Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2023** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

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' PENSION FUND, LOCAL 130, U.A.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1953

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)
TRUSTEES OF THE PLUMBERS PENSION FUND, LOCAL 130, U.A.

1340 WEST WASHINGTON BLVD.
CHICAGO, IL 60607-1936

2b Employer Identification Number (EIN) 36-6489579

2c Plan Sponsor's telephone number 312-757-4689

2d Business code (see instructions) 238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/03/2025	JAMES COYNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/08/2025	MICHAEL KERRIGAN
	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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	9305
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)**	3000
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2976
b Retired or separated participants receiving benefits	**6b**	2652
c Other retired or separated participants entitled to future benefits	**6c**	2599
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	8227
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1113
f Total. Add lines **6d** and **6e**.	**6f**	9340
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**	353

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

1B

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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)	Insurance 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.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

A Name of plan	**B** Three-digit plan number (PN) ▶
PLUMBERS' PENSION FUND, LOCAL 130, U.A.	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
TRUSTEES OF THE PLUMBERS PENSION FUND, LOCAL 130, U.A.	36-6489579

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

THE UNION LABOR 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
13-1423090	69744	GA02158	9340	06/01/2023	05/31/2024

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
17058	158682

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

THE UNION LABOR LIFE INSURANCE CO
8403 COLLINSVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
	158682	ASSET MANAGEMENT FEES	7

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

ULLICO INVESTMENT COMPANY
8403 COLESVILLE ROAD
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
17058			0

(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**	29629380

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500)	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PLUMBERS' PENSION FUND, LOCAL 130, U.A.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF THE PLUMBERS PENSION FUND, LOCAL 130, U.A.

D Employer Identification Number (EIN)
36-6489579

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 06 Day 01 Year 2023

b Assets		
(1) Current value of assets	**1b(1)**	1442959804
(2) Actuarial value of assets for funding standard account	**1b(2)**	1551769788
c (1) Accrued liability for plan using immediate gain methods	**1c(1)**	1504418070
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	**1c(2)(a)**	
(b) Accrued liability under entry age normal method	**1c(2)(b)**	
(c) Normal cost under entry age normal method	**1c(2)(c)**	
(3) Accrued liability under unit credit cost method	**1c(3)**	1504418070
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2) "RPA '94" information:		
(a) Current liability	**1d(2)(a)**	2818528613
(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	75463085
(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	88607141
(3) Expected plan disbursements for the plan year	**1d(3)**	90607141

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	Date: 02/10/2025
DAVID W. MACFADDEN, MAAA, EA Type or print name of actuary	23-09067 Most recent enrollment number
SEGAL Firm name	312-984-8500 Telephone number (including area code)
101 NORTH WACKER DRIVE, SUITE 500, CHICAGO, IL 60606 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions) **2a** 1442959804

b "RPA '94" current liability/participant count breakdown:

	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3678	1120364400
(2) For terminated vested participants	2627	613879395
(3) For active participants:		
(a) Non-vested benefits		49131375
(b) Vested benefits		1035153443
(c) Total active	3000	1084284818
(4) Total	9305	2818528613

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... **2c** 51.19 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
12/01/2023	64795928	0			
			Totals ► 3(b)	64795928	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total ..... **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) ..... **4a** 103.1 %

b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 ..... **4b** N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ..... ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ..... ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date **4e**

f If the plan is in critical status or critical and declining status, and is: **4f**
- Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;
- Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐
- Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ..... ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ..... ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.80 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	4.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-1.7 %
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	1928395
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	30702056	3150393
3	12239224	1255889

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	**8a**	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		☒ Yes ☐ No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		☒ Yes ☐ No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	29716361

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	388865330		66013244
(2) Funding waivers	9c(2)			
(3) Certain bases for which the amortization period has been extended	9c(3)			
d Interest as applicable on lines 9a, 9b, and 9c			9d	6701072
e Total charges. Add lines 9a through 9d			9e	102430677
Credits to funding standard account:				
f Prior year credit balance, if any			9f	307866894
g Employer contributions. Total from column (b) of line 3			9g	64795928
		Outstanding balance		
h Amortization credits as of valuation date	9h	128350154		21234557
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	25304959
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	426974427		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1030201743		
(3) FFL credit			9j(3)	0
k (1) Waived funding deficiency			9k(1)	
(2) Other credits			9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l	419202338
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	316771661
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			9o(2)(b)	0
(3) Total as of valuation date			9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				☒ Yes ☐ No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2023
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

A Name of plan
PLUMBERS' PENSION FUND, LOCAL 130, U.A.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE PLUMBERS PENSION FUND, LOCAL 130, U.A.

D Employer Identification Number (EIN)
36-6489579

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).. . . . . [X] 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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

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

DIMENSIONAL FUND ADVISORS LP

30-0447847

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

MESIROW FINANCIAL SERVICES, INC.
353 NORTH CLARK STREET
CHICAGO, IL 60654

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

NEWTOWER TRUST COMPANY

30-0872552

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

WILLIAM BLAIR INVESTMENT MGMT LLC

47-2614791

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

NEUBERGER BERMAN INVESTMENT

81-4341513

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

HUDSON EDGE INVESTMENT PARTNERS

525 WASHINGTON BLVD, STE 2000
JERSEY CITY, NJ 07310

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

ROBERT W. BAIRD & CO. INCORP.

39-6037917

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

MAPLES CORPORATE SERVICES LIMITED

PO BOX 309 UGLAND HOUSE
GRAND CAYMAN E9KY1-1104 KY

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

CONSTITUTION CAPITAL PARTNERS LLC

300 BRICKSTONE SQUARE 10TH FLOOR
ANDOVER, MA 01810

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

NUVEEN

730 THIRD AVE THIRD FLOOR
NEW YORK, NY 10017-3206

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)

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	891130	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATL INVSTMNT SVCS OF AMERICA LLC

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	516525	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERCONTINENTAL REAL ESTATE CORP

11-3786306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	443108	Yes ☐ No ☒	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)

GLOBAL TRUST COMPANY

26-3761443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	431667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY (MIDWEST) INC.

13-1975125

(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	NONE	344055	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	302757	Yes ☐ No ☒	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)

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	231969	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN REALTY ADVISORS

515 S. FLOWER ST, 49TH FLOOR
LOS ANGELES, CA 90071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	225048	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE BANK N.A.

13-4994650

(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?
24 27 28 50 51	NONE	223401	Yes ☐ No ☒	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)

NORTHERN TRUST COMPANY

36-2723087

(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?
19 49 51 52	NONE	216038	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

LEGACY PROFESSIONALS LLP

32-0043599

(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 15	NONE	173150	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GOLDMAN SACHS ASSET MGMT LP

13-3575636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 52 56	NONE	156301	Yes [X] No [ ]	Yes [X] No [ ]	0	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)

MARQUETTE ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	150000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AQR CAPITAL MANAGEMENT LLC

13-3987414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	138479	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSEPH OHM

36-6489579

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 30	EMPLOYEE	124092	Yes ☐ No ☒	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)

DENISE DELHAYE

36-6489579

(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?
30	EMPLOYEE	116655	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BMO BANK NA

36-2085229

(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?
19 52 62	NONE	105503	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

VICKIE KOSTANSKI

36-6489579

(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?
30	EMPLOYEE	88342	Yes ☐ No ☒	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)

GREGORIO, STEC, KLEIN & HOSE

36-4028033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	80721	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES LLC

52-1796473

(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 49 64	NONE	76986	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
19 51 52	NONE	55970	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

GREAT LAKES ADVISORS, LLC

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	51911	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRIS ANISH

36-6489579

(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?
30	EMPLOYEE	51522	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LANER MUCHIN, LTD.

36-3088463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	42269	Yes ☐ No ☒	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)

NANCY JONES

36-6489579

(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?
30	EMPLOYEE	39863	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELIZABETH STIERLE

36-6489579

(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?
30	EMPLOYEE	37750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNIFER KREJCA

36-6489579

(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?
30	EMPLOYEE	32084	Yes ☐ No ☒	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)

MAIRE O'BRIEN

36-6489579

(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?
30	EMPLOYEE	28541	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SEIBERT

36-6489579

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	8861	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIAN KENNEDY

36-6489579

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	6476	Yes ☐ No ☒	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)

AMALGAMATED BANK OF CHICAGO

36-0721895

(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?
19 51 62	NONE	6364	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

(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: DANIEL V. CINER, MAAA	**b** EIN: 13-1975125
c Position: ACTUARY	
d Address: 101 NORTH WACKER DRIVE, SUITE 500 CHICAGO, IL 60606	**e** Telephone: 312-984-8500

Explanation: DUE TO THE RETIREMENT OF THE PRIOR ACTUARY.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

A Name of plan
PLUMBERS' PENSION FUND, LOCAL 130, U.A.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE PLUMBERS PENSION FUND, LOCAL 130, U.A.

D Employer Identification Number (EIN)
36-6489579

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 52-6328901-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33213169

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS COLLECTIVE TRUST CORE

b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY NA

c EIN-PN 13-4166989-007 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48936197

a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST FUND (SPEC

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 13-3980309-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12987534

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CORE PLUS FIXED INCOM

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC

c EIN-PN 84-6391546-010 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94463477

a Name of MTIA, CCT, PSA, or 103-12 IE: NEWTOWER TRUST COMPANY MULTI-EMPLOY

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

c EIN-PN 52-6218800-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56039691

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS CORE FIXED INCOME FUND, LLC

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC

c EIN-PN 20-0005644-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96402242

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS HIGH YIELD FUND, LLC

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC

c EIN-PN 39-2021943-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4371076

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS PREFERRED STOCK FUND II, LLC			
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC			
c EIN-PN 16-1626084-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8392202
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS TOTAL ABSOLUTE RETURN FUND, LLC			
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC			
c EIN-PN 45-4783986-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9098137
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INVESTMENT			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.			
c EIN-PN 45-6138589-084	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	158
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE EAFE INDEX FUND - LEN			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.			
c EIN-PN 45-6138589-017	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	50463959
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 INDEX FU			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.			
c EIN-PN 45-6138589-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	557633873
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE QUALITY SMALL CAP COR			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.			
c EIN-PN 45-6138589-076	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	72250220
a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR INTERNATIONAL LEADERS			
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY			
c EIN-PN 27-6331814-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	73171634
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERGING MARKETS SMALL			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY			
c EIN-PN 26-6149812-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	26031710
a Name of MTIA, CCT, PSA, or 103-12 IE: THE UNION LABOR LIFE INS. CO. SEPAR			
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY			
c EIN-PN 13-1423090-203	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29629380
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FU			
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS, INC.			
c EIN-PN 90-0622302-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	60487371

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN U.S. EQUITY INDEX

b Name of sponsor of entity listed in (a): NEUBERGER BERMAN INVESTMENT ADVISERS LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-4341513-001	E	51970144

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

A Name of plan
PLUMBERS' PENSION FUND, LOCAL 130, U.A.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE PLUMBERS PENSION FUND, LOCAL 130, U.A.

D Employer Identification Number (EIN)
36-6489579

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	8572409	7819944
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6041138	5605784
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	515583	984657
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2994758	6787256
(2) U.S. Government securities	1c(2)	10574481	10790267
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	12148901	12609798
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	142199814	160768941
(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)	1034778755	1143455279
(10) Value of interest in pooled separate accounts	1c(10)	28348334	29629380
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	103358483	112457515
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	59021925	64634295
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	35011045	38772442

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	115168	100494
f Total assets (add all amounts in lines 1a through 1e)	1f	1443680794	1594416052
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	628333	873293
i Acquisition indebtedness	1i		
j Other liabilities	1j	92657	121641
k Total liabilities (add all amounts in lines 1g through1j)	1k	720990	994934
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1442959804	1593421118

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)	64795928	
(B) Participants	2a(1)(B)		
(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)		64795928
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	380216	
(B) U.S. Government securities	2b(1)(B)	355573	
(C) Corporate debt instruments	2b(1)(C)	494970	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2615	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1233374
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2315842	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2315842
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	83617546	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	83779725	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-162179
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	11027117	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		11027117

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		149091393
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1439727
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		11511955
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1346504
c Other income	2c		7487
d Total income. Add all **income** amounts in column (b) and enter total	2d		242607148
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	85685328	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		85685328
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)	302940	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	98415	
(4) IQPA audit fees	2i(4)	74735	
(5) Investment advisory and investment management fees	2i(5)	4391675	
(6) Bank or trust company trustee/custodial fees	2i(6)	105503	
(7) Actuarial fees	2i(7)	344055	
(8) Legal fees	2i(8)	122989	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1020194	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		6460506
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		92145834
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		150461314
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: LEGACY PROFESSIONALS **(2)** EIN: 32-0043599

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		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 533340.

SCHEDULE R (Form 5500)	Retirement Plan 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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

A Name of plan
PLUMBERS' PENSION FUND, LOCAL 130, U.A.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE PLUMBERS PENSION FUND, LOCAL 130, U.A.

