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 & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1965

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND

PO BOX 2678
MUSCLE SHOALS, AL 35662-2678

2b Employer Identification Number (EIN) 63-6065827

2c Plan Sponsor's telephone number 256-383-7917

2d Business code (see instructions) 525100

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.	10/15/2026	GREG EZELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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**	1410
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)**	1198
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	956
b	Retired or separated participants receiving benefits	**6b**	216
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1172
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	1172
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	29

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

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

4A 4B 4D 4E 4F 4H 4L 4Q

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)** [ ] **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 3
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND

D Employer Identification Number (EIN)
63-6065827

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
UNITED OF OMAHA 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
47-0322111	69868	G000BWYY	913	01/01/2025	01/01/2026

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
41453	5267

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

PATRIOT GROWTH INSURANCE SERVICE
PO BOX 240518
MONTGOMERY, PA 36124

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41453		AGENT OR BROKER OF RECORD	3

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

GI GEORGE PARENT LP
501 OFFICE CENTER DR STE 215
FORT WASHINGTON, PA 19034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5267	OTHER COMPENSATION	3

(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**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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** [X] Other (specify) ▶ ACCIDENTAL DEATH AND DISMEMBERMENT

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	276355
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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 & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND

D Employer Identification Number (EIN)
63-6065827

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

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS AND BLUE SHIELD OF ALABAMA

(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
63-0103830	55433	0024603	1871	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

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**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	12050110		
(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)**	12050110
b Benefit charges (1) Claims paid	**9b(1)**	11244815		
(2) Increase (decrease) in claim reserves	**9b(2)**	45200		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	11290015
(4) Claims charged			**9b(4)**	11290015
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)**	745943		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**	192802		
(F) Charges for risks or other contingencies	**9c(1)(F)**	209737		
(G) Other retention charges	**9c(1)(G)**	-5637		
(H) Total retention			**9c(1)(H)**	1142845
(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)**	843300
(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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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 & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND

D Employer Identification Number (EIN)
63-6065827

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
GUARDIAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00041557	702	11/01/2024	10/31/2025

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
22955	1551

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

PATRIOT GROWTH INSURANCE SERVICE
PO BOX 240518
MONTGOMERY, AL 36124

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18364	1551	AGENT OR BROKER OF RECORD	3

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

MARK STEPHEN METTILLE
832 BAY ST NE UNIT 1
SAINT PETERSBURG, FL 33701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4591		OTHER COMPENSATION	3

(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**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [X] 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	91820
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 [X] 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 & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND

D Employer Identification Number (EIN)
63-6065827

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MORGAN STANLEY

63-6065827

(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	215729	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TEENA MILLER

63-6065827

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 30 50	EMPLOYEE	64733	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BHA CONSULTING, LLC

26-1384808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	29450	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)

BELLOWS ASSOCIATES, P.A.

65-0804414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INTEGRATED SOFTWARE APPLICATION

65-0790515

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	11910	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

QCWDR LLP

45-1444874

(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	7053	Yes [ ] No [X]	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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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 & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
PLUMBERS & STEAMFITTERS LOCAL 760 HEALTH & WELFARE TRUST FUND

D Employer Identification Number (EIN)
63-6065827

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1379403	1893748
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	107528	129581
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10943402	8126351
(2) U.S. Government securities	1c(2)	2708934	4803081
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2299072	3571037
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7187163	10791312
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7620493	9480848
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	671008	0

		(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	8510	8510
1f Total assets (add all amounts in lines 1a through 1e)	1f	32925513	38804468
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	170264	178473
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	170264	178473
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	32755249	38625995

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)	15821362	
(B) Participants	2a(1)(B)	418300	
(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)		16239662
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	102003	
(B) U.S. Government securities	2b(1)(B)	182851	
(C) Corporate debt instruments	2b(1)(C)	118443	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	12347	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		415644
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	168125	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	441697	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		609822
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	7697140	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7447858	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		249282
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	564827	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		564827

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		747616
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		18826853
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	12486747	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12486747
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)	128501	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	14857	
(4) IQPA audit fees	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	215729	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	29450	
(8) Legal fees	2i(8)	7053	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	53770	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		469360
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12956107
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5870746
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: BELLOWS ASSOCIATES, P.A. **(2)** EIN: 65-0804414

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	
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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**			
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**			

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 _____.

PLUMBERS AND STEAMFITTERS
LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND

FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION

FOR THE YEARS ENDED
DECEMBER 31, 2025 AND 2024

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

CONTENTS

INDEPENDENT AUDITOR'S REPORT 1-3

FINANCIAL STATEMENTS:

Statements of Net Assets Available for Benefits 4

Statements of Changes in Net Assets Available for Benefits.....5

Statements of Benefit Obligations 6

Statements of Changes in Benefit Obligations 7

Notes to the Financial Statements 8-17

SUPPLEMENTAL INFORMATION:

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year).....19-21

Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions 22

bellows
associates p.a.

CERTIFIED PUBLIC
ACCOUNTANTS
& ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund

Opinion

We have audited the accompanying financial statements of Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

5401 N University Drive ● Suite 201 ● Coral Springs, FL 33067 ● 954.838.7000 ● 305.553.1310 ● 954.838.7888 Fax
www.bellowscpa.com

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund 's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at Year End) and Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions, together referred to as "supplemental information," are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

Supplemental Schedules Required by ERISA (Continued)

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

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

Bellows Associates P.A.

