc.	Contributing Employer	02/28/25	5,604	-
Pro-Air inc.	Contributing Employer	02/28/25	1,865	-
Pro-Air inc.	Contributing Employer	03/31/25	8,175	-
Pro-Air inc.	Contributing Employer	04/30/25	10,257	-
Pro-Air inc.	Contributing Employer	05/31/25	8,756	-
Pro-Air inc.	Contributing Employer	06/30/25	10,880	-
Pro-Air inc.	Contributing Employer	07/31/25	22,146	-
Pro-Air inc.	Contributing Employer	08/31/25	25,342	-
Pro-Air inc.	Contributing Employer	09/30/25	25,475	-
Pro-Air inc.	Contributing Employer	10/31/25	39,960	-
Pro-Air inc.	Contributing Employer	11/30/25	40,708	-
			206,390	-
R. H. Lapp & Sons, inc	Contributing Employer	01/31/25	2,391	-
R. H. Lapp & Sons, inc	Contributing Employer	02/28/25	3,288	-
R. H. Lapp & Sons, inc	Contributing Employer	03/31/25	4,227	-
R. H. Lapp & Sons, inc	Contributing Employer	04/30/25	5,032	-
			14,938	-

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** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
R. F. Warder inc	Contributing Employer	01/31/25	$ 8,368	$ -
R. F. Warder inc	Contributing Employer	02/02/25	1,765	-
R. F. Warder inc	Contributing Employer	02/23/25	5,481	-
R. F. Warder inc	Contributing Employer	03/31/25	8,699	-
R. F. Warder inc	Contributing Employer	04/30/25	10,797	-
R. F. Warder inc	Contributing Employer	05/31/25	7,520	-
R. F. Warder inc	Contributing Employer	06/30/25	7,282	-
R. F. Warder inc	Contributing Employer	07/31/25	9,134	-
R. F. Warder inc	Contributing Employer	08/31/25	6,683	-
R. F. Warder inc	Contributing Employer	09/30/25	6,618	-
R. F. Warder inc	Contributing Employer	10/31/25	-	9,126
			72,347	9,126
RIG Construction LLC	Contributing Employer	01/31/25	-	346
RIG Construction LLC	Contributing Employer	02/28/25	-	254
RIG Construction LLC	Contributing Employer	03/31/25	-	254
RIG Construction LLC	Contributing Employer	04/30/25	-	595
RIG Construction LLC	Contributing Employer	05/31/25	-	662
RIG Construction LLC	Contributing Employer	06/30/25	-	606
RIG Construction LLC	Contributing Employer	07/31/25	-	882
RIG Construction LLC	Contributing Employer	08/31/25	-	130
			-	3,729
Scheck Mechanical	Contributing Employer	04/30/25	-	402
Siemens Industry inc	Contributing Employer	01/31/25	5,610	-
Siemens Industry inc	Contributing Employer	05/31/25	3,649	-
Siemens Industry inc	Contributing Employer	10/31/25	-	8,277
			9,259	8,277
South Mountain Mechanical	Contributing Employer	01/31/25	-	1,100
South Mountain Mechanical	Contributing Employer	02/22/25	-	1,038
South Mountain Mechanical	Contributing Employer	03/31/25	-	1,089
South Mountain Mechanical	Contributing Employer	04/30/25	-	1,045
South Mountain Mechanical	Contributing Employer	05/31/25	-	1,045
South Mountain Mechanical	Contributing Employer	06/30/25	-	1,034
South Mountain Mechanical	Contributing Employer	07/31/25	-	1,367
South Mountain Mechanical	Contributing Employer	09/30/25	-	660
			-	8,378
Southland Industries	Contributing Employer	01/31/25	-	22,689

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** Reciprocity employer not avialable