D Employer Identification Number (EIN)
36-6489579

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer AMS MECHANICAL SYSTEMS INC TOTAL

b EIN 36-2643755 **c** Dollar amount contributed by employer 2665078

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2024

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 13.04
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer EWING-DOHERTY MECH INC TOTAL

b EIN 36-2994463 **c** Dollar amount contributed by employer 2621324

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2024

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 13.04
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer GREAT LAKES PLBG & HTG CO TOTAL

b EIN 36-2058159 **c** Dollar amount contributed by employer 2067146

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2024

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 13.04
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer NORMAN PLBG INC TOTAL

b EIN 36-3518364 **c** Dollar amount contributed by employer 1539739

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2024

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 13.04
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer DW MECHANICAL GROUP INC TOTAL

b EIN 82-4248018 **c** Dollar amount contributed by employer 1481049

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2024

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 13.04
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer M V P PLUMBING TOTAL

b EIN 36-4116470 **c** Dollar amount contributed by employer 1413254

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2024

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 13.04
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer HILL MECHANICAL CORP TOTAL

b EIN 36-1334975 **c** Dollar amount contributed by employer 1247605

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2024

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) 13.04

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer JOHNS PLBG & HTG TOTAL

b EIN 36-3293812 **c** Dollar amount contributed by employer 1153052

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2024

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) 13.04

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer FETTES LOVE & SIEBEN TOTAL

b EIN 36-1068130 **c** Dollar amount contributed by employer 1080670

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2024

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) 13.04

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer DLZ INDUSTRIAL LLC TOTAL

b EIN 31-1741817 **c** Dollar amount contributed by employer 1054345

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2024

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) 13.04

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	0
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	0
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	0

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	1.01
b The corresponding number for the second preceding plan year	**15b**	1.05

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 54.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 23.0 %
High-Yield Debt: 1.0 % Real Assets: 14.0 % Cash or Cash Equivalents: 1.0 % Other: 7.0 %

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

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

[ ] Design-based safe harbor method

[ ] "Prior year" ADP test

[ ] "Current year" ADP test

[ ] N/A

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

PLUMBERS' PENSION FUND, LOCAL 130, U.A.

FINANCIAL STATEMENTS

MAY 31, 2024

PLUMBERS' PENSION FUND,
LOCAL 130, U.A.

FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION

MAY 31, 2024 AND 2023

CONTENTS

	PAGE
Report of Independent Auditors	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
	SCHEDULE
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held At End of Year)	1
Schedule H, Line 4j - Schedule or Reportable Transactions	2

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
Plumbers' Pension Fund, Local 130, U.A.

Opinion

We have audited the financial statements of Plumbers' Pension Fund, Local 130, U.A. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Plumbers' Pension Fund, Local 130, U.A. as of May 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of May 31, 2023, and the changes in its accumulated plan benefits for the year 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 (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

4 Westbrook Corporate Center | Suite 700 | Westchester, IL 60154 | 312-368-0500 | 312-368-0746 Fax | | www.legacycpas.com

Responsibilities of Management for the Financial Statements (continued)
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.

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Westchester, Illinois

January 31, 2025

Plumbers' Pension Fund, Local 130, U.A.

Statements of Net Assets Available for Benefits

May 31, 2024 and 2023

	2024	2023
Assets		
Investments - at fair value		
U.S. Government, Government Agency and municipal obligations	$ 10,958,952	$ 10,816,081
Corporate bonds and notes	12,609,798	12,148,901
Mutual funds	64,634,295	59,021,925
Common and collective trusts	1,143,455,279	1,034,778,755
Pooled funds	180,690,652	166,476,262
Limited partnerships	160,768,941	142,199,814
Money market funds and invested cash	6,787,256	2,994,758
Total investments	1,579,905,173	1,428,436,496
Receivables		
Contractor contributions - net	5,605,784	6,041,138
Accrued interest and dividends	218,069	150,370
Due from broker	217,922	-
Due from related organizations		
Lockbox remittances	18,301	111,416
Shared services - net	371,309	3,420
Total receivables	6,431,385	6,306,344
Property and equipment		
Equipment and furniture	245,226	242,136
Less accumulated depreciation	(144,732)	(126,968)
Net property and equipment	100,494	115,168
Cash	7,819,944	8,572,409
Prepaid expenses	37,415	157,720
Total assets	1,594,294,411	1,443,588,137
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	873,293	628,333
Net assets available for benefits	$ 1,593,421,118	$ 1,442,959,804

See accompanying notes to financial statements.

Plumbers' Pension Fund, Local 130, U.A.

Statements of Changes in Net Assets Available for Benefits

Years Ended May 31, 2024 and 2023

	2024	2023
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ 174,254,517	$ (23,615,650)
Interest and dividends	3,549,216	2,990,895
	177,803,733	(20,624,755)
Less investment expenses	(4,497,178)	(3,912,888)
Investment income (loss) - net	173,306,555	(24,537,643)
Contractor contributions, interest and liquidated damages	64,795,928	66,647,415
Other income	50	9,072
Total additions	238,102,533	42,118,844
Deductions		
Pension and death benefits	85,685,328	84,200,824
Administrative expenses	1,955,891	1,886,166
Total deductions	87,641,219	86,086,990
Net Increase (decrease)	150,461,314	(43,968,146)
Net assets available for benefits		
Beginning of year	1,442,959,804	1,486,927,950
End of year	$ 1,593,421,118	$ 1,442,959,804

See accompanying notes to financial statements.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of Plumbers' Pension Fund, Local 130, U.A. (the Plan) have been prepared using the accrual basis of accounting.

New Accounting Pronouncement - In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments - Credit Losses* (Topic 326), which is effective for the Plan for the year ended May 31, 2024. This new standard provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The standard replaced the incurred loss impairment model with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to inform credit loss estimates. The standard had no material impact on the Plan's financial statements.

Investments - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price.) Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of investments are reflected on a trade-date basis.

Dividend income is recorded on the ex dividend date. Interest income is recorded on the accrual basis.

Contributions Receivable - Contractor contributions due and not paid prior to year end are recorded as contributions receivable. Contractor contributions due as determined by payroll compliance audits are reserved for uncertain collections. The receivable is shown net of an allowance for uncollectible accounts of $1,109,551 at May 31, 2024 and $919,360 at May 31, 2023, which were determined by a review of historical losses, the aging of receivables and adjusted for management's assessment of current conditions, and reasonable and supportable forecasts regarding future events.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed by the straight-line method over the following estimated useful lives of the related assets:

Equipment and furniture	3 - 10 years
Computer software	10 years

Depreciation expense was $19,921 and $21,374 for the years ended May 31, 2024 and 2023, respectively.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Revenue Recognition - Revenue derived from contractor contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and contribution rates set forth in the collective bargaining agreements. Contractors are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within in a jurisdiction located primarily in the following counties of Illinois: Bureau, Cook, Dekalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Kendall, Lake, LaSalle, McHenry, Putnam, Will, and parts of Livingston, Marshall, and Woodford Counties.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Expenses - Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments**.**

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through January 31, 2025, which is the date the financial statements were available to be issued.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established June 1, 1953 under an agreement between Chicago Journeymen Plumbers' Local Union 130, U.A. and several plumbing contractor associations. The purpose of the Plan is to provide retirement and disability benefits for eligible participants. The Plan is primarily funded by employer contractor contributions as specified in collective bargaining agreements. Participant contributions are not permitted under the Plan. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, a participant is eligible to retire with the following benefit:

- Regular retirement benefit if the participant is vested and has attained age 60 or if the sum of the participant's age and pension credits equals or exceeds 95; or

- Effective June 1, 2023, early retirement at age 58 with 2% per year reductions prior to age 60: or

NOTE 2. DESCRIPTION OF THE PLAN (CONTINUED)

- Disability benefit if the participant becomes totally and permanently disabled and the participant has worked at least 3,000 hours in covered employment during the period which includes the fiscal year in which the disability retirement date occurs and the immediate five consecutive prior fiscal years.

A minimum of five vesting pension credits is required for a basic pension. Effective June 1, 2019, vesting and pension credits are based upon the number of hours worked in covered employment as provided under the following schedule:

Vesting Credits	Pension Credits	Credits Earned
1,000 or more hours	1,200 or more hours	1.00
N/A	1,100 to 1,199	0.92
N/A	1,000 to 1,099	0.83
900 to 999	900 to 999	0.75
N/A	800 to 899	0.67
N/A	700 to 799	0.58
600 to 899	600 to 699	0.50
Less than 600	Less than 600	-

Effective June 1, 2019, bonus credits are awarded under the following schedule:

Bonus Credits	Credits Earned
2,200 or more hours	4.00
2,100 to 2,199	3.00
2,000 to 2,099	2.67
1,900 to 1,999	2.33
1,800 to 1,899	2.00
1,700 to 1,799	1.67
1,600 to 1,699	1.33
1,500 to 1,599	1.00
1,400 to 1,499	.67
1,300 to 1,399	.33
Less than 1,300	-

For participants who entered the Plan as a result of a merger, for covered work performed prior to the merger, benefits are generally calculated in accordance with the provisions set forth in the plan of benefits under the respective terminal plan at the time of the merger. For covered work performed subsequent to the merger, benefits are generally calculated in accordance with the provisions of the Plan.

Participants should refer to the summary plan description for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 4. TAX STATUS

The Plan's latest determination letter is dated October 16, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. The Plan is subject to tax, however, on the flow-through of partnership income through its investments in limited partnerships.

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

NOTE 5. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by The Segal Company as of May 31, 2023. Information in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 762,891,012
Other vested benefits	720,466,588
	1,483,357,600
Nonvested benefits	21,060,470
Total actuarial present value of accumulated plan benefits	$ 1,504,418,070

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended May 31, 2023 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		$ 1,450,696,555
Increase (decrease) during the year attributable to:		
Plan amendments	12,239,224	
Benefits accumulation and actuarial experience	27,326,971	
Benefits paid	(84,200,824)	
Interest	98,356,144	
Net increase		53,721,515
Actuarial present value of accumulated plan benefits at end of year		$ 1,504,418,070

The actuarial valuation was made using the unit credit actuarial cost method. Some of the more significant actuarial assumptions used in the valuation were as follows:

- Mortality:
  - Healthy - RP-2014 Blue Collar Healthy Annuitant Mortality Tables, sex distinct, adjusted back to 2006 by removing Scale MP-2014 improvements between calendar years 2006 and 2014. Assumed mortality improvement is based on a generational projection using Scale MP-2017 from 2006.
  - Disabled - RP-2014 Disabled Retiree Mortality Tables, sex distinct, adjusted back to 2006 by removing Scale MP-2014 improvements between calendar years 2006 and 2014. Assumed mortality improvement is based on a generational projection using Scale MP-2017 from 2006.
  - Non-annuitants - RP-2014 Blue Collar Employee Mortality Tables, sex distinct, adjusted back to 2006 by removing Scale MP-2014 improvements between calendar years 2006 and 2014. Assumed mortality improvement is based on a generational projection using Scale MP-2017 from 2006.

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

- Retirement:

Age	Rate
58-59	5%
60	15%
61	10%
62	35%
63-64	25%
65	100%

- Investment rate of return:
  7.00%, net of investment expenses and a 0.1% adjustment for administrative expenses

Plan amendments increased obligations by $12,239,224 which included a 60-month payment guarantee for unmarried participants, an increase in surviving spouse death benefits, and reducing the age requirement for early retirement benefits.

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the accumulated plan benefits at May 31, 2024 and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of May 31, 2024 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended May 31, 2024. The complete financial status is presented as of May 31, 2023.

For the Plan year beginning June 1, 2024, the Plan's actuary has certified that the Plan is in neither critical nor endangered status ("green zone"), as defined by the Pension Protection Act of 2006, as amended.

NOTE 6. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets of identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The following describes the three levels of the fair value hierarchy.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of May 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

		Fair Value Measurements at 5/31/24 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government, Government Agency, and municipal obligations	$ 10,958,952	$ 4,118,129	$ 6,840,823	$ -
Corporate bonds and notes	12,609,798	-	12,609,798	-
Mutual fund	39,878,387	39,878,387	-	-
Money market funds and invested cash	6,787,256	-	6,787,256	-
	70,234,393	$ 43,996,516	$ 26,237,877	$ -
Investments measured at net asset value:				
Mutual fund	24,755,908			
Common and collective trusts	1,143,455,279			
Pooled funds	180,690,652			
Limited partnerships	160,768,941			
Total	$ 1,579,905,173			

		Fair Value Measurements at 5/31/23 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government, Government Agency, and municipal obligations	$ 10,816,081	$ 4,062,550	$ 6,753,531	$ -
Corporate bonds and notes	12,148,901	-	12,148,901	-
Mutual funds	34,747,815	34,747,815	-	-
Money market funds and invested cash	2,994,758	-	2,994,758	-
	60,707,555	$ 38,810,365	$ 21,897,190	$ -
Investments measured at net asset value:				
Mutual fund	24,274,110			
Common and collective trusts	1,034,778,755			
Pooled funds	166,476,262			
Limited partnerships	142,199,814			
Total	$ 1,428,436,496			

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Measurements

U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices as of the last business day of each period presented.

The fair values of the Level 1 mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in these mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

Level 2 Measurements

U.S. Government Agency obligations, municipal obligations, and corporate bonds and notes are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker, or dealer quotations, or alternative pricing sources with reasonable levels of prices transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Money market funds and invested cash are valued at cost, which approximates fair value.

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share or its equivalent, used as a practical expedient to estimate fair value. The net asset value or its equivalent is based on the fair values of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The common and collective trusts and three of the pooled funds are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. The redemption frequency of these investments are generally daily, monthly, or quarterly with notice periods up to 90 days. One real estate investment fund with a fair value of $33,213,169 and $39,363,362 at May 31, 2024 and 2023, respectively, restricted redemptions in May 2023 pending the implementation of a three phase strategy to stabilize, reposition and grow its portfolio in light of economic, interest rate and liquidity challenges. The fund manager stated that it cannot predict the duration of this restriction on redemptions. No adjustment to the reported net asset value was considered necessary.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Measurements Using Net Asset Value as a Practical Expedient (continued)

The following table summarizes information regarding the mutual fund, pooled fund, and limited partnership investments at fair value based on net asset value per share or its equivalent, excluding those that are DFEs:

	Fair Value		Redemption		
Description	2024	2023	Frequency	Notice Period	Termination Date
Mutual fund - U.S Government Agency obligations	$ 24,755,908	$ 24,274,110	Monthly	None	N/A
Limited partnership - equity	$ 32,329,560	$ 26,640,095	Monthly	5 days	N/A
Limited partnership - international equity	$ 47,980,479	$ 40,201,273	Monthly	5 days	N/A
Limited partnership - private equity	$ 199,169	$ 292,183	Redemptions not allowed		April 6, 2017
Limited partnership - private equity	$ -	$ 39,810	Redemptions not allowed		March 31, 2020
Limited partnership - real estate	$ 16,756,781	$ 18,602,348	Quarterly	30 days	N/A
Limited partnership - real estate	$ 48,254,480	$ 56,424,105	Quarterly	90 days	N/A
Pooled fund - Master Account which focuses on equity, government bond, and commodities	$ 38,603,757	$ 34,769,445	Monthly	15 days	N/A
Limited partnership - private equity	$ 11,343,384	$ -	Redemptions not allowed		N/A
Limited partnership - international equity	$ 3,905,088	$ -	Annually	180 days	N/A

NOTE 7. CAPITAL COMMITMENTS

The Plan participates in six limited partnerships that required capital commitments of $135,000,000. The remaining capital commitment was approximately $44,900,000 as of May 31, 2024.