Bellows Associates, P.A.
Coral Springs, Florida
October 12, 2026

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Investments at fair value	$ 36,772,629	$ 31,430,072
Receivables:		
Employer contributions	1,167,292	939,904
Reciprocal contributions	726,456	439,499
Accrued investment income	129,581	107,528
Total receivables	2,023,329	1,486,931
Fixed assets:		
Land improvements	23,186	23,186
Office equipment	17,570	78,668
Accumulated depreciation	(32,246)	(93,344)
Total fixed assets	8,510	8,510
Total Assets	38,804,468	32,925,513
LIABILITIES:		
Accounts payable and other liabilities	178,473	170,264
Total Liabilities	178,473	170,264
NET ASSETS AVAILABLE FOR BENEFITS	$ 38,625,995	$ 32,755,249

The accompanying notes are an integral part of this statement.

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	$ 1,561,725	$ 1,428,479
Interest	415,644	331,990
Dividends	609,822	504,657
Less:		
Investment expenses	(215,729)	(193,019)
Net investment income	2,371,462	2,072,107
Contributions:		
Employer	13,719,392	12,755,394
Reciprocal	2,784,148	2,077,921
Participant and retiree	418,300	311,782
Disability	132,985	132,237
Reciprocal transfers	(815,163)	(782,273)
Total contributions	16,239,662	14,495,061
Total additions	18,611,124	16,567,168
DEDUCTIONS:		
Benefit payments	12,486,747	11,555,617
Administrative expenses	253,631	263,872
Total deductions	12,740,378	11,819,489
NET CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	5,870,746	4,747,679
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	32,755,249	28,007,570
End of year	$ 38,625,995	$ 32,755,249

The accompanying notes are an integral part of this statement.

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF BENEFIT OBLIGATIONS
DECEMBER 31, 2025 AND 2024

	2025	2024
AMOUNTS CURRENTLY PAYABLE:		
Participants accumulated eligibility credits	$ 15,792,504	$ 13,536,447
POSTRETIREMENT BENEFIT OBLIGATION, NET OF AMOUNTS CURRENTLY PAYABLE:		
Current retirees and beneficiaries	2,178,482	1,558,785
Other participants fully eligible for benefits	3,226,531	3,131,539
Other participants not yet fully eligible for benefits	5,246,059	5,176,881
TOTAL POSTRETIREMENT BENEFIT OBLIGATION, NET OF AMOUNTS CURRENTLY PAYABLE	10,651,072	9,867,205
TOTAL BENEFIT OBLIGATIONS	$ 26,443,576	$ 23,403,652

The accompanying notes are an integral part of this statement.

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
AMOUNTS CURRENTLY PAYABLE - BEGINNING	$ 13,536,447	$ 11,617,073
Change in participants accumulated eligibility credits	2,256,057	1,919,374
AMOUNTS CURRENTLY PAYABLE - ENDING	15,792,504	13,536,447
POSTRETIREMENT BENEFIT OBLIGATION, NET OF AMOUNTS CURRENTLY PAYABLE - BEGINNING:	9,867,205	10,381,921
Actuarial experience loss	345,344	1,080,229
Benefits paid	(533,188)	(283,281)
Interest	556,455	514,002
Changes in actuarial assumptions	266,886	(546,888)
(Increase) in contribution rate to plan benefits	-	(1,355,801)
Participant contributions received	148,370	77,023
POSTRETIREMENT BENEFIT OBLIGATION, NET OF AMOUNTS CURRENTLY PAYABLE - ENDING	10,651,072	9,867,205
TOTAL BENEFIT OBLIGATIONS - ENDING	$ 26,443,576	$ 23,403,652

The accompanying notes are an integral part of this statement.

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Plumbers and Steamfitters Local Union No. 760 Health and Welfare Trust Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan operates as a fully-insured, multi-employer, collectively bargained plan providing health and death benefits to eligible employees and their dependents who reside within the service area, which includes several counties throughout the state of Alabama. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended. Operations of the Plan are under the joint control of labor and management trustees. As of December 31, 2025 and 2024, the participant count was 1,172 and 1,410, respectively.

Benefits

The Plan provides for medical, prescription drug, dental, and life and accidental death and dismemberment benefits. Additionally, the Plan will pay insurance premiums for members, who have been determined to be disabled by the social security administration, for a period of up to one year.

Eligibility

Employees become eligible for benefits on the first day of the month following the date on which contributions due for work performed by the employee for one or more contributing employers within a thirty-six-month period equals or exceeds $3,316. Eligibility will continue for succeeding months provided the employee works for one or more contributing employers and the contributions due for work performed is at least equal to the amount that is determined necessary by the Board of Trustees to maintain coverage (minimum contribution). After an employee establishes initial eligibility, contributions in excess of the minimum contribution will be credited to a dollar bank account. The Board of Trustees established the maximum number of dollars that an employee may accumulate in his or her dollar bank to be the current family contribution premium multiplied by 24 without regard to whether the individual is on single coverage or family coverage. If an employee does not work sufficient hours in covered employment during a work month for the minimum contribution to be paid on his or her behalf, the necessary number of dollars will be used from the participant's dollar bank account. If dollar bank hours are insufficient to maintain coverage, coverage will terminate except as otherwise provided. Eligibility based on proof of hours worked in covered employment but without receipt of payment may not exceed two months unless specifically authorized by the Board of Trustees.

One contributing employer operates under its own agreement that does not require employees to earn the initial $3,316 within a thirty-six-month period. This employer is also required to make monthly contributions per eligible employee at the rates prescribed in the collective bargaining agreement for single and family plans. The excess of the family plan contribution over benefit premiums is transferred into the eligible employee's savings and investment account.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Funding Policy

The United Association of Journeymen PPF Local 760 (the Local), employer associations, and individual employer's signatory to collective bargaining agreements, established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Each employer contributes to the plan such amounts and at such times as required by the applicable provisions of the collective bargaining agreements, or such other agreements as approved by the Board of Trustees. For the years ended December 31, 2025 and 2024, the contribution rates were $10.14 and $9.59 per hour, respectively.