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date*	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Stokes Mechanical LLC	Contributing Employer	01/31/25	$ -	$ 2,372
Stokes Mechanical LLC	Contributing Employer	02/06/25	-	541
Stokes Mechanical LLC	Contributing Employer	02/28/25	-	1,511
Stokes Mechanical LLC	Contributing Employer	03/31/25	-	1,664
Stokes Mechanical LLC	Contributing Employer	04/30/25	-	1,183
Stokes Mechanical LLC	Contributing Employer	05/31/25	-	1,825
Stokes Mechanical LLC	Contributing Employer	06/30/25	-	1,473
Stokes Mechanical LLC	Contributing Employer	07/31/25	-	1,853
Stokes Mechanical LLC	Contributing Employer	08/31/25	-	1,406
Stokes Mechanical LLC	Contributing Employer	09/30/25	-	1,406
Stokes Mechanical LLC	Contributing Employer	10/31/25	-	1,499
Stokes Mechanical LLC	Contributing Employer	11/30/25	-	1,364
			-	18,097
Texas Pipe Trades	Contributing Employer	04/30/25	-	225
Trane Technologies	Contributing Employer	02/23/25	5,171	-
VEC Inc.	Contributing Employer	01/31/25	-	39
W.E. Bowers, inc	Contributing Employer	01/31/25	497	-
W.E. Bowers, inc	Contributing Employer	02/28/25	4,924	-
W.E. Bowers, inc	Contributing Employer	03/31/25	15,218	-
W.E. Bowers, inc	Contributing Employer	04/30/25	27,812	-
W.E. Bowers, inc	Contributing Employer	05/31/25	28,127	-
W.E. Bowers, inc	Contributing Employer	06/30/25	27,516	-
W.E. Bowers, inc	Contributing Employer	07/31/25	30,912	-
W.E. Bowers, inc	Contributing Employer	08/31/25	29,161	-
W.E. Bowers, inc	Contributing Employer	09/30/25	28,399	-
W.E. Bowers, inc	Contributing Employer	10/31/25	28,561	-
W.E. Bowers, inc	Contributing Employer	11/30/25	23,412	-
			244,539	-
W.G. Tomko inc	Contributing Employer	03/31/25	-	9,295
W.G. Tomko inc	Contributing Employer	04/30/25	9,542	-
W.G. Tomko inc	Contributing Employer	05/31/25	14,988	-
W.G. Tomko inc	Contributing Employer	06/30/25	13,362	-
W.G. Tomko inc	Contributing Employer	07/31/25	-	19,317
W.G. Tomko inc	Contributing Employer	10/31/25	-	13,203
W.G. Tomko inc	Contributing Employer	11/30/25	-	9,543
			37,892	51,358
	Total 2025 Late Contributions		$ 2,289,869	528,887

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** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Arctic Refigeration, inc	Contributing Employer	01/31/24	$ -	$ 9,971
Arctic Refigeration, inc	Contributing Employer	02/29/24	-	6,086
Arctic Refigeration, inc	Contributing Employer	03/31/24	-	9,493
Arctic Refigeration, inc	Contributing Employer	04/30/24	-	7,049
Arctic Refigeration, inc	Contributing Employer	06/30/24	-	10,402
Arctic Refigeration, inc	Contributing Employer	07/31/24	-	9,224
Arctic Refigeration, inc	Contributing Employer	09/30/24	-	8,775
Arctic Refigeration, inc	Contributing Employer	10/31/24	-	10,215
Arctic Refigeration, inc	Contributing Employer	11/30/24	-	9,294
			-	80,509
Bay Area Mechanical Services	Contributing Employer	02/29/24	1,677	-
Bay Area Mechanical Services	Contributing Employer	10/31/24	4,663	-
Bay Area Mechanical Services	Contributing Employer	11/30/24	3,634	-
Bay Area Mechanical Services	Contributing Employer	12/31/24	3,634	-
			13,608	-
BBR Mechanical Services, inc	Contributing Employer	02/21/24	-	457
BBR Mechanical Services, inc	Contributing Employer	06/21/24	-	329
BBR Mechanical Services, inc	Contributing Employer	10/21/24	-	329
BBR Mechanical Services, inc	Contributing Employer	11/30/24	-	329
BBR Mechanical Services, inc	Contributing Employer	12/31/24	-	329
			-	1,773
BMC Services	Contributing Employer	01/31/24	-	488
BMC Services	Contributing Employer	02/29/24	-	385
BMC Services	Contributing Employer	11/30/24	7,102	-
BMC Services	Contributing Employer	12/31/24	8,175	-
			15,277	873
Borlie Mechanical Contracting LLC	Contributing Employer	01/31/24	-	6,576
Borlie Mechanical Contracting LLC	Contributing Employer	02/29/24	-	4,149
Borlie Mechanical Contracting LLC	Contributing Employer	03/31/24	-	5,699
Borlie Mechanical Contracting LLC	Contributing Employer	04/30/24	-	6,108
Borlie Mechanical Contracting LLC	Contributing Employer	08/31/24	-	6,012
Borlie Mechanical Contracting LLC	Contributing Employer	09/30/24	-	4,692
Borlie Mechanical Contracting LLC	Contributing Employer	10/31/24	-	5,122
Borlie Mechanical Contracting LLC	Contributing Employer	11/30/24	-	3,123
Borlie Mechanical Contracting LLC	Contributing Employer	12/31/24	-	2,585
			-	44,066
Complete Mechanical Solutions	Contributing Employer	12/31/24	-	20,000