NOTE 8. RISKS AND UNCERTAINTIES

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

The Plan holds several alternative investments in which the general partner or investment manager is generally required to value the Plan's underlying investments at estimated fair values using various subjective techniques. In addition, the Plan has ownership interest in real estate investment funds. The estimated fair values of these funds, as determined by the investment manager, may vary significantly from the prices at which the real estate investments within the fund would sell, and the amounts could be material.

Due to inherent uncertainties involved in the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

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

NOTE 8. RISKS AND UNCERTAINTIES (CONTINUED)

The Plan has a significant portion of its assets invested in the Northern Trust Collective Russell 1000 Index Fund - Lending, a common and collective trust. This investment represented approximately 35% and 33% of the Plan's net assets available for benefits as of May 31, 2024 and 2023, respectively.

NOTE 9. FUNDING POLICY

The participating contractors contribute such amounts as specified in their collective bargaining agreements. The hourly contribution rate was $13.04 for both of the years ended May 31, 2024 and 2023.

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of June 1, 2023.

NOTE 10. RELATED PARTY TRANSACTIONS

Identification of Related Organizations

The Plan has a number of related organizations including a local union, two welfare plans, a pension plan, a defined contribution retirement plan, two education funds and three industry funds, all of which are tax-exempt.

Office Lease

Effective June 1, 2017, the related welfare plan entered into a lease agreement with the related local union which expires May 31, 2025. The lease requires an annual rent of $171,948. Additionally, on an annual basis, the related welfare plan allocates a portion of its rent to several of the aforementioned related organizations for shared office space.

Total rent expense (net of amounts allocated to related organizations) was $46,271 and $50,204 for the years ended May 31, 2024 and 2023, respectively.

NOTE 10. RELATED PARTY TRANSACTIONS (CONTINUED)

Shared Expenses

The Plan shares certain facilities, equipment and staff with various related organizations. The Plan initially pays the costs related to these shared operations, which are then allocated based on estimates of time spent, costs incurred and space utilized. During the years ended May 31, 2024 and 2023, the Plan was reimbursed a total of $131,201 and $84,248 respectively, for shared operating expenses. At May 31, 2024 and 2023, the related organizations owed the Plan $492,950 and $14,596 respectively for allocated expenses in excess of amounts reimbursed.

Additionally, the Plan shares certain facilities, equipment and staff with the related welfare plan. The welfare plan initially pays the costs related to certain operations which are then allocated to the Plan based on estimates of time spent, costs incurred and space utilized. During the years ended May 31, 2024 and 2023, the Plan was allocated a total of $368,546 and $349,015 respectively, for shared operating expenses. At May 31, 2024, the Plan owed $106,367 for allocated expenses in excess of amounts reimbursed. At May 31, 2023, the Plan was owed $75,178 for amounts reimbursed in excess of allocated expenses.

Benefit Plan Contributions

Full-time office staff and full-time employees shared with one of the related welfare plans are covered under the Plan. The Plan's allocated portion of the contributions to this plan for the years ended May 31, 2024 and 2023 totaled $69,008 and $65,722 respectively.

Full-time staff are covered under a multiemployer defined contribution retirement plan. The Plan's allocated portion of the contributions to this plan for the years ended May 31, 2024 and 2023 was $22,491 and $20,160 respectively.

Full-time employees are also covered by two multiemployer welfare plans: one that provides health benefits to active employees and their dependents and another that provides health benefits to retirees. Contributions to these plans for the years ended May 31, 2024 and 2023 totaled $73,029 and $68,342 respectively.

Contributions and Collections

Processing of contractor contributions and administration of the audit and collections program on behalf of the Plan is the responsibility of the related welfare plan. Allocations of collection expenses, which are primarily comprised of employee related expenses, occupancy, office expenses and professional fees, totaled $322,273 and $314,543 for the years ended May 31, 2024 and 2023, respectively. At May 31, 2024 and 2023, the Plan owed the related welfare plan $15,274 and $86,354 for allocated collection expenses, respectively.

Lockbox Accounts

The welfare plan maintains three lockbox accounts. Each lockbox collects contributions for the Plan and affiliated organizations. On a regular basis, contributions due to the Plan are transferred from the lockbox accounts. Contributions due from the lockbox accounts to the Plan at May 31, 2024 and 2023 totaled $18,301 and $111,416 respectively.

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Plumbers' Pension Fund,
Local 130, U.A.

We have audited the financial statements of Plumbers' Pension Fund, Local 130, U.A. (the Plan) as of and for the years ended May 31, 2024 and 2023, and our report thereon dated January 31, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 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 GAAS.

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.

Legacy Professionals LLP

Westchester, Illinois

January 31, 2025

4 Westbrook Corporate Center | Suite 700 | Westchester, IL 60154 | 312-368-0500 | 312-368-0746 Fax | www.legacycpas.com

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
- GS Fin Sq Gov #465							
Purchases	214	.00	.00	1.000	79,511,602.04	79,511,602.04	.00
Sales	91	.00	.00	1.000	75,719,119.83	75,719,119.83	.00

*** Transactions noted by an asterisk are in themselves greater than 5% of beginning Plan Year market values.**

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

Supplemental Schedule 1

Plumbers' Pension Fund, Local 130, U.A.
Schedule of Investments Held
Year Ended May 31, 2024

	Historical Cost	Market Value
Interest Bearing Cash		
Goldman Sachs Financial Sq Government #465	6,787,256	6,787,256
Total Interest Bearing Cash	6,787,256	6,787,256
U.S. Government and Government Agency obligations		
Great Lakes Advisors	**See Attached**	**See Attached**
Total U.S. Government and Government Agency obligations	12,573,812	10,790,267
Corporate debt instruments		
Great Lakes Advisors	**See Attached**	**See Attached**
Total Corporate debt instruments	14,135,027	12,609,798
Registered Investment Companies		
AFL-CIO Housing Investment Trust	26,423,065	24,755,908
Baird Intermediate Bond Fund	40,394,160	39,878,387
Total Registered Investment Companies	66,817,225	64,634,295
Common Collective Trusts		
AFL-CIO Building Investment Trust	26,423,065	33,213,169
Goldman Sachs Collective Trust Core Plus Fixed Income Fund	44,423,033	48,936,197
Commingled Pension Trust (Special Situation Property) of JPMorgan Chase, N.A.	15,627,453	12,987,534
Loomis Salyes Core Plus Fixed Income Trust	82,747,039	94,463,477
NewTower Trust Company MEPT	23,126,035	56,039,691
NIS Core Fixed Income Fund, LLC	83,324,835	96,402,242
NIS High Yield Fund, LLC	3,236,147	4,371,076
NIS Preferred Stock Fund II, LLC	6,330,185	8,392,202
NIS Total Abolsute Return Fund, LLC	7,100,770	9,098,137
Northern Trust Collective Short-term Investment Fund	158	158
Northern Trust Collective Russell 1000 Fund	337,823,876	557,633,873
NT Collective EAFE Index Fund - Lending	31,002,880	50,463,959
NT Collective Quality Small Cap Core U.S. Fund - Lending	32,005,709	72,250,220
State Street Emerging Markets Small Cap	25,000,000	26,031,710
William Blair International Leaders Collective Investment Fund	64,505,032	73,171,634
Total Common Collective Trusts	782,676,217	1,143,455,279
Pooled Separate Accounts		
Union Labor Life Insurance Company Separate Account J	22,605,313	29,629,380
Total Pooled Separate Accounts	22,605,313	29,629,380
103-12		
Neuberger Berman U.S. Equity Index Putwrite Fund LLC	35,000,000	51,970,144
Ullico Infrastructure Tax Exempt Fund LP	43,609,964	60,487,371
Total 103-12	78,609,964	112,457,515
Limited Partnerships		
American Realty Strategic Value Fund	14,988,704	16,756,781
Churchill Middle Market Senior	3,861,077	3,905,088
HGK Trinity International Fund	40,000,000	47,980,479
Ironsides Opportunity Fund II	10,105,534	11,343,384
LSV International Small Cap Equity Fund, LP	23,989,187	32,329,560
Mesirow Financial Private Equity Partnership Fund III, LP	1,059,115	199,169
Intercontinental U.S. Real Estate Investment Fund, LLC	52,046,951	48,254,480
Total Limited Partnerships	146,050,568	160,768,941
Other Investments		
AQR Global Risk Premium Offshore Ltd.	38,064,821	38,603,757
Municipal obligations	**See Attached**	168,685
Total Other Investments	38,064,821	38,772,442
Total Investments Held	1,168,320,203	1,579,905,173