Terminated Participants

Pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, the Plan offers continuing coverage to terminated participants on a self-pay basis for a period of 18 to 36 months, depending on the qualifying event for which COBRA continuation coverage will be offered.

Termination

Although there is no intent to do so, the Trustees reserve the right to amend, modify or terminate the Plan at any time. If the Plan is terminated, the assets will be used for the sole and exclusive benefit of the participants.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in accordance with GAAP requires the Plan 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 may differ from those estimates.

Administrative Expenses

Administrative expenses incurred to administer the Plan, including audit, legal and payroll expenses, are paid out of the Plan assets, see Note 10.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation

Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, see Note 6.

Employer Contributions Receivable

Contributions receivable from employers as of December 31, 2025 and 2024 represent uncollected contributions earned during each year as determined by subsequent collections. All contributions were received after each respective year-end, and as such, an allowance for credit losses was deemed unnecessary.

Income Recognition

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 or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Obligations

The benefit obligation is estimated by the Plan's actuary in accordance with accepted actuarial principles. The Trustees receive the independent actuarial firm's report and implements the recording of the obligations. The statements of benefit obligations include the actuarial estimate of accumulated eligibility credit obligations, and postretirement benefit obligations which are expected to be funded by future contributions and earnings on investments.

Accumulated Eligibility Benefit Obligation

Once an employee establishes initial eligibility, eligibility credits for future months may be earned and accumulated in addition to the current month's eligibility coverage. The eligibility credits are earned based upon hours worked by a participant. The benefit obligation at the end of each year is reported for the provision of benefits based on participants' accumulated eligibility credits and has been calculated by multiplying the total number of months of remaining coverage by the monthly amount of benefits paid per eligible participant, plus an administrative fee of $36 for the years ended December 31, 2025 and 2024, respectively. This amount is then combined with the eligible participants' bank balance at year end. Furthermore, the benefit obligation is reported at its estimated present value based on assumptions regarding the usage of the accumulated eligibility credits and projected increases in medical costs.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Postretirement Benefit Obligations

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31, 2025. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated participants and their beneficiaries and dependents and (2) active employees and dependents after retirement from service with participating employers. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement obligation that is attributed to that participant's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an independent actuary, and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment, see Note 8.

Risks and Uncertainties

The Plan invests in various investment securities, which are exposed to various risks, such as interest rate, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amount reported in the financial statements. Also, market quotations are not readily available for certain Plan investments, see Note 6.

Because of the inherent uncertainty in valuing those investments, the fair value may differ from the value that would have been used had a ready market for such securities existed, and the difference can be material. Accordingly, the value received upon the sale of the asset may differ from the fair value.

Benefit Payments

Premium payments to the insurance carrier are recorded upon distribution.

Fixed Assets

Fixed assets are carried at cost and depreciated on a straight-line basis over their estimated useful lives. Land improvements have a useful life from fifteen to forty years.

Date of Plan Management's Review

Plan management has evaluated subsequent events through October 12, 2026, which is the date the financial statements were available to be issued.

NOTE 3 – RELATED PARTIES

The Plan is related through common membership with the Local and the Joint Apprentice Education Fund Local Union No. 760 (the Fund). For the years ended December 31, 2025 and 2024, the Plan's contributions from the Local were $112,432 and $104,550, respectively, and $60,954 and $43,510 from the Fund, respectively. As of December 31, 2025 and 2024, the amount due from the Local was $11,925 and $9,379, respectively, and $5,719 and $3,567 from the Fund, respectively. The Plan leases office space from the Fund on a month-to-month basis. Rental expense for the years ended December 31, 2025 and 2024 was $4,200 and $4,550, respectively.

NOTE 4 – CONCENTRATION OF CREDIT RISK

The Plan maintains cash, bank deposits, and certificates of deposit at various financial institutions which, from time to time, may exceed federally insured limits. The exposure of the Plan from these transactions is solely dependent upon those daily account balances and the financial strength of the respective institution. The Plan manages this risk by maintaining its deposit accounts at high-quality financial institutions. As of December 31, 2025 and 2024, uninsured cash balances totaled approximately $5,363,000 and $8,972,000, respectively.

NOTE 5 – FEDERAL INCOME TAX STATUS

The Plan is intended to qualify under Section 501(c)(9) of the Internal Revenue Code (IRC) and, therefore, is not subject to income tax. The Plan obtained a favorable tax determination letter from the Internal Revenue Service (IRS), stating that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. The Trustees believe the Plan is being operated in compliance with applicable requirements of the IRC and, therefore, believe the Plan is tax-exempt. Therefore, no provision for income tax has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan has taken no such positions. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Trustees believe the Plan is no longer subject to audit for tax periods prior to 2021. However, the Plan could be open to a Department of Labor audit.

NOTE 6 – FAIR VALUE MEASUREMENTS

Accounting standards provide a framework for measuring fair value based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • 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; and • 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.

Assets and liabilities are classified in their entirety on the lowest level of input that is significant to the fair value measurement. Changes in valuation techniques may result in transfers in or out of an investment's assigned level within the hierarchy.

Asset Valuation Techniques

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets at fair value.

- *Cash management accounts:* Includes interest bearing cash, money market accounts, and cash investments in money market funds. Money market accounts are bank deposit accounts valued at face value. Cash investments in money market funds are valued under the market approach through the use of quoted market prices in the active market.

- *Certificates of deposit:* Valued using rates currently offered for deposits of similar remaining maturities.

- *U.S. government securities*: Valued using pricing models maximizing the use of observable inputs for similar securities.

- *Corporate debt instruments*: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

NOTE 6 – FAIR VALUE MEASUREMENTS (CONTINUED)

- *Corporate stocks*: Valued at the closing price reported on active markets on which the individual securities are traded.