* The pay periods reported are the work month rather than the pay period end date.

** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Conti Corporation	Contributing Employer	11/30/24	$ -	$ 3,326
Control Systems, inc	Contributing Employer	01/31/24	1,867	-
Control Systems, inc	Contributing Employer	02/29/24	917	-
Control Systems, inc	Contributing Employer	03/31/24	1,214	-
Control Systems, inc	Contributing Employer	04/30/24	1,223	-
Control Systems, inc	Contributing Employer	06/30/24	1,251	-
Control Systems, inc	Contributing Employer	07/31/24	1,746	-
Control Systems, inc	Contributing Employer	09/30/24	1,348	-
Control Systems, inc	Contributing Employer	10/31/24	1,605	-
Control Systems, inc	Contributing Employer	11/30/24	1,338	-
Control Systems, inc	Contributing Employer	12/31/24	-	1,383
			12,509	1,383
Core Mechanical Solutions	Contributing Employer	02/29/24	-	1,109
Core Mechanical Solutions	Contributing Employer	07/31/24	-	1,386
Core Mechanical Solutions	Contributing Employer	12/31/24	-	1,255
			-	3,750
Custom Mechanical Services inc	Contributing Employer	01/31/24	-	1,668
Custom Mechanical Services inc	Contributing Employer	02/29/24	-	1,017
Custom Mechanical Services inc	Contributing Employer	03/31/24	-	1,674
Custom Mechanical Services inc	Contributing Employer	06/30/24	-	820
Custom Mechanical Services inc	Contributing Employer	09/30/24	-	331
Custom Mechanical Services inc	Contributing Employer	11/30/24	-	455
Custom Mechanical Services inc	Contributing Employer	12/31/24	-	349
			-	6,314
DE Asset Operations LLC	Contributing Employer	06/30/24	-	568
Dynastics, inc	Contributing Employer	01/31/24	8,453	-
Dynastics, inc	Contributing Employer	03/31/24	20,124	-
Dynastics, inc	Contributing Employer	04/30/24	16,359	-
Dynastics, inc	Contributing Employer	06/30/24	21,182	-
Dynastics, inc	Contributing Employer	07/31/24	17,136	-
Dynastics, inc	Contributing Employer	12/31/24	20,194	-
			103,448	-
Electrical Automation Services inc	Contributing Employer	01/31/24	-	13,079
Electrical Automation Services inc	Contributing Employer	02/29/24	-	6,407
Electrical Automation Services inc	Contributing Employer	03/31/24	-	8,725
Electrical Automation Services inc	Contributing Employer	06/30/24	-	8,677