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
Fixed Income											
Treasury and Federal Agencies											
Short (Less Than 5 Years)											
AF	-	Federal Home Ln Mtg Corp Partn Gold Group #G15553 4.500% Dtd 09/01/2015 Due 09/01/2026 IPD14 *3128MEMA6*	975.730	.00	966.26 *99.029*	971.54 *99.571*	5.28	.00	3.65	43.00 *0.04500*	4.52%
AF	-	Federal Home Ln Mtg Corp Partn Gold Group #J15786 4.500% Dtd 06/01/2011 Due 06/01/2026 IPD14 *3128PVNB2*	13,319.820	.00	13,798.50 *103.594*	13,195.01 *99.063*	- 603.49	.00	49.94	599.00 *0.04500*	4.54%
AF	-	Federal Home Ln Mtg Corp Partn CTF Group #ZS6658 2.000% Dtd 09/01/2018 Due 03/01/2028 IPD24 *3132A7MF5*	25,745.490	.01	26,220.18 *101.844*	24,410.07 *94.813*	- 1,810.11	.00	42.90	514.00 *0.02000*	2.11%
AF	-	Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2013 9 Cl PT 1.25% Dtd 01/01/2013 Due 02/25/2028 IPD24 *3136ABSM6*	43,026.870	.01	42,280.77 *98.266*	40,561.96 *94.271*	- 1,718.81	.00	44.81	537.00 *0.01250*	1.33%
AF	-	Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2013 85 Cl AG 2.50% Dtd 07/01/2013 Due 08/25/2028 IPD24 *3136AF4S0*	16,230.580	.00	15,744.25 *97.004*	15,680.33 *96.609*	- 63.92	.00	33.81	405.00 *0.02500*	2.59%
AF	-	Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2012 98 Cl NT 1.50% Dtd 08/01/2012 Due 09/25/2027 IPD24 *3136A8BU3*	38,401.700	.01	39,193.74 *102.063*	36,519.61 *95.098*	- 2,674.13	.00	48.00	576.00 *0.01500*	1.58%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd 3.161% Dtd 10/01/2015 Due 05/25/2025 IPD24 *3137BLMD7*	130,000.000	.04	128,688.00 *98.991*	127,648.37 *98.191*	- 1,039.63	.01	342.44	4,109.00 *0.03161*	3.22%
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd 2.544% Dtd 06/01/2017 Due 10/25/2025 IPD24 *3137BYLC2*	47,442.820	.01	47,250.09 *99.594*	46,372.58 *97.744*	- 877.51	.00	100.57	1,206.00 *0.02544*	2.60%
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 4234 Cl Ah 2.50% Dtd 07/01/2013 Due 07/15/2028 IPD14 *3137B3BB3*	6,585.130	.00	6,470.92 *98.266*	6,424.37 *97.558*	- 46.55	.00	13.71	164.00 *0.02500*	2.56%
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser K 072 Cl A 2 3.444% Dtd 01/01/2018 Due 12/25/2027 IPD24 *3137FEBQ2*	125,000.000	.04	137,226.56 *109.781*	118,801.86 *95.041*	- 18,424.70	.01	358.74	4,305.00 *0.03444*	3.62%
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 00K092 Cl A2 3.298% Dtd 05/01/2019 Due 04/25/2029 IPD24 *3137FLYV0*	190,000.000	.06	195,696.58 *102.998*	177,110.65 *93.216*	- 18,585.93	.01	522.18	6,266.00 *0.03298*	3.54%
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser K 738 Cl A 1 1.054% Dtd 05/01/2020 Due 08/25/2026 IPD24 *3137FTAX5*	103,198.550	.03	96,716.38 *93.719*	99,802.64 *96.709*	3,086.26	.01	90.64	1,087.00 *0.01054*	1.09%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #AL1869 3.000% Dtd 05/01/2012 Due 06/01/2027 IPD24 *3138EJCF3*	26,092.590	.01	27,515.44 *105.453*	25,278.24 *96.879*	- 2,237.20	.00	65.23	782.00 *0.03000*	3.10%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #AL4898 4.500% Dtd 02/01/2014 Due 01/01/2027 IPD24 *3138EMNQ0*	4,000.630	.00	4,060.83 *101.505*	3,965.02 *99.110*	- 95.81	.00	15.00	180.00 *0.04500*	4.54%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #AK4047 3.000% Dtd 02/01/2012 Due 02/01/2027 IPD24 *3138E8P97*	15,035.600	.00	15,359.81 *102.156*	14,588.14 *97.024*	- 771.67	.00	37.58	451.00 *0.03000*	3.09%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #AW3557 3.000% Dtd 05/01/2014 Due 05/01/2029 IPD24 *3138XS5T0*	37,561.980	.01	37,432.86 *99.656*	35,852.53 *95.449*	- 1,580.33	.00	93.90	1,126.00 *0.03000*	3.14%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #BM5515 4.000% Dtd 02/01/2019 Due 02/01/2029 IPD24 *3140JADV7*	22,141.560	.01	22,570.55 *101.937*	21,399.37 *96.648*	- 1,171.18	.00	73.80	885.00 *0.04000*	4.14%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #890836 3.500% Dtd 07/01/2018 Due 11/01/2027 IPD24 *31410LV58*	17,691.950	.01	17,774.19 *100.465*	17,391.72 *98.303*	- 382.47	.00	51.60	619.00 *0.03500*	3.56%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #AB8994 2.500% Dtd 03/01/2013 Due 04/01/2028 IPD24 *31417F7G7*	34,065.370	.01	33,596.98 *98.625*	32,523.23 *95.473*	- 1,073.75	.00	70.96	851.00 *0.02500*	2.62%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA1045 3.000% Dtd 03/01/2012 Due 04/01/2027 IPD24 *31418AET1*	13,346.870	.00	13,443.17 *100.722*	12,930.31 *96.879*	- 512.86	.00	33.36	400.00 *0.03000*	3.10%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA2869 2.500% Dtd 12/01/2016 Due 01/01/2027 IPD24 *31418CFK5*	42,898.110	.01	41,235.80 *96.125*	41,440.00 *96.601*	204.20	.00	89.37	1,072.00 *0.02500*	2.59%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	GNMA Gtd Passthru CTF Pool #782771 4.50% Dtd 09/01/2009 Due 09/15/2024 IPD14 *36241LCG9*	1,937.910	.00	2,002.10 *103.312*	1,930.24 *99.604*	- 71.86	.00	7.26	87.00 *0.04500*	4.52%
AF	-	GNMA II Passthru CTF Pool #711723 3.50% Dtd 02/01/2013 Due 02/20/2028 IPD19 *36297GVQ0*	28,789.510	.01	29,851.11 *103.687*	27,838.59 *96.697*	- 2,012.52	.00	83.96	1,007.00 *0.03500*	3.62%
AF	-	US Treasury Note 1.25% Dtd 04/30/2021 Due 04/30/2028 *91282CBZ3*	15,000.000	.00	14,234.96 *94.900*	13,230.75 *88.205*	- 1,004.21	.00	16.30	187.00 *0.01250*	1.42%
AF	-	US Treasury Note 2.375% Dtd 05/15/2017 Due 05/15/2027 *912828X88*	55,000.000	.02	54,853.37 *99.733*	51,559.75 *93.745*	- 3,293.62	.00	60.34	1,306.00 *0.02375*	2.53%
		Total Short (Less Than 5 Years)		**.32**	**1,064,183.40**	**1,007,426.88**	**- 56,756.52**	**.07**	**2,350.05**	**28,764.00**	**2.86%**
		Intermediate (5-10 Years)									
AF	-	Federal Home Ln Mtg Corp Partn Gold Group #G16113 3.000% Dtd 03/01/2017 Due 03/01/2032 IPD14 *3128MFAN8*	25,489.010	.01	25,980.10 *101.927*	23,991.53 *94.125*	- 1,988.57	.00	63.72	764.00 *0.03000*	3.19%
AF	-	Federal Home Ln Mtg Corp Partn CTF Group #ZS7189 3.000% Dtd 09/01/2018 Due 02/01/2030 IPD24 *3132A77A3*	54,991.490	.02	58,634.68 *106.625*	52,471.78 *95.418*	- 6,162.90	.00	137.47	1,649.00 *0.03000*	3.14%
AF	-	Federal Home Ln Mtg Corp Partn CTF Group #SB0368 4.000% Dtd 06/01/2020 Due 03/01/2034 IPD24 *3132CWMR2*	56,741.430	.02	62,787.94 *110.656*	55,371.12 *97.585*	- 7,416.82	.00	189.13	2,269.00 *0.04000*	4.10%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Federal Home Ln Mtg Corp Partn CTF Group #RD5038 1.500% Dtd 08/01/2020 Due 09/01/2030 IPD24 *3133LPS32*	67,430.570	.02	69,390.28 *102.906*	61,593.78 *91.344*	- 7,796.50	.00	84.28	1,011.00 *0.01500*	1.64%
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 4162 Cl P 3.00% Dtd 02/01/2013 Due 02/15/2033 IPD14 *3137AYHU8*	26,153.470	.01	25,990.00 *99.375*	25,027.16 *95.693*	- 962.84	.00	65.38	784.00 *0.03000*	3.14%
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser K 1501 Cl A 3 3.511% Dtd 07/01/2015 Due 04/25/2030 IPD24 *3137BKGK0*	255,000.000	.07	261,614.06 *102.594*	237,091.25 *92.976*	- 24,522.81	.02	746.08	8,953.00 *0.03511*	3.78%
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser K 1505 Cl A 3 Fltg Rate Dtd 06/01/2018 Due 04/25/2033 IPD24 *3137FG6T7*	80,000.000	.02	78,553.13 *98.191*	72,788.43 *90.985*	- 5,764.70	.00	249.99	3,000.00 *0.03750*	4.12%
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser K 1512 Cl A 3 3.059% Dtd 07/01/2019 Due 04/25/2034 IPD24 *3137FMTT9*	265,000.000	.07	273,571.09 *103.234*	224,474.05 *84.707*	- 49,097.04	.01	675.52	8,106.00 *0.03059*	3.61%
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 5146 Cl Ha 2.00% Dtd 08/01/2021 Due 01/25/2031 IPD24 *3137H2FN9*	8,577.540	.00	8,314.84 *96.937*	8,432.96 *98.314*	118.12	.00	14.29	171.00 *0.02000*	2.03%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #AL7276 2.000% Dtd 08/01/2015 Due 08/01/2030 IPD24 *3138EQCN0*	36,239.209	.01	37,371.67 *103.125*	33,574.18 *92.646*	- 3,797.49	.00	60.39	724.00 *0.02000*	2.16%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #AS8889 3.500% Dtd 02/01/2017 Due 02/01/2032 IPD24 *3138WJ2X5*	117,314.940	.04	113,447.22 *96.703*	112,187.10 *95.629*	- 1,260.12	.01	342.16	4,106.00 *0.03500*	3.66%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #FM1234 3.000% Dtd 07/01/2019 Due 12/01/2031 IPD24 *3140X4LQ7*	90,565.610	.03	88,648.20 *97.883*	86,457.55 *95.464*	- 2,190.65	.01	226.41	2,716.00 *0.03000*	3.14%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #FM3490 2.500% Dtd 06/01/2020 Due 06/01/2030 IPD24 *3140X62Y6*	56,214.750	.02	54,616.13 *97.156*	52,877.28 *94.063*	- 1,738.85	.00	117.11	1,405.00 *0.02500*	2.66%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA4308 1.500% Dtd 03/01/2021 Due 04/01/2031 IPD24 *31418DYE6*	75,507.130	.02	76,999.58 *101.977*	68,524.23 *90.752*	- 8,475.35	.00	94.38	1,132.00 *0.01500*	1.65%
AF	-	GNMA Gtd Passthru CTF Pool #758872 3.00% Dtd 03/01/2013 Due 03/15/2033 IPD14 *36230T2D3*	18,036.240	.01	17,021.70 *94.375*	16,685.33 *92.510*	- 336.37	.00	45.09	541.00 *0.03000*	3.24%
AF	-	GNMA II Passthru CTF Pool #626971 3.50% Dtd 08/01/2015 Due 08/20/2030 IPD19 *36291FQY7*	16,723.410	.01	17,340.10 *103.688*	15,916.34 *95.174*	- 1,423.76	.00	48.77	585.00 *0.03500*	3.68%
AF	-	GNMA II Passthru CTF Pool #626985 3.50% Dtd 09/01/2015 Due 09/20/2030 IPD19 *36291FRE0*	24,894.280	.01	25,812.27 *103.688*	23,666.74 *95.069*	- 2,145.53	.00	72.60	871.00 *0.03500*	3.68%
AF	-	US Treasury Note 1.375% Dtd 11/15/2021 Due 11/15/2031 *91282CDJ7*	250,000.000	.06	219,521.48 *87.809*	201,075.00 *80.430*	- 18,446.48	.01	158.79	3,437.00 *0.01375*	1.71%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	US Treasury Note 2.875% Dtd 05/15/2022 Due 05/15/2032 *91282CEP2*	46,000.000	.01	42,544.61 *92.488*	41,037.06 *89.211*	- 1,507.55	.00	61.09	1,322.00 *0.02875*	3.22%
AF	-	US Treasury Note 4.00% Dtd 10/31/2022 Due 10/31/2029 *91282CFT3*	100,000.000	.03	97,074.22 *97.074*	97,543.00 *97.543*	468.78	.01	347.82	4,000.00 *0.04000*	4.10%
AF	-	US Treasury Note 3.50% Dtd 01/31/2023 Due 01/31/2030 *91282CGJ4*	100,000.000	.03	98,968.75 *98.969*	94,969.00 *94.969*	- 3,999.75	.01	1,173.07	3,500.00 *0.03500*	3.69%
AF	-	US Treasury Note 3.50% Dtd 02/15/2023 Due 02/15/2033 *91282CGM7*	350,000.000	.10	345,483.40 *98.710*	325,052.00 *92.872*	- 20,431.40	.02	3,600.96	12,250.00 *0.03500*	3.77%
AF	-	US Treasury Note 3.50% Dtd 04/30/2023 Due 04/30/2030 *91282CGZ8*	95,000.000	.03	93,680.32 *98.611*	90,062.85 *94.803*	- 3,617.47	.01	289.13	3,325.00 *0.03500*	3.69%
AF	-	US Treasury Note 3.375% Dtd 05/15/2023 Due 05/15/2033 *91282CHC8*	125,000.000	.04	121,552.73 *97.242*	114,743.75 *91.795*	- 6,808.98	.01	194.88	4,218.00 *0.03375*	3.68%
AF	-	US Treasury Note 4.00% Dtd 07/31/2023 Due 07/31/2030 *91282CHR5*	60,000.000	.02	58,914.84 *98.191*	58,366.80 *97.278*	- 548.04	.00	804.39	2,400.00 *0.04000*	4.11%
AF	-	US Treasury Note 4.00% Dtd 02/15/2024 Due 02/15/2034 *91282CJZ5*	58,000.000	.02	55,538.24 *95.756*	55,775.70 *96.165*	237.46	.00	681.98	2,320.00 *0.04000*	4.16%
AF	-	US Treasury Note 1.625% Dtd 08/15/2019 Due 08/15/2029 *912828YB0*	65,000.000	.02	59,604.25 *91.699*	56,464.20 *86.868*	- 3,140.05	.00	310.49	1,056.00 *0.01625*	1.87%
		Total Intermediate (5-10 Years)		**.73**	**2,488,975.83**	**2,306,220.17**	**- 182,755.66**	**.15**	**10,855.37**	**76,615.00**	**3.32%**