- *Registered investment companies – mutual funds*: Valued at the daily closing price as reported by the fund. These are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV), which is derived by dividing the total value of all the cash and securities in the fund's portfolio, less any liabilities, by the number of shares outstanding. The fair value of the mutual funds is generally based on quoted prices in active markets.

- *Municipal bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes using spreads from broker-dealers, trade prices and the new issue market.

There have been no changes in the methodologies used as of December 31, 2025 and 2024.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis as of December 31, 2025 and 2024:

Fair Value Measurements as of December 31, 2025

	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets:				
Cash management accounts	$ 7,521,357	$ -	$ -	$ 7,521,357
Certificates of deposit	-	604,994	-	604,994
U.S. government securities	4,803,081	-	-	4,803,081
Corporate debt instruments	-	3,571,037	-	3,571,037
Corporate stocks	10,791,312	-	-	10,791,312
Registered investment companies – mutual funds	9,480,848	-	-	9,480,848
Total	$ 32,596,598	$ 4,176,031	$ -	$ 36,772,629

NOTE 6 – FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value Measurements as of December 31, 2024

	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets:				
Cash management accounts	$ 9,451,118	$ -	$ -	$ 9,451,118
Certificates of deposit	-	1,492,284	-	1,492,284
U.S. government securities	2,708,934	-	-	2,708,934
Corporate debt instruments	-	2,299,072	-	2,299,072
Corporate stocks	7,187,163	-	-	7,187,163
Registered investment companies – mutual funds	7,620,493	-	-	7,620,493
Municipal bonds	-	671,008	-	671,008
Total	$ 26,967,708	$ 4,462,364	$ -	$ 31,430,072

The Plan's policy is to recognize all transfers between levels at the beginning of the reporting period. For the years ended December 31, 2025 and 2024, there were no significant transfers in or out of Level 1, 2, or 3.

NOTE 7 – RECIPROCAL AGREEMENT

The Plan is signatory to a master reciprocal agreement along with the various unions outside the Plan's territorial jurisdiction. Frequently, employees who are normally employed within the territory of one local union may be temporarily employed within the territory of another local union. Eligibility for benefits is generally determined from an employee having earned a certain amount of contributions during a stated period of time. To prevent deprivation of benefits to employees solely because of temporary employment within the jurisdiction of a local union other than their home local union, the reciprocal agreement provides for the following:

- When an employee of the home local union works in the territory of a reciprocating local union, the latter is to make contributions to the former's fringe benefit funds on the employee's behalf. The reciprocal contribution amount received shall be the fringe benefit contribution set forth in the employee's agreement of his home local union. Reciprocal contributions are reflected in total contributions in the statements of changes in net assets available for benefits.
- The monies received by the Plan on behalf of employees from participating local unions are forwarded to the employee's home union fringe benefit plan. The reciprocal contribution amount paid out shall be the fringe benefit contribution set forth in the employee's agreement of his home local union. Reciprocal contributions transferred out are reflected in total contributions in the statements of changes in net assets available for benefits as reciprocal transfers.

NOTE 8 – POSTRETIREMENT BENEFIT OBLIGATIONS

The Plan's postretirement benefit obligation as of December 31, 2025 and 2024 was determined by an independent actuary and is the amount that results from applying actuarial assumptions to historical data to estimate future obligations and to adjust those estimates for the time value of money and the probability of payment between the valuation date and the expected date of payment.

The sensitivity of medical trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2025 and 2024 by $920,881 and $892,016, respectively.

Significant assumptions used in the valuations were as follows:

Discount rate	2025 – 5.50%; 2024 – 5.75%.
Postretirement mortality rate	Healthy: 2025 and 2024 – RP-2000 Combined Mortality Table with fully generational projection using ¾ of Scale AA set forward by two years. Disabled: 2025 and 2024 – RP-2000 Disability Mortality Table with fully generational projection using ¾ of Scale AA.
Monthly per capita retiree costs	2025 and 2024 – $1,589.
Administrative expenses	2025 and 2024 – $36 per month.
Health care trend rates	2025 and 2024 – the trend rate is 11.65% decreasing by 5.15% in 2026 and then decreasing by .25% in each year following.

NOTE 9 – PARTY-IN-INTEREST TRANSACTIONS

Payments for professional services such as administration, consulting, legal, and auditing are considered reasonable and customary for such services. Certain Plan investments are managed by the custodian or an investment manager. Any purchases or sales of these investments are made at fair value and qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 10 – INVESTMENT AND ADMINISTRATIVE EXPENSES

For the years ended December 31, 2025 and 2024, expenses reflected in the financial statements are comprised of:

	2025	2024
Investment Expenses:		
Investment management fees	$ 215,729	$ 193,019
Total investment expenses	$ 215,729	$ 193,019
Administrative Expenses:		
Automobile	$ 1,400	$ 1,327
Employee benefits	16,179	16,311
Employment costs	47,589	48,640
Office expenses	27,032	18,556
Payroll taxes	21,138	26,190
Professional fees	71,360	91,058
Rent	4,200	4,550
Salaries	64,733	57,240
Total administrative expenses	$ 253,631	$ 263,872

SUPPLEMENTAL INFORMATION

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Form 5500, Schedule H | Plan Number: 501 | E.I.N. 63-6065827