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** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Electrical Automation Services inc	Contributing Employer	09/30/24	$ -	$ 8,361
Electrical Automation Services inc	Contributing Employer	11/30/24	-	7,481
Electrical Automation Services inc	Contributing Employer	12/31/24	-	7,835
			-	60,565
Excel Mechanical Contractors LLC	Contributing Employer	07/31/24	-	4,314
Excel Mechanical Contractors LLC	Contributing Employer	09/30/24	4,561	-
Excel Mechanical Contractors LLC	Contributing Employer	10/31/24	4,166	-
Excel Mechanical Contractors LLC	Contributing Employer	11/30/24	4,551	-
Excel Mechanical Contractors LLC	Contributing Employer	12/31/24	4,461	-
			17,739	4,314
Facility Engineering Services Corp.	Contributing Employer	01/31/24	-	1,882
Facility Engineering Services Corp.	Contributing Employer	02/29/24	-	2,770
Facility Engineering Services Corp.	Contributing Employer	03/31/24	-	2,355.00
Facility Engineering Services Corp.	Contributing Employer	04/30/24	-	2,085
Facility Engineering Services Corp.	Contributing Employer	11/30/24	-	2,020
Facility Engineering Services Corp.	Contributing Employer	12/31/24	-	2,101
			-	13,213
Flo-Tron Contracting, inc	Contributing Employer	09/30/24	-	31,238
Flo-Tron Contracting, inc	Contributing Employer	11/30/24	30,491	-
Flo-Tron Contracting, inc	Contributing Employer	12/31/24	38,904	-
			69,395	31,238
Frank Lill & Son, inc	Contributing Employer	12/31/24	-	2,180
George S Hall inc	Contributing Employer	07/31/24	302	-
George S Hall inc	Contributing Employer	09/30/24	302	-
George S Hall inc	Contributing Employer	12/31/24	-	309
			604	309
Harris Company	Contributing Employer	09/30/24	-	155
Heffron Company	Contributing Employer	01/31/24	-	3,707
Heffron Company	Contributing Employer	02/29/24	-	4,542
Heffron Company	Contributing Employer	03/31/24	-	5,027
Heffron Company	Contributing Employer	12/31/24	-	5,742
			-	19,018
Honeywell International inc.	Contributing Employer	07/31/24	2,869	-
Honeywell International inc.	Contributing Employer	09/22/24	3,727	-
Honeywell International inc.	Contributing Employer	10/31/24	2,772	-

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** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Honeywell International inc.	Contributing Employer	12/31/24	$ 920	$ -
			10,288	-
Horton Mechanical Contractors inc.	Contributing Employer	01/31/24	-	26,031
Horton Mechanical Contractors inc.	Contributing Employer	02/29/24	-	12,376
Horton Mechanical Contractors inc.	Contributing Employer	03/31/24	-	17,222
Horton Mechanical Contractors inc.	Contributing Employer	04/30/24	-	17,395
Horton Mechanical Contractors inc.	Contributing Employer	06/30/24	-	15,895
Horton Mechanical Contractors inc.	Contributing Employer	09/30/24	-	18,175
Horton Mechanical Contractors inc.	Contributing Employer	11/30/24	16,625	-
Horton Mechanical Contractors inc.	Contributing Employer	12/31/24	15,174	-
			31,799	107,094
J. F. Fischer, inc	Contributing Employer	01/31/24	-	21,534
J. F. Fischer, inc	Contributing Employer	02/29/24	-	12,571
J. F. Fischer, inc	Contributing Employer	03/31/24	-	17,871.00
J. F. Fischer, inc	Contributing Employer	04/30/24	-	16,875
J. F. Fischer, inc	Contributing Employer	06/30/24	-	22,805
J. F. Fischer, inc	Contributing Employer	09/30/24	-	15,010
J. F. Fischer, inc	Contributing Employer	11/30/24	12,005	-
J. F. Fischer, inc	Contributing Employer	12/31/24	13,865	-
			25,870	106,666
Johnson Controls Federal Systems inc	Contributing Employer	09/30/24	-	11,000
Johnson Controls Inc.	Contributing Employer	01/31/24	-	6,503
Johnson Controls Inc.	Contributing Employer	10/31/24	-	10,268
			-	16,771
KBR Wyle Services LLC	Contributing Employer	11/30/24	-	20,237
KDB - Kirlin Design Build	Contributing Employer	03/31/24	-	1,855
KDB - Kirlin Design Build	Contributing Employer	08/31/24	-	1,484
KDB - Kirlin Design Build	Contributing Employer	10/31/24	1,955	-
KDB - Kirlin Design Build	Contributing Employer	11/30/24	-	1,955
KDB - Kirlin Design Build	Contributing Employer	12/31/24	2,475	-
			4,430	5,294
Kinetic Systems inc.	Contributing Employer	01/31/24	30,165	-
Kinetic Systems inc.	Contributing Employer	02/29/24	7,887	-
Kinetic Systems inc.	Contributing Employer	03/31/24	5,129	-
Kinetic Systems inc.	Contributing Employer	07/31/24	857	-
Kinetic Systems inc.	Contributing Employer	09/30/24	-	636

* The pay periods reported are the work month rather than the pay period end date.