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
	Long (Over 10 Years)									
AF	- Federal Home Ln Mtg Corp Partn Gold Group #G08721 3.000% Dtd 08/01/2016 Due 09/01/2046 IPD14 *3128MJYT1*	39,019.240	.01	36,025.75 *92.328*	33,762.57 *86.528*	- 2,263.18	.00	97.54	1,170.00 *0.03000*	3.47%
AF	- Federal Home Ln Mtg Corp Partn Gold Group #G08741 3.000% Dtd 12/01/2016 Due 01/01/2047 IPD14 *3128MJZF0*	44,245.640	.01	45,365.59 *102.531*	38,239.29 *86.425*	- 7,126.30	.00	110.61	1,327.00 *0.03000*	3.47%
AF	- Federal Home Ln Mtg Corp Partn Gold Group #G08747 3.000% Dtd 01/01/2017 Due 02/01/2047 IPD14 *3128MJZM5*	15,501.900	.00	14,809.17 *95.531*	13,414.41 *86.534*	- 1,394.76	.00	38.75	465.00 *0.03000*	3.47%
AF	- Federal Home Ln Mtg Corp Partn Gold Group #G06061 4.000% Dtd 10/01/2010 Due 10/01/2040 IPD14 *3128M8B60*	9,631.590	.00	9,994.72 *103.770*	9,030.19 *93.756*	- 964.53	.00	32.10	385.00 *0.04000*	4.27%
AF	- Federal Home Loan Bks Cons Bds 2.74% Dtd 01/28/2022 Due 01/28/2037 Callable *3130AQQ55*	100,000.000	.02	80,000.00 *80.000*	78,353.00 *78.353*	- 1,647.00	.01	936.16	2,740.00 *0.02740*	3.50%
AF	- Federal Home Ln Mtg Corp Partn CTF Group #ZM6956 4.500% Dtd 10/01/2018 Due 06/01/2048 IPD24 *3131Y1WR7*	12,384.690	.00	12,382.74 *99.984*	11,817.35 *95.419*	- 565.39	.00	46.44	557.00 *0.04500*	4.72%
AF	- Federal Home Ln Mtg Corp Partn CTF Group #SD2217 6.000% Dtd 01/01/2023 Due 01/01/2053 IPD24 *3132DPPA0*	112,764.430	.04	115,865.44 *102.750*	114,025.14 *101.118*	- 1,840.30	.01	563.82	6,765.00 *0.06000*	5.93%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Federal Home Ln Mtg Corp Partn CTF Group #SC0170 2.000% Dtd 06/01/2021 Due 07/01/2041 IPD24 *3132D9FK5*	172,302.450	.05	177,309.95 *102.906*	143,436.62 *83.247*	- 33,873.33	.01	287.17	3,446.00 *0.02000*	2.40%
AF	-	Federal Home Ln Mtg Corp Partn Gold Group #V80910 4.000% Dtd 12/01/2013 Due 12/01/2043 IPD14 *3132L6AK7*	5,117.920	.00	5,318.57 *103.921*	4,768.42 *93.171*	- 550.15	.00	17.05	204.00 *0.04000*	4.29%
AF	-	Federal Home Ln Mtg Corp Partn CTF Group #Q59600 4.500% Dtd 11/01/2018 Due 11/01/2048 IPD14 *3132Y3U28*	21,014.750	.01	21,838.93 *103.922*	19,989.86 *95.123*	- 1,849.07	.00	78.80	945.00 *0.04500*	4.73%
AF	-	Federal Home Ln Mtg Corp Partn Gold Group #Q59620 4.000% Dtd 11/01/2018 Due 11/01/2048 IPD14 *3132Y3VN1*	20,826.330	.01	21,041.11 *101.031*	19,188.76 *92.137*	- 1,852.35	.00	69.42	833.00 *0.04000*	4.34%
AF	-	Federal Farm CR Bks Cons Systemwide Bds 2.75% Dtd 06/12/2019 Due 06/12/2034 Non-Callable *3133EKQQ2*	40,000.000	.01	34,421.76 *86.054*	33,482.40 *83.706*	- 939.36	.00	516.38	1,100.00 *0.02750*	3.29%
AF	-	Federal Farm CR Bks Cons Systemwide Bds 2.96% Dtd 01/23/2020 Due 01/23/2045 Callable *3133ELJK1*	35,000.000	.01	24,325.00 *69.500*	24,614.10 *70.326*	289.10	.00	368.35	1,036.00 *0.02960*	4.21%
AF	-	Federal Farm CR Bks Cons Systemwide Bds 2.58% Dtd 03/15/2021 Due 03/15/2041 Callable *3133EMTM4*	125,000.000	.03	90,625.00 *72.500*	87,526.25 *70.021*	- 3,098.75	.01	680.83	3,225.00 *0.02580*	3.68%
AF	-	Federal Home Ln Mtg Corp Partn CTF Group #QU7793 1.500% Dtd 03/01/2021 Due 03/01/2051 IPD24 *3133JLUS6*	58,033.810	.01	41,204.00 *71.000*	41,589.35 *71.664*	385.35	.00	72.54	870.00 *0.01500*	2.09%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Federal Home Ln Mtg Corp Partn Gold Group #G60641 4.500% Dtd 06/01/2016 Due 01/01/2042 IPD14 *31335AWA2*	5,454.580	.00	5,837.50 *107.020*	5,264.71 *96.519*	- 572.79	.00	20.45	245.00 *0.04500*	4.66%
AF	-	Federal Home Ln Mtg Corp Partn Gold Group #G60722 3.000% Dtd 09/01/2016 Due 10/01/2046 IPD14 *31335AYT9*	8,776.410	.00	8,807.82 *100.358*	7,597.74 *86.570*	- 1,210.08	.00	21.94	263.00 *0.03000*	3.47%
AF	-	Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2012 137 Cl Ce 2.00% Dtd 11/01/2012 Due 08/25/2041 IPD24 *3136AAN50*	14,384.560	.00	14,708.21 *102.250*	13,784.32 *95.827*	- 923.89	.00	23.97	287.00 *0.02000*	2.09%
AF	-	Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2015 87 Cl Ta 3.00% Dtd 11/01/2015 Due 11/25/2035 IPD24 *3136AQXC9*	29,903.120	.01	31,818.79 *106.406*	27,973.12 *93.545*	- 3,845.67	.00	74.75	897.00 *0.03000*	3.21%
AF	-	Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2011 73 Cl PA 3.50% Dtd 07/01/2011 Due 05/25/2041 IPD24 *3136A0US4*	7,949.540	.00	7,966.94 *100.219*	7,859.24 *98.864*	- 107.70	.00	23.18	278.00 *0.03500*	3.54%
AF	-	Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2012 90 Cl Da 1.50% Dtd 07/01/2012 Due 03/25/2042 IPD24 *3136A7RE4*	6,764.350	.00	6,236.30 *92.194*	5,973.41 *88.307*	- 262.89	.00	8.45	101.00 *0.01500*	1.70%
AF	-	Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2012 124 Cl Bc 3.00% Dtd 10/01/2012 Due 03/25/2042 IPD24 *3136A9W61*	65,767.130	.02	69,026.42 *104.956*	62,183.31 *94.550*	- 6,843.11	.00	164.41	1,973.00 *0.03000*	3.17%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 4045 Cl PE 3.50% Dtd 05/01/2012 Due 05/15/2042 IPD14 *3137APUR9*	80,000.000	.02	68,250.00 *85.313*	69,654.79 *87.068*	1,404.79	.00	233.33	2,800.00 *0.03500*	4.02%
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 4125 Cl Kp 2.50% Dtd 11/01/2012 Due 05/15/2041 IPD14 *3137AW6M2*	23,357.080	.01	23,747.58 *101.672*	21,822.81 *93.431*	- 1,924.77	.00	48.66	583.00 *0.02500*	2.68%
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 4596 Cl CA 2.00% Dtd 06/01/2016 Due 06/15/2046 IPD14 *3137BQN52*	56,406.990	.02	56,495.11 *100.156*	50,226.98 *89.043*	- 6,268.13	.00	94.01	1,128.00 *0.02000*	2.25%
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 3740 Cl PG 4.00% Dtd 10/01/2010 Due 10/15/2040 IPD14 *3137GARA7*	68,777.150	.02	70,047.58 *101.847*	65,180.79 *94.770*	- 4,866.79	.00	229.25	2,751.00 *0.04000*	4.22%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #310104 5.500% Dtd 12/01/2011 Due 08/01/2037 IPD24 *31374CNV4*	10,512.120	.00	11,603.84 *110.385*	10,534.20 *100.210*	- 1,069.64	.00	48.18	578.00 *0.05500*	5.49%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #AI2444 5.000% Dtd 05/01/2011 Due 05/01/2041 IPD24 *3138AFWE6*	78,340.180	.02	90,482.93 *115.500*	77,048.35 *98.351*	- 13,434.58	.00	326.41	3,917.00 *0.05000*	5.08%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #AL7468 5.000% Dtd 09/01/2015 Due 02/01/2045 IPD24 *3138EQJN3*	6,490.800	.00	7,098.13 *109.357*	6,383.83 *98.352*	- 714.30	.00	27.04	324.00 *0.05000*	5.08%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #AS9487 4.000% Dtd 04/01/2017 Due 05/01/2047 IPD24 *3138WKRH0*	9,209.740	.00	9,629.50 *104.558*	8,544.61 *92.778*	- 1,084.89	.00	30.69	368.00 *0.04000*	4.31%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #AU2412 3.000% Dtd 01/01/2015 Due 12/01/2044 IPD24 *3138X1VE3*	4,762.220	.00	4,744.33 *99.624*	4,152.89 *87.205*	- 591.44	.00	11.90	142.00 *0.03000*	3.44%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #AU3735 3.000% Dtd 08/01/2013 Due 08/01/2043 IPD24 *3138X3EH1*	35,970.760	.01	35,770.84 *99.444*	31,482.33 *87.522*	- 4,288.51	.00	89.92	1,079.00 *0.03000*	3.43%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #AY2773 4.500% Dtd 02/01/2015 Due 01/01/2045 IPD24 *3138YGCK6*	8,896.720	.00	9,587.11 *107.760*	8,521.99 *95.788*	- 1,065.12	.00	33.36	400.00 *0.04500*	4.70%
AF	-	Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 3293 Cl MP 5.50% Dtd 03/01/2007 Due 03/15/2037 IPD14 *31397FT93*	3,777.840	.00	4,150.37 *109.861*	3,783.91 *100.160*	- 366.46	.00	17.31	207.00 *0.05500*	5.49%
AF	-	Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2010 139 Cl Kt 4.50% Dtd 11/01/2010 Due 07/25/2040 IPD24 *31398SXE8*	116,016.200	.04	114,420.98 *98.625*	112,806.05 *97.233*	- 1,614.93	.01	435.06	5,220.00 *0.04500*	4.63%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #AZ7347 3.000% Dtd 11/01/2015 Due 11/01/2045 IPD24 *3140E0EV3*	9,980.340	.00	9,756.66 *97.759*	8,657.85 *86.749*	- 1,098.81	.00	24.95	299.00 *0.03000*	3.46%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #BE2369 4.000% Dtd 03/01/2017 Due 03/01/2047 IPD24 *3140FMT30*	16,320.380	.00	17,008.77 *104.218*	15,109.08 *92.578*	- 1,899.69	.00	54.40	652.00 *0.04000*	4.32%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #BN7466 2.000% Dtd 09/01/2020 Due 10/01/2050 IPD24 *3140JQJL8*	113,085.450	.03	119,199.12 *105.406*	88,206.65 *78.000*	- 30,992.47	.01	188.47	2,261.00 *0.02000*	2.56%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #BM4703 3.500% Dtd 10/01/2018 Due 02/01/2048 IPD24 *3140J9GM7*	41,030.330	.01	41,684.23 *101.594*	36,734.86 *89.531*	- 4,949.37	.00	119.67	1,436.00 *0.03500*	3.91%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #BP8820 2.500% Dtd 07/01/2020 Due 07/01/2035 IPD24 *3140KGYS6*	56,669.900	.02	59,680.48 *105.312*	51,458.54 *90.804*	- 8,221.94	.00	118.06	1,416.00 *0.02500*	2.75%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #BT9772 2.000% Dtd 10/01/2021 Due 10/01/2036 IPD24 *3140LY2E2*	112,531.780	.03	115,714.31 *102.828*	98,912.06 *87.897*	- 16,802.25	.01	187.55	2,250.00 *0.02000*	2.28%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #BU1789 3.000% Dtd 11/01/2021 Due 10/01/2051 IPD24 *3140M27B2*	53,645.330	.01	54,324.29 *101.266*	46,036.81 *85.817*	- 8,287.48	.00	134.11	1,609.00 *0.03000*	3.50%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #CA4693 5.000% Dtd 11/01/2019 Due 03/01/2049 IPD24 *3140QCGB6*	54,063.650	.02	61,632.54 *114.000*	53,505.71 *98.968*	- 8,126.83	.00	225.26	2,703.00 *0.05000*	5.05%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #CA9443 2.500% Dtd 03/01/2021 Due 03/01/2036 IPD24 *3140QHP58*	142,070.670	.04	150,506.13 *105.938*	127,870.71 *90.005*	- 22,635.42	.01	295.98	3,551.00 *0.02500*	2.78%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #FM1737 3.000% Dtd 10/01/2019 Due 10/01/2049 IPD24 *3140X44X1*	59,973.960	.02	60,658.04 *101.141*	51,283.73 *85.510*	- 9,374.31	.00	149.93	1,799.00 *0.03000*	3.51%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #FM5037 2.000% Dtd 11/01/2020 Due 12/01/2035 IPD24 *3140X8S32*	156,502.710	.04	163,154.08 *104.250*	137,770.90 *88.031*	- 25,383.18	.01	260.83	3,130.00 *0.02000*	2.27%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #FM5733 2.000% Dtd 01/01/2021 Due 01/01/2051 IPD24 *3140X9LP8*	140,326.340	.03	145,632.44 *103.781*	110,474.72 *78.727*	- 35,157.72	.01	233.87	2,806.00 *0.02000*	2.54%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA2771 3.000% Dtd 09/01/2016 Due 10/01/2046 IPD24 *31418CCH5*	16,547.630	.00	15,808.13 *95.531*	14,294.84 *86.386*	- 1,513.29	.00	41.36	496.00 *0.03000*	3.47%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA4122 1.500% Dtd 08/01/2020 Due 09/01/2035 IPD24 *31418DSL7*	45,822.220	.01	39,965.57 *87.219*	39,155.09 *85.450*	- 810.48	.00	57.27	687.00 *0.01500*	1.76%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA4154 1.500% Dtd 09/01/2020 Due 10/01/2035 IPD24 *31418DTL6*	58,298.420	.02	49,936.25 *85.656*	49,816.00 *85.450*	- 120.25	.00	72.87	874.00 *0.01500*	1.76%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA4387 2.000% Dtd 06/01/2021 Due 07/01/2041 IPD24 *31418D2V3*	103,844.720	.03	96,883.87 *93.297*	86,455.92 *83.255*	- 10,427.95	.01	173.07	2,076.00 *0.02000*	2.40%