	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Interest-Bearing Cash						
	First Metro Bank	Interest-bearing checking		0.100%		$ 4,897,827	$ 4,897,827
	First Metro Bank	Money market account		1.870%		659,953	659,953
*	Morgan Stanley Bank N.A.	Money market fund		2.000%		193,734	193,734
*	Morgan Stanley Private Bank N.A.	Money market fund		2.000%		236,755	236,755
*	Morgan Stanley Bank N.A. PS-QC	Interest-bearing savings		3.350%		1,520,409	1,520,409
*	Morgan Stanley Private Bank N.A. PS-QC	Interest-bearing savings		3.350%		12,679	12,679
	City National BK Los Angeles CA	Certificate of deposit	03/31/26	5.100%	100,000	100,300	100,286
	Discover Bk Green Greenwood DE	Certificate of deposit	11/16/26	4.950%	100,000	101,700	101,213
	First Cent BK Mccook NEB	Certificate of deposit	01/19/28	4.000%	100,000	100,679	100,573
	UBS Bk Salt L Sale Lake City UT	Certificate of deposit	01/25/28	3.900%	100,000	100,000	100,376
	Heartland BK Whitehall Ohio	Certificate of deposit	02/08/28	3.850%	100,000	100,684	100,275
	American Express Sandy UT	Certificate of deposit	03/22/28	4.800%	100,000	100,320	102,271
	Total Interest-Bearing Cash					$ 8,125,040	$ 8,126,351
	U.S. Government Securities						
	United States Treasury Bond	Bond	02/15/31	5.375%	300,000	$ 321,195	$ 322,617
	United States Treasury Note	Bond	11/15/32	4.125%	400,000	399,664	404,781
	United States Treasury Note	Bond	11/15/23	4.500%	300,000	306,064	309,984
	United States Treasury Note	Bond	05/15/34	4.375%	300,000	296,695	306,844
	United States Treasury Bond	Bond	02/15/37	4.750%	400,000	427,218	419,500
	United States Treasury Bond	Bond	05/15/37	5.000%	200,000	216,234	214,328
	United States Treasury Bond	Bond	05/15/38	4.500%	300,000	312,406	306,258
	United States Treasury Bond	Bond	05/15/39	4.250%	300,000	302,266	294,281
	US Treasury Bond Fed Strip Interest Payment	Bond	05/15/42	0.000%	200,000	88,976	89,608
	US Treasury Bond Fed Strip Interest Payment	Bond	05/15/43	0.000%	100,000	41,062	42,264
	United States Treasury Bond	Bond	11/15/43	4.750%	200,000	204,688	200,313
	United States Treasury Bond	Bond	05/15/44	4.625%	100,000	101,445	98,336
	US Treasury Bond Fed Strip Interest Payment	Bond	05/15/44	0.000%	200,000	77,342	79,642
	United States Treasury Bond	Bond	02/15/45	4.750%	100,000	102,855	99,633
	US Treasury Bond Fed Strip Interest Payment	Bond	05/15/45	0.000%	200,000	74,999	77,418
	US Treasury Bond Fed Strip Interest Payment	Bond	05/15/46	0.000%	200,000	69,811	71,531
	Fed Farm CR BK	Bond	03/09/29	4.500%	100,000	99,948	102,767
	Fed Farm CR BK	Bond	03/15/30	4.375%	100,000	99,068	102,356
	Fed Natl Mtg Assn	Bond	11/15/30	6.625%	100,000	117,838	112,672
	Fed Home LN Mtg Corp	Bond	03/15/31	6.750%	200,000	232,923	227,750
	Fed Home LN BK	Bond	09/10/32	4.250%	100,000	100,538	101,569
	Fed Home LN BK	Bond	03/11/33	4.375%	100,000	99,686	102,211
	Fed Home LN BK	Bond	06/10/33	4.500%	100,000	98,893	101,395
	Government National MTG Assn Pool	Bond	01/20/34	5.500%	2,709	2,709	2,830
	Fed Farm CR Bk	Bond	02/27/34	3.250%	100,000	87,830	92,816
	Tenn Valley Auth	Bond	06/15/35	4.650%	300,000	304,588	308,829
	Fed Home LN BK	Bond	03/14/36	5.125%	200,000	215,067	210,548
	Total U.S. Government Securities					$ 4,802,008	$ 4,803,081

* Denotes a party-in-interest

See independent auditor's report.

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

Form 5500, Schedule H | Plan Number: 501 | E.I.N. 63-6065827

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Corporate Debt Instruments						
	Honeywell International Inc	Bond	06/15/28	6.625%	100,000	$ 106,217	$ 105,452
	Lowe's Cos Inc	Bond	03/15/29	6.500%	300,000	320,261	321,818
	Deere & Co	Bond	10/16/29	5.375%	100,000	105,241	104,996
	Walmart Inc	Bond	02/15/30	7.550%	300,000	349,789	341,634
	John Deere Capital Corp	Bond	04/11/34	5.100%	100,000	103,573	103,485
	Florida Power & Light Co	Bond	06/01/35	4.950%	200,000	195,797	203,252
	Appalachian Power Co	Bond	04/01/36	6.375%	100,000	100,004	107,885
	Burlington Northern Santa Fe LLC	Bond	06/01/36	7.290%	300,000	362,099	365,365
	Walmart Inc	Bond	04/15/38	6.200%	300,000	337,446	339,357
	Microsoft Corp	Bond	06/01/39	5.200%	300,000	325,768	314,373
	Walmart Inc	Bond	04/01/40	5.625%	600,000	650,415	638,622
	Microsoft Corp	Bond	02/08/41	5.300%	600,000	638,476	624,798
	Total Corporate Debt					$ 3,595,086	$ 3,571,037
	Corporate stocks						
	Abbvie Inc Com	Stock			1,997	$ 400,567	$ 456,295
	Amazon Com Inc	Stock			2,180	339,035	503,188
	American Elec Pwr Co inc	Stock			1,063	95,100	122,575
	Apple Inc	Stock			507	80,626	137,833
	Archer Daniels Midland	Stock			1,638	98,153	94,168
	Berkshire Hathaway CL-B New	Stock			817	344,821	410,665
	Broadcom Inc	Stock			1,496	434,230	517,766
	Chevron Corp	Stock			3,101	468,367	472,623
	Cisco Sys Inc	Stock			2,113	98,786	162,764
	Costco Wholesale Corp New	Stock			285	201,147	245,767
	Crowdstrike Hldgs Inc Cl A	Stock			700	348,641	328,132
	Cummins Inc	Stock			135	29,402	68,911
	Cvs Health Corp Com	Stock			1,231	67,868	97,692
	Deere & Co	Stock			220	81,022	102,425
	Draftkings Inc Cl A	Stock			6,865	233,870	236,568
	Eli Lilly & Co	Stock			129	113,432	138,634
	Firstenergy Corp	Stock			3,430	129,242	153,561
	Genuine Parts Co	Stock			495	68,576	60,865
	Home Depot Inc	Stock			186	56,250	64,003
	Intl Business Machines Corp	Stock			323	43,896	95,676
	Intuitive Surgical Inc	Stock			733	391,523	415,142
	Kimberly Clark Corp	Stock			1,221	144,226	123,187
	Kinder Morgan Incorp	Stock			4,760	89,576	130,852
	Linde PLC	Stock			155	65,188	66,090
	Lockheed Martin Corp	Stock			139	58,405	67,230
	Lowes Companies Inc	Stock			878	194,590	211,738
	Marathon Petroleum Corp	Stock			1,444	178,661	234,838
	Mckesson Corp	Stock			308	127,942	252,649
	Microsoft Corp	Stock			1,009	319,306	487,973
	Nasdaq Inc Com	Stock			2,494	154,325	242,242
	Nextera Energy Inc	Stock			6,471	491,110	519,492
	Northrop Grumman CP(HLDG Co)	Stock			422	242,742	240,629