** Reciprocity employer not avialable

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date*	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Kinetic Systems inc.	Contributing Employer	10/31/24	$ 1,992	$ -
Kinetic Systems inc.	Contributing Employer	11/30/24	2,462	-
Kinetic Systems inc.	Contributing Employer	12/31/24	2,404	-
			50,896	636.00
Local 17**	Contributing Employer	04/30/24	-	138
Local 17**	Contributing Employer	05/31/24	-	66
			-	204
Local 72**	Contributing Employer	11/30/24	-	652
Local 421**	Contributing Employer	11/30/24	-	78
Local 602**	Contributing Employer	12/31/24	-	675
Mechanical Systems inc	Contributing Employer	04/30/24	-	7,479
Mechanical Systems inc	Contributing Employer	05/31/24	-	8,466
Mechanical Systems inc	Contributing Employer	06/30/24	-	6,846
Mechanical Systems inc	Contributing Employer	07/31/24	-	6,687
			-	29,478
NAC Mechanical Services LLC	Contributing Employer	01/31/24	-	986
NAC Mechanical Services LLC	Contributing Employer	03/31/24	-	982
NAC Mechanical Services LLC	Contributing Employer	06/30/24	-	875
NAC Mechanical Services LLC	Contributing Employer	09/30/24	-	915
NAC Mechanical Services LLC	Contributing Employer	10/31/24	-	1,204
NAC Mechanical Services LLC	Contributing Employer	11/30/24	-	938
NAC Mechanical Services LLC	Contributing Employer	12/31/24	-	1,064
			-	6,964
Northern Bay Environmental Systems inc	Contributing Employer	11/30/24	-	4,142
Northern Bay Environmental Systems inc	Contributing Employer	12/31/24	6,283	-
			6,283	4,142
Ozell Services inc	Contributing Employer	01/31/24	-	754
Ozell Services inc	Contributing Employer	03/31/24	-	1,302
Ozell Services inc	Contributing Employer	05/31/24	-	1,332
Ozell Services inc	Contributing Employer	09/30/24	1,204	-
Ozell Services inc	Contributing Employer	10/31/24	-	1,211
Ozell Services inc	Contributing Employer	11/30/24	-	1,510
Ozell Services inc	Contributing Employer	12/31/24	-	1,237
			1,204	7,346

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** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Patapsco Mechanical	Contributing Employer	02/29/24	$ -	$ 3,460
Patapsco Mechanical	Contributing Employer	03/31/24	-	3,264
Patapsco Mechanical	Contributing Employer	08/31/24	3,234	-
Patapsco Mechanical	Contributing Employer	09/30/24	-	2,374
Patapsco Mechanical	Contributing Employer	09/30/24	-	133
Patapsco Mechanical	Contributing Employer	10/31/24	-	316
Patapsco Mechanical	Contributing Employer	11/30/24	-	3,386
Patapsco Mechanical	Contributing Employer	11/30/24	-	370
Patapsco Mechanical	Contributing Employer	12/31/24	-	3,624
			3,234	16,927
Pevco Systems International inc	Contributing Employer	06/30/24	-	2,052
Plumbers & Steamfitters 486 Training School	Contributing Employer	07/31/24	-	479
Plumbers & Steamfitters Local Union 486	Contributing Employer	10/31/24	-	7,888
Plumbers & Steamfitters Local Union 486	Contributing Employer	12/31/24	-	7,996
			-	15,884
Poole & Kent Corporation - 57551	Contributing Employer	02/29/24	92,750	-
Poole & Kent Corporation - 57551	Contributing Employer	07/31/24	88,427	-
Poole & Kent Corporation - 57551	Contributing Employer	11/30/24	71,701	-
			252,878	-
Poole & Kent Corporation - 57553	Contributing Employer	06/30/24	3,986	-
Poole & Kent Corporation - 57553	Contributing Employer	07/31/24	3,629	-
Poole & Kent Corporation - 57553	Contributing Employer	09/30/24	963	-
Poole & Kent Corporation - 57553	Contributing Employer	11/30/24	807	-
Poole & Kent Corporation - 57553	Contributing Employer	12/31/24	-	1,019
			9,385	1,019
Power and Combustion inc	Contributing Employer	01/31/24	-	16,054
Power and Combustion inc	Contributing Employer	02/29/24	-	7,449
Power and Combustion inc	Contributing Employer	03/31/24	-	9,374
Power and Combustion inc	Contributing Employer	04/30/24	-	10,964
Power and Combustion inc	Contributing Employer	06/30/24	-	11,432
Power and Combustion inc	Contributing Employer	09/30/24	-	10,267
Power and Combustion inc	Contributing Employer	11/30/24	11,570	-
Power and Combustion inc	Contributing Employer	12/31/24	12,788	-
			24,358	65,540
Pro-Air inc.	Contributing Employer	01/31/24	-	10,193
Pro-Air inc.	Contributing Employer	02/29/24	-	6,323