AF	-	Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA5166 6.000% Dtd 09/01/2023 Due 10/01/2053 IPD24 *31418EW48*	116,943.370	.04	115,737.39 *98.969*	117,110.60 *100.143*	1,373.21	.01	584.71	7,016.00 *0.06000*	5.99%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	GNMA Gtd Passthru CTF Pool #CO1900 6.00% Dtd 07/01/2022 Due 07/15/2052 IPD14 *3617FDDD2*	29,265.870	.01	31,533.98 *107.750*	31,076.84 *106.188*	- 457.14	.00	146.32	1,755.00 *0.06000*	5.65%
AF	-	GNMA Gtd Passthru CTF Pool #BG5666 4.00% Dtd 06/01/2018 Due 06/15/2048 IPD14 *3617GQJK0*	125,176.070	.04	133,312.49 *106.500*	118,968.59 *95.041*	- 14,343.90	.01	417.25	5,007.00 *0.04000*	4.21%
AF	-	GNMA Gtd Passthru CTF Pool #BJ9883 3.00% Dtd 12/01/2018 Due 12/15/2048 IPD14 *3617HX6U6*	56,485.490	.02	58,153.61 *102.953*	49,183.61 *87.073*	- 8,970.00	.00	141.21	1,694.00 *0.03000*	3.45%
AF	-	GNMA II Passthru CTF Pool #BL0123 5.00% Dtd 03/01/2019 Due 03/20/2049 IPD19 *3617JCD40*	52,674.630	.02	58,633.43 *111.312*	50,602.94 *96.067*	- 8,030.49	.00	219.47	2,633.00 *0.05000*	5.20%
AF	-	GNMA Gtd Passthru CTF Pool #BN0298 2.50% Dtd 08/01/2019 Due 08/15/2049 IPD14 *3617K3KK4*	188,597.790	.05	192,163.46 *101.891*	158,109.07 *83.834*	- 34,054.39	.01	392.91	4,714.00 *0.02500*	2.98%
AF	-	GNMA Gtd Passthru CTF Pool #BN2663 3.00% Dtd 11/01/2019 Due 11/15/2049 IPD14 *3617K55Y6*	102,418.040	.03	105,234.52 *102.750*	89,073.99 *86.971*	- 16,160.53	.01	256.04	3,072.00 *0.03000*	3.45%
AF	-	GNMA II Passthru CTF Pool #BQ3224 4.50% Dtd 10/01/2019 Due 09/20/2049 IPD19 *3617LMSM9*	32,961.910	.01	35,825.47 *108.687*	31,388.31 *95.226*	- 4,437.16	.00	123.60	1,483.00 *0.04500*	4.73%
AF	-	GNMA II Passthru CTF Pool #BT8093 3.50% Dtd 04/01/2020 Due 04/20/2050 IPD19 *3617MW7E7*	103,089.050	.03	108,114.64 *104.875*	91,709.05 *88.961*	- 16,405.59	.01	300.67	3,608.00 *0.03500*	3.93%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	GNMA II Passthru CTF Pool #BZ1768 3.00% Dtd 12/01/2020 Due 11/20/2050 IPD19 *3617QV6D8*	75,972.440	.02	81,575.41 *107.375*	65,637.15 *86.396*	- 15,938.26	.00	189.93	2,279.00 *0.03000*	3.47%
AF	-	GNMA II Passthru CTF Pool #CI1513 3.00% Dtd 03/01/2022 Due 03/20/2052 IPD19 *3617X5VE7*	135,640.916	.04	118,812.97 *87.594*	115,492.81 *85.146*	- 3,320.16	.01	339.10	4,069.00 *0.03000*	3.52%
AF	-	GNMA II Passthru CTF Pool #CI2267 3.50% Dtd 10/01/2021 Due 10/20/2051 IPD19 *3617X6QU5*	83,025.180	.02	89,926.63 *108.312*	74,195.45 *89.365*	- 15,731.18	.00	242.15	2,905.00 *0.03500*	3.92%
AF	-	GNMA II Passthru CTF Pool #MA7391 2.00% Dtd 06/01/2021 Due 06/20/2036 IPD19 *36179WF86*	79,884.430	.02	71,796.13 *89.875*	70,571.50 *88.342*	- 1,224.63	.00	133.14	1,597.00 *0.02000*	2.26%
AF	-	GNMA II Passthru CTF Pool #MA9107 6.00% Dtd 08/01/2023 Due 08/20/2053 IPD19 *36179YDL5*	56,221.100	.02	56,185.95 *99.937*	56,627.02 *100.722*	441.07	.00	281.10	3,373.00 *0.06000*	5.96%
AF	-	GNMA II Passthru CTF Pool #MA9228 5.50% Dtd 10/01/2023 Due 10/20/2053 IPD19 *36179YHD9*	133,495.760	.04	133,120.31 *99.719*	131,226.33 *98.300*	- 1,893.98	.01	611.85	7,342.00 *0.05500*	5.60%
AF	-	GNMA II Passthru CTF Pool #AD0022 3.50% Dtd 03/01/2013 Due 03/20/2038 IPD19 *36180BAX9*	56,221.390	.02	60,877.74 *108.282*	51,118.74 *90.924*	- 9,759.00	.00	163.97	1,967.00 *0.03500*	3.85%
AF	-	GNMA Gtd Passthru CTF Pool #784714 3.00% Dtd 04/01/2019 Due 01/15/2044 IPD14 *3622AADT8*	47,554.090	.01	50,347.90 *105.875*	42,115.80 *88.564*	- 8,232.10	.00	118.88	1,426.00 *0.03000*	3.39%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	GNMA II Passthru CTF Pool #785305 3.00% Dtd 02/01/2021 Due 06/20/2050 IPD19 *3622AAYA6*	75,578.180	.02	80,561.62 *106.594*	63,686.71 *84.266*	- 16,874.91	.00	188.94	2,267.00 *0.03000*	3.56%
AF	-	GNMA II Passthru CTF Pool #784110 5.00% Dtd 02/01/2016 Due 11/20/2045 IPD19 *3622A2R79*	89,124.100	.03	104,135.94 *116.844*	90,240.82 *101.253*	- 13,895.12	.01	371.35	4,456.00 *0.05000*	4.94%
AF	-	GNMA Gtd Passthru CTF Pool #626978 3.50% Dtd 09/01/2015 Due 03/15/2040 IPD14 *36291FQ76*	155,360.730	.05	162,157.77 *104.375*	142,555.90 *91.758*	- 19,601.87	.01	453.13	5,437.00 *0.03500*	3.81%
AF	-	GNMA Gtd Passthru CTF Pool #635091 4.00% Dtd 06/01/2016 Due 06/15/2046 IPD14 *36291QRL0*	50,812.670	.02	57,974.49 *114.095*	49,111.97 *96.653*	- 8,862.52	.00	169.37	2,032.00 *0.04000*	4.14%
AF	-	GNMA Gtd Passthru CTF Pool #711443 4.50% Dtd 08/01/2009 Due 08/15/2039 IPD14 *36297GLY4*	57,662.800	.02	67,573.59 *117.187*	57,230.91 *99.251*	- 10,342.68	.00	216.23	2,594.00 *0.04500*	4.53%
AF	-	Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2002 83 Cl Z Fltg Rate Dtd 11/01/2002 Due 10/16/2042 IPD15 *38373VT83*	42,136.880	.01	41,610.17 *98.750*	41,994.55 *99.662*	384.38	.00	215.88	2,590.00 *0.06148*	6.17%
AF	-	Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2005 26 Cl Xy 5.50% Dtd 03/01/2005 Due 03/20/2035 IPD19 *38374KP23*	42,568.290	.01	46,106.79 *108.313*	42,604.84 *100.085*	- 3,501.95	.00	195.10	2,341.00 *0.05500*	5.50%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2009 32 Cl AB 4.00% Dtd 05/01/2009 Due 05/16/2039 IPD15 *38374UBP5*	55,339.730	.02	57,980.05 *104.771*	53,276.52 *96.271*	- 4,703.53	.00	184.46	2,213.00 *0.04000*	4.15%
AF	-	Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2013 67 Cl TV 3.00% Dtd 04/01/2013 Due 02/20/2042 IPD19 *38378MXD2*	82,485.960	.02	72,458.73 *87.844*	74,560.92 *90.392*	2,102.19	.00	206.21	2,474.00 *0.03000*	3.32%
AF	-	Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2015 42 Cl EY 2.00% Dtd 03/01/2015 Due 11/20/2042 IPD19 *38379LBS4*	130,000.000	.03	130,771.88 *100.594*	100,896.95 *77.613*	- 29,874.93	.01	216.66	2,600.00 *0.02000*	2.58%
AF	-	Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2023 103 Cl LT 6.00% Dtd 07/01/2023 Due 07/20/2053 IPD19 *38384CDV8*	115,000.000	.04	113,598.44 *98.781*	114,682.05 *99.723*	1,083.61	.01	575.00	6,900.00 *0.06000*	6.02%
AF	-	Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2023 141 Cl Ld 6.00% Dtd 09/01/2023 Due 01/20/2043 IPD19 *38384EF75*	93,169.590	.03	93,024.02 *99.844*	93,559.56 *100.418*	535.54	.01	465.84	5,590.00 *0.06000*	5.97%
AF	-	US Treasury Bond 4.375% Dtd 02/15/08 Due 02/15/2038 *912810PW2*	20,000.000	.01	25,066.41 *125.332*	19,764.20 *98.821*	- 5,302.21	.00	257.21	875.00 *0.04375*	4.43%
AF	-	US Treasury Bond 4.25% Dtd 05/15/2009 Due 05/15/2039 *912810QB7*	320,000.000	.10	404,316.22 *126.349*	309,312.00 *96.660*	- 95,004.22	.02	628.26	13,600.00 *0.04250*	4.40%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	US Treasury Bond 2.75% Dtd 11/15/2012 Due 11/15/2042 *912810QY7*	185,000.000	.04	165,752.15 *89.596*	140,080.15 *75.719*	- 25,672.00	.01	235.02	5,087.00 *0.02750*	3.63%
AF	-	US Treasury Bond 2.875% Dtd 05/15/2013 Due 05/15/2043 *912810RB6*	75,000.000	.02	65,967.77 *87.957*	57,618.75 *76.825*	- 8,349.02	.00	99.60	2,156.00 *0.02875*	3.74%
AF	-	US Treasury Bond 3.00% Dtd 11/15/2014 Due 11/15/2044 *912810RJ9*	100,000.000	.02	85,968.75 *85.969*	77,211.00 *77.211*	- 8,757.75	.00	138.58	3,000.00 *0.03000*	3.89%
AF	-	US Treasury Bond 2.50% Dtd 02/15/2015 Due 02/15/2045 *912810RK6*	125,000.000	.03	112,072.02 *89.658*	88,115.00 *70.492*	- 23,957.02	.01	918.61	3,125.00 *0.02500*	3.55%
AF	-	US Treasury Bond 3.00% Dtd 05/15/2015 Due 05/15/2045 *912810RM2*	15,000.000	.00	11,799.61 *78.664*	11,532.45 *76.883*	- 267.16	.00	20.78	450.00 *0.03000*	3.90%
AF	-	US Treasury Bond 2.25% Dtd 08/15/2016 Due 08/15/2046 *912810RT7*	380,000.000	.08	328,761.14 *86.516*	250,385.80 *65.891*	- 78,375.34	.02	2,513.32	8,550.00 *0.02250*	3.41%
AF	-	US Treasury Bond 3.00% Dtd 02/15/2017 Due 02/15/2047 *912810RV2*	100,000.000	.02	86,960.94 *86.961*	75,781.00 *75.781*	- 11,179.94	.00	881.86	3,000.00 *0.03000*	3.96%
AF	-	US Treasury Bond 2.75% Dtd 11/15/2017 Due 11/15/2047 *912810RZ3*	50,000.000	.01	47,601.56 *95.203*	35,924.00 *71.848*	- 11,677.56	.00	63.51	1,375.00 *0.02750*	3.83%
AF	-	US Treasury Bond 3.125% Dtd 05/15/2018 Due 05/15/2048 *912810SC3*	120,000.000	.03	120,763.48 *100.636*	92,203.20 *76.836*	- 28,560.28	.01	173.23	3,750.00 *0.03125*	4.07%
AF	-	US Treasury Bond 2.25% Dtd 08/15/2019 Due 08/15/2049 *912810SJ8*	305,000.000	.06	322,968.59 *105.891*	194,379.55 *63.731*	- 128,589.04	.01	2,017.27	6,862.00 *0.02250*	3.53%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF -	US Treasury Bond 1.25% Dtd 05/15/2020 Due 05/15/2050 *912810SN9*	550,000.000	.08	385,269.52 *70.049*	267,943.50 *48.717*	- 117,326.02	.02	317.59	6,875.00 *0.01250*	2.57%
AF -	US Treasury Bond 1.125% Dtd 05/15/2020 Due 05/15/2040 *912810SR0*	100,000.000	.02	70,500.00 *70.500*	60,578.00 *60.578*	- 9,922.00	.00	51.97	1,125.00 *0.01125*	1.86%
AF -	US Treasury Bond 1.875% Dtd 02/15/2021 Due 02/15/2041 *912810SW9*	110,000.000	.02	83,118.75 *75.563*	74,319.30 *67.563*	- 8,799.45	.00	606.28	2,062.00 *0.01875*	2.78%
AF -	US Treasury Bond 2.375% Dtd 05/15/2021 Due 05/15/2051 *912810SX7*	100,000.000	.02	66,875.00 *66.875*	64,852.00 *64.852*	- 2,023.00	.00	109.71	2,375.00 *0.02375*	3.66%
AF -	US Treasury Bond 1.875% Dtd 11/15/2021 Due 11/15/2051 *912810TB4*	887,000.000	.16	698,364.54 *78.733*	505,971.41 *57.043*	- 192,393.13	.03	768.29	16,631.00 *0.01875*	3.29%
AF -	US Treasury Bond 2.00% Dtd 11/15/2021 Due 11/15/2041 *912810TC2*	825,000.000	.18	793,476.37 *96.179*	559,440.75 *67.811*	- 234,035.62	.04	762.22	16,500.00 *0.02000*	2.95%
AF -	US Treasury Bond Zero Dtd 02/15/2024 Due 02/15/2054 *912810TX6*	35,000.000	.01	33,241.80 *94.977*	32,837.35 *93.821*	- 404.45	.00	437.25	1,487.00 *0.04250*	4.53%
	Total Long (Over 10 Years)		**2.36**	**9,020,653.06**	**7,476,619.47**	**- 1,544,033.59**	**.48**	**27,336.91**	**272,973.00**	**3.65%**
	Total Treasury and Federal Agencies		**3.41**	**12,573,812.29**	**10,790,266.52**	**- 1,783,545.77**	**.70**	**40,542.33**	**378,352.00**	**3.51%**
	State and Municipal **Short (Less Than 5 Years)**									