* Denotes a party-in-interest

See independent auditor's report.

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

Form 5500, Schedule H | Plan Number: 501 | E.I.N. 63-6065827

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Corporate stocks (Continued)						
	Nvidia Corporation	Stock			1,920	349,294	358,080
	Palo Alto Networks Inc	Stock			752	78,801	138,518
	Pepsico Inc NC	Stock			2,953	452,950	423,815
	Phillips 66 Com	Stock			1,203	131,500	155,235
	Prudential Financial Inc	Stock			900	83,205	101,592
	Servicenow Inc	Stock			965	96,577	147,828
	Stryker Corp	Stock			716	218,412	251,653
	Tesla Inc	Stock			351	141,034	157,852
	TJX Cos Inc New	Stock			1,776	169,089	272,811
	United Parcel Ser Inc Cl-B	Stock			1,699	174,943	168,524
	Verizon Communications	Stock			3,900	158,482	158,847
	Vertiv Holdings LLC Cl A	Stock			2,149	340,174	348,159
	Visa Inc Cl A	Stock			1,047	266,538	367,193
	Waste Mgmt Inc	Stock			1,270	277,843	279,032
	Total Corporate Stock					$ 9,129,467	$ 10,791,312
	Registered Investment Companies - Mutual Funds						
	First Trust Rising Div Achiev				13,000	$ 398,908	$ 903,110
	Ishares Core S&P Total US Stock				10,446	588,636	1,553,216
	JP Morgan Equity Premium Inco				9,542	561,206	546,184
	SPDR S&P 500 ETF Trust				2,825	808,827	1,926,424
	American GW FD of America F2				11,734	554,443	940,015
	Franklin Rising Dividends Adv				10,702	794,251	965,477
	Hartford Balanced Inc I				58,043	832,678	844,526
	Blackrock Corp High Yld Fd Inc				6,023	55,716	53,605
	First Trust Low Duration Opp				4,124	201,111	206,159
	Ft-Preferred Secur & Inc ETF				7,589	133,814	138,272
	Invesco Bul Shrs 2033 CB ETF				7,687	162,829	164,963
	Invesco Bulletshares 2031 CR				9,882	160,487	164,980
	Invsc Bulleishares 2032 Corp				7,904	161,349	164,996
	JPM Nasdaq Equity Premium				2,860	148,252	166,223
	JPMorgan Income ETF				4,441	202,622	205,574
	Nuveen Pfd & Incm Opportnys Fd				17,381	130,487	140,960
	Pacer Met Us Lrg Cap Dvd 400				3,116	122,748	132,367
	Vanguard Real Estate ETF				1,434	129,060	126,895
	VictoryShares Core Intermedi				2,891	134,364	136,902
	Total Registered Investment Companies - Mutual Funds					$ 6,281,788	$ 9,480,848
	Total Assets Held for Investments					$ 31,933,389	$ 36,772,629

* Denotes a party-in-interest

See independent auditor's report.

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

Form 5500, Schedule H | Plan Number: 501 | E.I.N. 63-6065827

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
I. Individual 5% Transactions								
Morgan Stanley	Federated Hermes Govt Obl Avr 1 purchase	$ 2,500,000	$ -	$ -	$ -	$ 2,500,000	$ 2,500,000	$ -
II. Series of Transactions, Not Involving Securities, With Same Person								
None								
III. Series of Transactions Involving Securities of the Same Issue								
Morgan Stanley	Federated Hermes Govt Obl Avr 3 purchases	$ 2,774,000	$ -	$ -	$ -	$ 2,774,000	$ 2,774,000	$ -
	8 sales	$ -	$ 2,786,465	$ -	$ -	$ 2,786,465	$ 2,786,465	$ -
IV. Series of Transactions Involving Securities With Same Person								
None								

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Form 5500, Schedule H | Plan Number: 501 | E.I.N. 63-6065827