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** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Pro-Air inc.	Contributing Employer	04/30/24	$ -	$ 7,798
Pro-Air inc.	Contributing Employer	05/31/24	-	7,968
Pro-Air inc.	Contributing Employer	06/30/24	-	5,009
Pro-Air inc.	Contributing Employer	07/31/24	-	6,587
Pro-Air inc.	Contributing Employer	11/30/24	-	9,209
Pro-Air inc.	Contributing Employer	12/31/24	-	8,409
			-	61,496
R. H. Lapp & Sons, inc	Contributing Employer	12/31/24	-	1,995
R. F. Warder inc	Contributing Employer	01/31/24	-	8,390
R. F. Warder inc	Contributing Employer	03/31/24	-	6,531
R. F. Warder inc	Contributing Employer	04/30/24	-	6,203
R. F. Warder inc	Contributing Employer	05/31/24	-	7,913
R. F. Warder inc	Contributing Employer	07/31/24	-	9,207
R. F. Warder inc	Contributing Employer	09/30/24	-	6,980
R. F. Warder inc	Contributing Employer	10/31/24	-	7,795
R. F. Warder inc	Contributing Employer	11/30/24	-	6,357
R. F. Warder inc	Contributing Employer	12/31/24	-	6,638
			-	66,014
RIG Construction LLC	Contributing Employer	09/30/24	207	-
RIG Construction LLC	Contributing Employer	10/31/24	-	356
RIG Construction LLC	Contributing Employer	11/30/24	-	284
RIG Construction LLC	Contributing Employer	12/31/24	-	300
			207	940
S&S Control Systems, inc	Contributing Employer	03/31/24	3,125	-
Siemens Industry inc	Contributing Employer	09/30/24	-	5,508
Siemens Industry inc	Contributing Employer	11/30/24	5,752	-
Siemens Industry inc	Contributing Employer	12/31/24	5,503	-
			11,255	5,508
Sodexo/Roth	Contributing Employer	12/31/24	-	1,294
South Mountain Mechanical	Contributing Employer	06/30/24	1,451	-
South Mountain Mechanical	Contributing Employer	11/30/24	-	1,262
South Mountain Mechanical	Contributing Employer	12/31/24	-	1,396
			1,451	2,658.00
Southland Industries	Contributing Employer	03/31/24	-	39,864