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Cicero Ill Taxable GO Ref Bds 2021 B Taxable 1.30% Dtd 05/26/2021 Due 01/01/2026 Non-Callable *171646SY9*	140,000.000	.04	140,000.00 *100.000*	130,659.20 *93.328*	- 9,340.80	.01	758.33	1,820.00 *0.01300*	1.39%
AF	-	New York N Y Taxable GO Bds Fiscal Taxable 0.982% Dtd 01/06/2021 Due 08/01/2025 Callable *64966QZX1*	40,000.000	.01	40,000.00 *100.000*	38,026.00 *95.065*	- 1,974.00	.00	130.93	392.00 *0.00982*	1.03%
		Total Short (Less Than 5 Years)		**.05**	**180,000.00**	**168,685.20**	**- 11,314.80**	**.01**	**889.26**	**2,212.00**	**1.31%**
		Total State and Municipal		**.05**	**180,000.00**	**168,685.20**	**- 11,314.80**	**.01**	**889.26**	**2,212.00**	**1.31%**
		Non-Government Obligations **Short (Less Than 5 Years)**									
AF	-	Allstate Corp Sr Glbl NT 0.75% Dtd 11/24/2020 Due 12/15/2025 Callable *020002BH3*	125,000.000	.04	124,981.25 *99.985*	116,336.25 *93.069*	- 8,645.00	.01	432.29	937.00 *0.00750*	.81%
AF	-	Ally Finl Inc Sr Glbl NT 5.125% Dtd 09/29/2014 Due 09/30/2024 Non-Callable *02005NAV2*	155,000.000	.05	171,232.50 *110.473*	154,628.00 *99.760*	- 16,604.50	.01	1,346.02	7,943.00 *0.05125*	5.14%
AF	-	Americredit Auto Rec Tr Ser 2021 1 Cl B 0.68% Dtd 03/10/2021 Due 10/19/2026 *03063FAD6*	8,782.140	.00	8,567.74 *97.559*	8,748.30 *99.614*	180.56	.00	2.37	59.00 *0.00680*	.68%
AF	-	Aon Corp Sr Glbl 4.50% Dtd 12/03/2018 Due 12/15/2028 Callable *037389BB8*	103,000.000	.03	96,776.74 *93.958*	99,754.47 *96.849*	2,977.73	.01	2,137.25	4,635.00 *0.04500*	4.65%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Applied Matls Inc Sr NT 3.30% Dtd 03/31/2017 Due 04/01/2027 Callable *038222AL9*	119,000.000	.04	121,707.19 *102.275*	114,148.37 *95.923*	- 7,558.82	.01	654.49	3,927.00 *0.03300*	3.44%
AF	-	Bank Amer Corp Med Term NT 4.25% Dtd 10/22/2014 Due 10/22/2026 *06051GFL8*	100,000.000	.03	116,965.20 *116.965*	97,465.00 *97.465*	- 19,500.20	.01	460.41	4,250.00 *0.04250*	4.36%
AF	-	Biogen Inc Sr NT 4.05% Dtd 09/15/2015 Due 09/15/2025 Callable *09062XAF0*	130,000.000	.04	138,558.30 *106.583*	127,674.30 *98.211*	- 10,884.00	.01	1,111.50	5,265.00 *0.04050*	4.12%
AF	-	Boardwalk Pipelines LP Sr NT 4.95% Dtd 11/26/2014 Due 12/15/2024 Callable *096630AD0*	207,000.000	.07	217,272.88 *104.963*	206,014.68 *99.524*	- 11,258.20	.01	4,724.77	10,246.00 *0.04950*	4.97%
AF	-	Boeing Co Sr NT 2.85% Dtd 10/31/2014 Due 10/30/2024 Callable *097023BH7*	80,000.000	.02	78,893.60 *98.617*	78,865.60 *98.582*	- 28.00	.01	196.33	2,280.00 *0.02850*	2.89%
AF	-	Boeing Co Sr NT 4.875% Dtd 05/04/2020 Due 05/01/2025 Callable *097023CT0*	230,000.000	.07	256,002.80 *111.306*	227,541.30 *98.931*	- 28,461.50	.01	934.37	11,212.00 *0.04875*	4.93%
AF	-	Brown & Brown Inc Sr NT 4.20% Dtd 09/18/2014 Due 09/15/2024 Callable *115236AA9*	100,000.000	.03	110,030.20 *110.030*	99,525.00 *99.525*	- 10,505.20	.01	886.66	4,200.00 *0.04200*	4.22%
AF	-	CME Group Inc Sr NT 3.00% Dtd 03/09/2015 Due 03/15/2025 Callable *12572QAG0*	140,000.000	.04	141,535.80 *101.097*	137,446.40 *98.176*	- 4,089.40	.01	886.66	4,200.00 *0.03000*	3.06%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Capital One Finl Corp Sr NT 3.20% Dtd 02/05/2015 Due 02/05/2025 Callable *14040HBG9*	143,000.000	.04	138,959.52 *97.174*	140,583.30 *98.310*	1,623.78	.01	1,474.48	4,576.00 *0.03200*	3.26%
AF	-	Carmax Auto Owner Tr Ser 2022 1 Cl A 4 1.70% Dtd 01/26/2022 Due 08/16/2027 *14317CAD4*	60,000.000	.02	56,100.00 *93.500*	56,369.88 *93.949*	269.88	.00	45.33	1,020.00 *0.01700*	1.81%
AF	-	D R Horton Inc Sr Glbl 2.60% Dtd 05/05/2020 Due 10/15/2025 Callable *23331ABN8*	130,000.000	.04	139,763.00 *107.510*	124,959.90 *96.123*	- 14,803.10	.01	431.88	3,380.00 *0.02600*	2.70%
AF	-	Devon Energy Corp New Sr Glbl NT 5.85% Dtd 12/15/2015 Due 12/15/2025 Callable *25179MAV5*	50,000.000	.02	57,563.00 *115.126*	50,226.00 *100.452*	- 7,337.00	.00	1,348.75	2,925.00 *0.05850*	5.82%
AF	-	Devon Energy Corp New Glbl NT 5.25% Dtd 09/15/2021 Due 09/15/2024 Callable *25179MBC6*	30,000.000	.01	32,954.70 *109.849*	29,934.30 *99.781*	- 3,020.40	.00	332.50	1,575.00 *0.05250*	5.26%
AF	-	Discovery Communications LLC Sr NT 4.125% Dtd 05/21/2019 Due 05/15/2029 Callable *25470DBF5*	100,000.000	.03	110,454.00 *110.454*	92,194.00 *92.194*	- 18,260.00	.01	183.33	4,125.00 *0.04125*	4.47%
AF	-	Discover Finl Svcs Sr NT 4.10% Dtd 02/09/2017 Due 02/09/2027 Callable *254709AM0*	60,000.000	.02	57,638.40 *96.064*	57,659.40 *96.099*	21.00	.00	765.33	2,460.00 *0.04100*	4.27%
AF	-	Edwards Lifesciences Corp 4.30% Dtd 06/15/2018 Due 06/15/2028 Callable *28176EAD0*	157,000.000	.05	187,310.40 *119.306*	151,371.55 *96.415*	- 35,938.85	.01	3,112.96	6,751.00 *0.04300*	4.46%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Energy Transfer Prtnrs L P Fr 4.20% Dtd 01/17/2017 Due 04/15/2027 Callable *29273RBK4*	150,000.000	.05	153,024.60 *102.016*	145,210.50 *96.807*	- 7,814.10	.01	805.00	6,300.00 *0.04200*	4.34%
AF	-	Energy Transfer L P Sr Glbl 6.10% Dtd 10/13/2023 Due 12/01/2028 Callable *29273VAS9*	80,000.000	.03	79,590.40 *99.488*	82,105.60 *102.632*	2,515.20	.01	2,440.00	4,880.00 *0.06100*	5.94%
AF	-	Equitable Finl Life Global Fdg Sr SEC Glbl 0.80% Dtd 08/12/2021 Due 08/12/2024 Non-Callable *29449WAJ6*	80,000.000	.03	80,053.84 *100.067*	79,205.60 *99.007*	- 848.24	.01	193.77	640.00 *0.00800*	.81%
AF	-	Fifth Third Bancorp Sr Glbl NT 3.95% Dtd 03/14/2018 Due 03/14/2028 Callable *316773CV0*	100,000.000	.03	91,743.00 *91.743*	94,963.00 *94.963*	3,220.00	.01	844.86	3,950.00 *0.03950*	4.16%
AF	-	Fifth Third Bancorp Sr Glbl NT 2.375% Dtd 10/28/2019 Due 01/28/2025 Callable *316773CY4*	111,000.000	.03	109,535.73 *98.681*	108,562.44 *97.804*	- 973.29	.01	900.71	2,636.00 *0.02375*	2.43%
AF	-	General Mtrs Finl Co Inc Sr Glbl NT 4.00% Dtd 10/06/2016 Due 10/06/2026 Callable *37045XBQ8*	150,000.000	.05	166,017.00 *110.678*	144,940.50 *96.627*	- 21,076.50	.01	916.66	6,000.00 *0.04000*	4.14%
AF	-	Goldman Sachs Group Inc Sr Glbl NT 3.85% Dtd 01/26/2017 Due 01/26/2027 Callable *38141GWB6*	120,000.000	.04	127,384.80 *106.154*	115,862.40 *96.552*	- 11,522.40	.01	1,604.16	4,620.00 *0.03850*	3.99%
AF	-	Goldman Sachs Group Inc Sr NT Var Rate Dtd 03/08/2021 Due 03/09/2027 Callable *38141GYA6*	85,000.000	.02	79,110.35 *93.071*	79,059.35 *93.011*	- 51.00	.01	277.05	1,216.00 *0.01431*	1.54%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	HCA Sr Glbl 5.20% Dtd 05/04/2023 Due 06/01/2028 Callable *404119CP2*	110,000.000	.03	109,457.70 *99.507*	109,144.20 *99.222*	- 313.50	.01	2,860.00	5,720.00 *0.05200*	5.24%
AF	-	Humana Inc Sr NT 3.85% Dtd 09/19/2014 Due 10/01/2024 Callable *444859BD3*	110,000.000	.03	118,086.10 *107.351*	109,291.60 *99.356*	- 8,794.50	.01	705.83	4,235.00 *0.03850*	3.87%
AF	-	Humana Inc Sr Glbl NT 3.95% Dtd 03/16/2017 Due 03/15/2027 Callable *444859BF8*	135,000.000	.04	152,282.70 *112.802*	130,150.80 *96.408*	- 22,131.90	.01	1,125.75	5,332.00 *0.03950*	4.10%
AF	-	Huntington Bancshares Inc Sr NT 2.625% Dtd 08/06/2019 Due 08/06/2024 Callable *446150AQ7*	55,000.000	.02	51,486.60 *93.612*	54,680.45 *99.419*	3,193.85	.00	461.19	1,443.00 *0.02625*	2.64%
AF	-	JPMorgan Chase & Co NT 3.90% Dtd 07/21/2015 Due 07/15/2025 Callable *46625HMN7*	125,000.000	.04	131,174.75 *104.940*	122,888.75 *98.311*	- 8,286.00	.01	1,841.66	4,875.00 *0.03900*	3.97%
AF	-	Jefferies Group Inc New Sr NT 6.45% Dtd 06/08/2007 Due 06/08/2027 Callable *472319AE2*	175,000.000	.06	211,485.25 *120.849*	178,710.00 *102.120*	- 32,775.25	.01	5,424.27	11,287.00 *0.06450*	6.32%
AF	-	Kemper Corp Del Sr Glbl NT 4.35% Dtd 02/24/2015 Due 02/15/2025 Callable *488401AB6*	80,000.000	.02	87,106.00 *108.883*	79,156.80 *98.946*	- 7,949.20	.01	1,024.66	3,480.00 *0.04350*	4.40%
AF	-	Lazard LLC 4.50% Dtd 09/19/2018 Due 09/19/2028 Callable *52107QAJ4*	195,000.000	.06	217,468.15 *111.522*	188,364.15 *96.597*	- 29,104.00	.01	1,755.00	8,775.00 *0.04500*	4.66%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Lazard LLC Sr Glbl NT 4.375% Dtd 03/11/2019 Due 03/11/2029 Callable *52107QAK1*	85,000.000	.03	82,151.65 *96.649*	81,162.25 *95.485*	- 989.40	.01	826.39	3,718.00 *0.04375*	4.58%
AF	-	Leggett & Platt Inc Sr NT 3.50% Dtd 11/16/2017 Due 11/15/2027 Callable *524660AY3*	130,000.000	.04	129,286.55 *99.451*	118,082.90 *90.833*	- 11,203.65	.01	202.22	4,550.00 *0.03500*	3.85%
AF	-	Mplx LP Sr NT 4.00% Dtd 02/08/2018 Due 03/15/2028 Callable *55336VAR1*	100,000.000	.03	105,905.26 *105.905*	95,432.00 *95.432*	- 10,473.26	.01	844.44	4,000.00 *0.04000*	4.19%
AF	-	Microsoft Corp Sr Glbl 144a 3.40% Dtd 06/15/2023 Due 09/15/2026 Callable *594918CG7*	140,000.000	.04	159,581.80 *113.987*	135,104.20 *96.503*	- 24,477.60	.01	1,004.88	4,760.00 *0.03400*	3.52%
AF	-	Micron Technology Inc Sr Glbl NT 4.185% Dtd 07/12/2019 Due 02/15/2027 Callable *595112BP7*	45,000.000	.01	51,013.80 *113.364*	43,693.20 *97.096*	- 7,320.60	.00	554.51	1,883.00 *0.04185*	4.31%
AF	-	Molson Coors Brewing Co Sr Glbl NT 3.00% Dtd 07/07/2016 Due 07/15/2026 Callable *60871RAG5*	135,000.000	.04	145,264.05 *107.603*	128,605.05 *95.263*	- 16,659.00	.01	1,530.00	4,050.00 *0.03000*	3.15%
AF	-	Morgan Stanley Fr 4.35% Dtd 09/08/2014 Due 09/08/2026 Non-Callable *6174467Y9*	130,000.000	.04	142,077.00 *109.290*	127,172.50 *97.825*	- 14,904.50	.01	1,303.79	5,655.00 *0.04350*	4.45%