	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Interest-Bearing Cash						
	First Metro Bank	Interest-bearing checking		0.100%		$ 4,897,827	$ 4,897,827
	First Metro Bank	Money market account		1.870%		659,953	659,953
*	Morgan Stanley Bank N.A.	Money market fund		2.000%		193,734	193,734
*	Morgan Stanley Private Bank N.A.	Money market fund		2.000%		236,755	236,755
*	Morgan Stanley Bank N.A. PS-QC	Interest-bearing savings		3.350%		1,520,409	1,520,409
*	Morgan Stanley Private Bank N.A. PS-QC	Interest-bearing savings		3.350%		12,679	12,679
	City National BK Los Angeles CA	Certificate of deposit	03/31/26	5.100%	100,000	100,300	100,286
	Discover Bk Green Greenwood DE	Certificate of deposit	11/16/26	4.950%	100,000	101,700	101,213
	First Cent BK Mccook NEB	Certificate of deposit	01/19/28	4.000%	100,000	100,679	100,573
	UBS Bk Salt L Sale Lake City UT	Certificate of deposit	01/25/28	3.900%	100,000	100,000	100,376
	Heartland BK Whitehall Ohio	Certificate of deposit	02/08/28	3.850%	100,000	100,684	100,275
	American Express Sandy UT	Certificate of deposit	03/22/28	4.800%	100,000	100,320	102,271
	Total Interest-Bearing Cash					$ 8,125,040	$ 8,126,351
	U.S. Government Securities						
	United States Treasury Bond	Bond	02/15/31	5.375%	300,000	$ 321,195	$ 322,617
	United States Treasury Note	Bond	11/15/32	4.125%	400,000	399,664	404,781
	United States Treasury Note	Bond	11/15/23	4.500%	300,000	306,064	309,984
	United States Treasury Note	Bond	05/15/34	4.375%	300,000	296,695	306,844
	United States Treasury Bond	Bond	02/15/37	4.750%	400,000	427,218	419,500
	United States Treasury Bond	Bond	05/15/37	5.000%	200,000	216,234	214,328
	United States Treasury Bond	Bond	05/15/38	4.500%	300,000	312,406	306,258
	United States Treasury Bond	Bond	05/15/39	4.250%	300,000	302,266	294,281
	US Treasury Bond Fed Strip Interest Payment	Bond	05/15/42	0.000%	200,000	88,976	89,608
	US Treasury Bond Fed Strip Interest Payment	Bond	05/15/43	0.000%	100,000	41,062	42,264
	United States Treasury Bond	Bond	11/15/43	4.750%	200,000	204,688	200,313
	United States Treasury Bond	Bond	05/15/44	4.625%	100,000	101,445	98,336
	US Treasury Bond Fed Strip Interest Payment	Bond	05/15/44	0.000%	200,000	77,342	79,642
	United States Treasury Bond	Bond	02/15/45	4.750%	100,000	102,855	99,633
	US Treasury Bond Fed Strip Interest Payment	Bond	05/15/45	0.000%	200,000	74,999	77,418
	US Treasury Bond Fed Strip Interest Payment	Bond	05/15/46	0.000%	200,000	69,811	71,531
	Fed Farm CR BK	Bond	03/09/29	4.500%	100,000	99,948	102,767
	Fed Farm CR BK	Bond	03/15/30	4.375%	100,000	99,068	102,356
	Fed Natl Mtg Assn	Bond	11/15/30	6.625%	100,000	117,838	112,672
	Fed Home LN Mtg Corp	Bond	03/15/31	6.750%	200,000	232,923	227,750
	Fed Home LN BK	Bond	09/10/32	4.250%	100,000	100,538	101,569
	Fed Home LN BK	Bond	03/11/33	4.375%	100,000	99,686	102,211
	Fed Home LN BK	Bond	06/10/33	4.500%	100,000	98,893	101,395
	Government National MTG Assn Pool	Bond	01/20/34	5.500%	2,709	2,709	2,830
	Fed Farm CR Bk	Bond	02/27/34	3.250%	100,000	87,830	92,816
	Tenn Valley Auth	Bond	06/15/35	4.650%	300,000	304,588	308,829
	Fed Home LN BK	Bond	03/14/36	5.125%	200,000	215,067	210,548
	Total U.S. Government Securities					$ 4,802,008	$ 4,803,081

* Denotes a party-in-interest

See independent auditor's report.