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** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Spear Mechanical Contractors	Contributing Employer	06/30/24	$ -	$ 901
Spear Mechanical Contractors	Contributing Employer	07/31/24	-	1,120
Spear Mechanical Contractors	Contributing Employer	12/31/24	-	2,721
			-	4,742
Stokes Mechanical LLC	Contributing Employer	01/31/24	-	2,051
Stokes Mechanical LLC	Contributing Employer	03/31/24	-	3,324
Stokes Mechanical LLC	Contributing Employer	04/30/24	-	2,674
Stokes Mechanical LLC	Contributing Employer	06/30/24	-	4,715
Stokes Mechanical LLC	Contributing Employer	09/30/24	-	1,870
Stokes Mechanical LLC	Contributing Employer	11/30/24	-	1,687
Stokes Mechanical LLC	Contributing Employer	12/31/24	-	1,555
			-	17,876
W.E. Bowers, inc	Contributing Employer	03/31/24	-	805
W.E. Bowers, inc	Contributing Employer	05/31/24	-	1,005
W.E. Bowers, inc	Contributing Employer	07/31/24	-	1,005
W.E. Bowers, inc	Contributing Employer	11/30/24	-	724
W.E. Bowers, inc	Contributing Employer	12/31/24	-	1,044
			-	4,583
W.G. Tomko inc	Contributing Employer	09/30/24	-	8,952
W.G. Tomko inc	Contributing Employer	11/30/24	-	7,289
W.G. Tomko inc	Contributing Employer	12/31/24	-	8,719
			-	24,960
	Total 2024 Late Contributions		$ 669,243	$ 944,622
Arctic Refigeration, inc	Contributing Employer	12/31/23	$ -	$ 8,288
Borlie Mechanical Contracting LLC	Contributing Employer	12/31/23	-	3,695
Control Systems, inc	Contributing Employer	12/31/23	1,121	-
Core Mechanical Solutions	Contributing Employer	12/31/23	-	1,102
Custom Mechanical Services inc	Contributing Employer	12/31/23	-	1,645
DE Asset Operations LLC	Contributing Employer	12/31/23	-	1,145
Electrical Automation Services inc	Contributing Employer	12/31/23	-	13,463
Excel Mechanical Contractors LLC	Contributing Employer	12/31/23	-	4,900

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** Reciprocity employer not avialable

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date*	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Facility Engineering Services Corp.	Contributing Employer	12/31/23	$ -	$ 2,010
Heffron Company	Contributing Employer	12/31/23	-	3,904
Honeywell International inc.	Contributing Employer	12/31/23	3,179	-
Horton Mechanical Contractors inc.	Contributing Employer	12/31/23	-	14,068
J. F. Fischer, inc	Contributing Employer	12/31/23	-	17,716
KDB - Kirlin Design Build	Contributing Employer	12/31/23	-	1,738
NAC Mechanical Services LLC	Contributing Employer	12/31/23	-	524
Patapsco Mechanical	Contributing Employer	12/31/23	-	2,780
Power and Combustion inc	Contributing Employer	12/31/23	-	11,627
Pro-Air inc.	Contributing Employer	12/31/23	-	8,092
R. F. Warder inc	Contributing Employer	12/31/23	-	7,051
W.E. Bowers, inc	Contributing Employer	12/31/23	-	1,114
W.G. Tomko inc	Contributing Employer	12/31/23	-	12,936
	Total 2023 Late Contributions		$ 4,300	$ 117,798
	Grand Total		$ 2,963,412	$ 1,591,307

* The pay periods reported are the work month rather than the pay period end date.
** Reciprocity employer not avialable

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
[ ] a single-employer plan [ ] a DFE (specify) _____

B This return/report is: [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND ANNUITY/401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1980

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PLUMBERS AND STEAMFITTERS LOCAL 486 SEVERANCE AND A

7130 COLUMBIA GATEWAY DRIVE
SUITE A
COLUMBIA MD 21046-0000

2b Employer Identification Number (EIN) 52-1190205

2c Plan Sponsor's telephone number 410-872-9500

2d Business code (see instructions) 238220

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

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

SIGN HERE	[signature]	10/1/26	PASQUALE PETROVIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10/1/26	CHARLES DANIEL
	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 (2025)
v. 250312

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	4,426
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	4,193
a (2) Total number of active participants at the end of the plan year	**6a(2)**	4,387
b Retired or separated participants receiving benefits	**6b**	56
c Other retired or separated participants entitled to future benefits	**6c**	169
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	4,612
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	52
f Total. Add lines **6d** and **6e**	**6f**	4,664
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	2,959
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	3,178
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	105

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

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

9a Plan funding arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____