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

Form 5500, Schedule H | Plan Number: 501 | E.I.N. 63-6065827

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Corporate Debt Instruments						
	Honeywell International Inc	Bond	06/15/28	6.625%	100,000	$ 106,217	$ 105,452
	Lowe's Cos Inc	Bond	03/15/29	6.500%	300,000	320,261	321,818
	Deere & Co	Bond	10/16/29	5.375%	100,000	105,241	104,996
	Walmart Inc	Bond	02/15/30	7.550%	300,000	349,789	341,634
	John Deere Capital Corp	Bond	04/11/34	5.100%	100,000	103,573	103,485
	Florida Power & Light Co	Bond	06/01/35	4.950%	200,000	195,797	203,252
	Appalachian Power Co	Bond	04/01/36	6.375%	100,000	100,004	107,885
	Burlington Northern Santa Fe LLC	Bond	06/01/36	7.290%	300,000	362,099	365,365
	Walmart Inc	Bond	04/15/38	6.200%	300,000	337,446	339,357
	Microsoft Corp	Bond	06/01/39	5.200%	300,000	325,768	314,373
	Walmart Inc	Bond	04/01/40	5.625%	600,000	650,415	638,622
	Microsoft Corp	Bond	02/08/41	5.300%	600,000	638,476	624,798
	Total Corporate Debt					$ 3,595,086	$ 3,571,037
	Corporate stocks						
	Abbvie Inc Com	Stock			1,997	$ 400,567	$ 456,295
	Amazon Com Inc	Stock			2,180	339,035	503,188
	American Elec Pwr Co inc	Stock			1,063	95,100	122,575
	Apple Inc	Stock			507	80,626	137,833
	Archer Daniels Midland	Stock			1,638	98,153	94,168
	Berkshire Hathaway CL-B New	Stock			817	344,821	410,665
	Broadcom Inc	Stock			1,496	434,230	517,766
	Chevron Corp	Stock			3,101	468,367	472,623
	Cisco Sys Inc	Stock			2,113	98,786	162,764
	Costco Wholesale Corp New	Stock			285	201,147	245,767
	Crowdstrike Hldgs Inc Cl A	Stock			700	348,641	328,132
	Cummins Inc	Stock			135	29,402	68,911
	Cvs Health Corp Com	Stock			1,231	67,868	97,692
	Deere & Co	Stock			220	81,022	102,425
	Draftkings Inc Cl A	Stock			6,865	233,870	236,568
	Eli Lilly & Co	Stock			129	113,432	138,634
	Firstenergy Corp	Stock			3,430	129,242	153,561
	Genuine Parts Co	Stock			495	68,576	60,865
	Home Depot Inc	Stock			186	56,250	64,003
	Intl Business Machines Corp	Stock			323	43,896	95,676
	Intuitive Surgical Inc	Stock			733	391,523	415,142
	Kimberly Clark Corp	Stock			1,221	144,226	123,187
	Kinder Morgan Incorp	Stock			4,760	89,576	130,852
	Linde PLC	Stock			155	65,188	66,090
	Lockheed Martin Corp	Stock			139	58,405	67,230
	Lowes Companies Inc	Stock			878	194,590	211,738
	Marathon Petroleum Corp	Stock			1,444	178,661	234,838
	Mckesson Corp	Stock			308	127,942	252,649
	Microsoft Corp	Stock			1,009	319,306	487,973
	Nasdaq Inc Com	Stock			2,494	154,325	242,242
	Nextera Energy Inc	Stock			6,471	491,110	519,492
	Northrop Grumman CP(HLDG Co)	Stock			422	242,742	240,629

* Denotes a party-in-interest

See independent auditor's report.

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

Form 5500, Schedule H | Plan Number: 501 | E.I.N. 63-6065827

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Corporate stocks (Continued)						
	Nvidia Corporation	Stock			1,920	349,294	358,080
	Palo Alto Networks Inc	Stock			752	78,801	138,518
	Pepsico Inc NC	Stock			2,953	452,950	423,815
	Phillips 66 Com	Stock			1,203	131,500	155,235
	Prudential Financial Inc	Stock			900	83,205	101,592
	Servicenow Inc	Stock			965	96,577	147,828
	Stryker Corp	Stock			716	218,412	251,653
	Tesla Inc	Stock			351	141,034	157,852
	TJX Cos Inc New	Stock			1,776	169,089	272,811
	United Parcel Ser Inc Cl-B	Stock			1,699	174,943	168,524
	Verizon Communications	Stock			3,900	158,482	158,847
	Vertiv Holdings LLC Cl A	Stock			2,149	340,174	348,159
	Visa Inc Cl A	Stock			1,047	266,538	367,193
	Waste Mgmt Inc	Stock			1,270	277,843	279,032
	Total Corporate Stock					$ 9,129,467	$ 10,791,312
	Registered Investment Companies - Mutual Funds						
	First Trust Rising Div Achiev				13,000	$ 398,908	$ 903,110
	Ishares Core S&P Total US Stock				10,446	588,636	1,553,216
	JP Morgan Equity Premium Inco				9,542	561,206	546,184
	SPDR S&P 500 ETF Trust				2,825	808,827	1,926,424
	American GW FD of America F2				11,734	554,443	940,015
	Franklin Rising Dividends Adv				10,702	794,251	965,477
	Hartford Balanced Inc I				58,043	832,678	844,526
	Blackrock Corp High Yld Fd Inc				6,023	55,716	53,605
	First Trust Low Duration Opp				4,124	201,111	206,159
	Ft-Preferred Secur & Inc ETF				7,589	133,814	138,272
	Invesco Bul Shrs 2033 CB ETF				7,687	162,829	164,963
	Invesco Bulletshares 2031 CR				9,882	160,487	164,980
	Invsc Bulleishares 2032 Corp				7,904	161,349	164,996
	JPM Nasdaq Equity Premium				2,860	148,252	166,223
	JPMorgan Income ETF				4,441	202,622	205,574
	Nuveen Pfd & Incm Opportnys Fd				17,381	130,487	140,960
	Pacer Met Us Lrg Cap Dvd 400				3,116	122,748	132,367
	Vanguard Real Estate ETF				1,434	129,060	126,895
	VictoryShares Core Intermedi				2,891	134,364	136,902
	Total Registered Investment Companies - Mutual Funds					$ 6,281,788	$ 9,480,848
	Total Assets Held for Investments					$ 31,933,389	$ 36,772,629

* Denotes a party-in-interest

See independent auditor's report.

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 760
HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

Form 5500, Schedule H | Plan Number: 501 | E.I.N. 63-6065827

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
I. Individual 5% Transactions								
Morgan Stanley	Federated Hermes Govt Obl Avr 1 purchase	$ 2,500,000	$ -	$ -	$ -	$ 2,500,000	$ 2,500,000	$ -
II. Series of Transactions, Not Involving Securities, With Same Person								
None								
III. Series of Transactions Involving Securities of the Same Issue								
Morgan Stanley	Federated Hermes Govt Obl Avr 3 purchases	$ 2,774,000	$ -	$ -	$ -	$ 2,774,000	$ 2,774,000	$ -
	8 sales	$ -	$ 2,786,465	$ -	$ -	$ 2,786,465	$ 2,786,465	$ -
IV. Series of Transactions Involving Securities With Same Person								
None								