AF	-	Nasdaq Inc Sr NT 3.85% Dtd 06/07/2016 Due 06/30/2026 Callable *631103AG3*	68,000.000	.02	78,176.88 *114.966*	66,017.80 *97.085*	- 12,159.08	.00	1,098.10	2,618.00 *0.03850*	3.97%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Nextera Energy Cap Hldgs Inc Sr NT 3.55% Dtd 04/28/2017 Due 05/01/2027 Callable *65339KAT7*	105,000.000	.03	115,569.03 *110.066*	100,118.55 *95.351*	- 15,450.48	.01	310.62	3,727.00 *0.03550*	3.72%
AF	-	Onemain Direct Auto Rcv Ser 2019 1 Cl C 4.19% Dtd 03/14/2019 Due 11/14/2028 *68267EAC8*	100,000.000	.03	91,531.25 *91.531*	96,473.95 *96.473*	4,942.70	.01	186.22	4,190.00 *0.04190*	4.34%
AF	-	Owl Rock Capital Corporation Sr NT 2.625% Dtd 04/26/2021 Due 01/15/2027 Callable *69121KAF1*	85,000.000	.02	77,338.95 *90.987*	77,752.05 *91.473*	413.10	.01	842.91	2,231.00 *0.02625*	2.87%
AF	-	PNC Finl Svcs Group Inc Sr Glbl NT 3.45% Dtd 04/22/2019 Due 04/23/2029 Callable *693475AW5*	140,000.000	.04	154,872.20 *110.623*	129,253.60 *92.324*	- 25,618.60	.01	509.83	4,830.00 *0.03450*	3.74%
AF	-	Priceline Grp Inc Sr Glbl 3.60% Dtd 05/23/2016 Due 06/01/2026 Callable *741503AZ9*	105,000.000	.03	105,897.70 *100.855*	101,872.05 *97.021*	- 4,025.65	.01	1,890.00	3,780.00 *0.03600*	3.71%
AF	-	Pulte Group Inc Sr Glbl 5.50% Dtd 03/01/2016 Due 03/01/2026 Callable *745867AW1*	100,000.000	.03	117,528.00 *117.528*	99,995.00 *99.995*	- 17,533.00	.01	1,375.00	5,500.00 *0.05500*	5.50%
AF	-	Quest Diagnostics Inc Sr Glbl NT 3.45% Dtd 05/26/2016 Due 06/01/2026 Callable *74834LAZ3*	70,000.000	.02	76,689.90 *109.557*	67,449.90 *96.357*	- 9,240.00	.00	1,207.49	2,415.00 *0.03450*	3.58%
AF	-	Regions Financial Corp New Sr NT 1.80% Dtd 08/12/2021 Due 08/12/2028 Callable *7591EPAT7*	170,000.000	.05	136,589.05 *80.347*	146,405.70 *86.121*	9,816.65	.01	926.50	3,060.00 *0.01800*	2.09%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Santander Auto Rec Tr Ser 2022 1 Cl B 2.37% Dtd 02/23/2022 Due 08/17/2026 *80286EAD8*	11,286.320	.00	11,284.31 *99.982*	11,267.59 *99.834*	- 16.72	.00	11.83	266.00 *0.02360*	2.36%
AF	-	Santander Drive Auto Ser 2021 1 Cl D 1.13% Dtd 02/17/2021 Due 11/16/2026 *80286NAG1*	60,638.940	.02	57,834.81 *95.376*	59,575.94 *98.247*	1,741.13	.00	30.45	685.00 *0.01130*	1.15%
AF	-	Schwab Charles Corp New Sr NT 3.20% Dtd 12/07/2017 Due 01/25/2028 Callable *808513AU9*	185,000.000	.05	185,433.83 *100.235*	173,230.30 *93.638*	- 12,203.53	.01	2,071.99	5,920.00 *0.03200*	3.42%
AF	-	Sherwin Williams Co Sr Glbl 3.30% Dtd 08/01/2017 Due 02/01/2025 Callable *824348BD7*	75,000.000	.02	74,834.50 *99.779*	73,793.25 *98.391*	- 1,041.25	.00	825.00	2,475.00 *0.03300*	3.35%
AF	-	Steel Dynamics Inc Sr Glbl 2.80% Dtd 12/11/2019 Due 12/15/2024 Callable *858119BJ8*	60,000.000	.02	58,959.00 *98.265*	59,075.40 *98.459*	116.40	.00	774.66	1,680.00 *0.02800*	2.84%
AF	-	Suntrust Bk Atlanta Mdtmsbntbe Fr 3.30% Dtd 05/16/2016 Due 05/15/2026 Callable *86787GAJ1*	120,000.000	.04	135,673.20 *113.061*	114,921.60 *95.768*	- 20,751.60	.01	176.00	3,960.00 *0.03300*	3.45%
AF	-	Symetra Finl Corp Sr NT 4.25% Dtd 08/04/2014 Due 07/15/2024 Callable *87151QAC0*	120,000.000	.04	132,232.80 *110.194*	119,835.60 *99.863*	- 12,397.20	.01	1,926.66	5,100.00 *0.04250*	4.26%
AF	-	TD Ameritrade Hldg Corp Jr Glbl 3.30% Dtd 04/27/2017 Due 04/01/2027 Callable *87236YAF5*	175,000.000	.05	177,540.95 *101.452*	161,887.25 *92.507*	- 15,653.70	.01	962.50	5,775.00 *0.03300*	3.57%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Truist Finl Corp Fr 6.047% Dtd 06/08/2023 Due 06/08/2027 Non-Callable *89788MAN2*	125,000.000	.04	123,328.75 *98.663*	125,925.00 *100.740*	2,596.25	.01	3,632.39	7,558.00 *0.06047*	6.00%
AF	-	Verizon Communications Inc NT 2.625% Dtd 08/01/2016 Due 08/15/2026 Callable *92343VDD3*	140,000.000	.04	148,792.00 *106.280*	132,512.80 *94.652*	- 16,279.20	.01	1,082.08	3,675.00 *0.02625*	2.77%
		Total Short (Less Than 5 Years)		**2.10**	**7,203,661.41**	**6,640,357.57**	**- 563,303.84**	**.43**	**70,754.71**	**259,416.00**	**3.91%**
		Intermediate (5-10 Years)									
AF	-	Albemarle Corp Sr NT 5.05% Dtd 05/13/2022 Due 06/01/2032 Callable *012653AE1*	152,000.000	.05	144,157.17 *94.840*	146,167.76 *96.163*	2,010.59	.01	3,837.99	7,676.00 *0.05050*	5.25%
AF	-	Amphenol Corp NT 2.20% Dtd 09/14/2021 Due 09/15/2031 Callable *032095AL5*	150,000.000	.04	149,451.00 *99.634*	122,683.50 *81.789*	- 26,767.50	.01	696.66	3,300.00 *0.02200*	2.69%
AF	-	Apollo Global Mgmt Inc Sr NT 6.375% Dtd 11/13/2023 Due 11/15/2033 Non-Callable *03769MAA4*	75,000.000	.03	79,305.00 *105.740*	79,689.75 *106.253*	384.75	.01	225.78	4,781.00 *0.06375*	6.00%
AF	-	Ares Capital Corp Sr NT 5.95% Dtd 05/13/2024 Due 07/15/2029 Callable *04010LBG7*	110,000.000	.03	109,151.90 *99.229*	108,575.50 *98.705*	- 576.40	.01	327.25	6,545.00 *0.05950*	6.03%
AF	-	Bk of America Corp Sr NT Var Rate Dtd 07/21/2021 Due 07/21/2032 Callable *06051GKA6*	65,000.000	.02	52,978.25 *81.505*	52,897.00 *81.380*	- 81.25	.00	539.62	1,494.00 *0.02299*	2.83%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Boeing Co Sr NT 5.15% Dtd 05/04/2020 Due 05/01/2030 Callable *097023CY9*	120,000.000	.04	143,360.40 *119.467*	114,495.60 *95.413*	- 28,864.80	.01	515.00	6,180.00 *0.05150*	5.40%
AF	-	BP Cap Mkts Amer Inc NT 2.721% Dtd 01/12/2022 Due 01/12/2032 Callable *10373QBT6*	160,000.000	.04	161,190.40 *100.744*	135,684.80 *84.803*	- 25,505.60	.01	1,680.97	4,353.00 *0.02721*	3.21%
AF	-	Citigroup Inc Sub NT 6.625% Dtd 06/06/2002 Due 06/15/2032 *172967BL4*	61,000.000	.02	66,083.74 *108.334*	64,940.60 *106.460*	- 1,143.14	.00	1,863.46	4,041.00 *0.06625*	6.22%
AF	-	Clorox Co Del Sr NT 1.80% Dtd 05/08/2020 Due 05/15/2030 Callable *189054AX7*	125,000.000	.03	123,290.00 *98.632*	103,320.00 *82.656*	- 19,970.00	.01	100.00	2,250.00 *0.01800*	2.18%
AF	-	Duke Energy Carolinas LLC 1m Bd 4.95% Dtd 01/06/2023 Due 01/15/2033 Callable *26442CBJ2*	180,000.000	.06	178,045.20 *98.914*	176,007.60 *97.782*	- 2,037.60	.01	3,366.00	8,910.00 *0.04950*	5.06%
AF	-	Eaton Corp Ohio Sr NT 4.00% Dtd 11/02/2013 Due 11/02/2032 *278062AD6*	155,000.000	.05	160,580.55 *103.600*	143,858.60 *92.812*	- 16,721.95	.01	499.44	6,200.00 *0.04000*	4.31%
AF	-	Fedex Corp NT 4.90% Dtd 01/09/2014 Due 01/15/2034 Callable *31428XAX4*	50,000.000	.02	60,930.00 *121.860*	48,395.00 *96.790*	- 12,535.00	.00	925.55	2,450.00 *0.04900*	5.06%
AF	-	Ally Finl Inc Sr NT 8.00% Dtd 11/01/2009 Due 11/01/2031 Non-Callable *36186CBY8*	65,000.000	.02	89,000.60 *136.924*	71,151.60 *109.464*	- 17,849.00	.00	433.33	5,200.00 *0.08000*	7.31%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Huntington Bancshares Inc Sr NT 2.55% Dtd 02/04/2020 Due 02/04/2030 Callable *446150AS3*	135,000.000	.04	106,569.00 *78.940*	114,525.90 *84.834*	7,956.90	.01	1,118.81	3,442.00 *0.02550*	3.01%
AF	-	Kemper Corp Sr Glbl 2.40% Dtd 09/29/2020 Due 09/30/2030 Callable *488401AC4*	310,000.000	.08	276,095.75 *89.063*	249,943.70 *80.627*	- 26,152.05	.02	1,260.66	7,440.00 *0.02400*	2.98%
AF	-	Keybank National Association Fr 5.00% Dtd 01/26/2023 Due 01/26/2033 Callable *49327M3H5*	125,000.000	.04	114,141.75 *91.313*	114,700.00 *91.760*	558.25	.01	2,170.13	6,250.00 *0.05000*	5.45%
AF	-	Marsh & McLennan Cos Inc Sr NT 5.15% Dtd 02/20/2024 Due 03/15/2034 Callable *571748BW1*	60,000.000	.02	59,987.40 *99.979*	59,601.00 *99.335*	- 386.40	.00	866.91	3,090.00 *0.05150*	5.18%
AF	-	McDonalds Corp Med Term NT Fr 3.60% Dtd 03/27/2020 Due 07/01/2030 Callable *58013MFQ2*	140,000.000	.04	164,459.40 *117.471*	128,937.20 *92.098*	- 35,522.20	.01	2,100.00	5,040.00 *0.03600*	3.91%
AF	-	Micron Technology Inc Sr Glbl NT 4.663% Dtd 07/12/2019 Due 02/15/2030 Callable *595112BQ5*	150,000.000	.05	177,169.75 *118.113*	144,805.50 *96.537*	- 32,364.25	.01	2,059.48	6,994.00 *0.04663*	4.83%
AF	-	Norfolk Southn Corp Sr Glbl 2.30% Dtd 05/12/2021 Due 05/15/2031 Callable *655844CK2*	100,000.000	.03	103,102.00 *103.102*	83,530.00 *83.530*	- 19,572.00	.01	102.22	2,300.00 *0.02300*	2.75%
AF	-	Perkinelmer Inc Sr NT 3.30% Dtd 09/12/2019 Due 09/15/2029 Callable *714046AG4*	110,000.000	.03	121,886.60 *110.806*	99,761.20 *90.692*	- 22,125.40	.01	766.33	3,630.00 *0.03300*	3.64%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Prudential Finl Inc Fr 2.10% Dtd 03/10/2020 Due 03/10/2030 Callable *74432QCG8*	125,000.000	.03	104,111.25 *83.289*	106,208.75 *84.967*	2,097.50	.01	590.62	2,625.00 *0.02100*	2.47%
AF	-	Hillshire Brands Co Sr NT 6.125% Dtd 10/31/2002 Due 11/01/2032 Callable *803111AM5*	140,000.000	.04	143,757.60 *102.684*	139,904.80 *99.932*	- 3,852.80	.01	714.58	8,575.00 *0.06125*	6.13%
AF	-	Servicenow Inc NT 1.40% Dtd 08/11/2020 Due 09/01/2030 Callable *81762PAE2*	100,000.000	.03	97,979.00 *97.979*	80,495.00 *80.495*	- 17,484.00	.01	350.00	1,400.00 *0.01400*	1.74%
AF	-	Smucker J M Co Sr NT 2.375% Dtd 03/09/2020 Due 03/15/2030 Callable *832696AS7*	140,000.000	.04	141,178.80 *100.842*	120,229.20 *85.878*	- 20,949.60	.01	701.94	3,325.00 *0.02375*	2.77%
AF	-	Viacomcbs Inc Sr NT 4.95% Dtd 04/01/2020 Due 01/15/2031 Callable *92556HAB3*	50,000.000	.01	59,431.00 *118.862*	44,771.00 *89.542*	- 14,660.00	.00	935.00	2,475.00 *0.04950*	5.53%
AF	-	Wells Fargo & Co Fr Var Rate Dtd 03/30/2020 Due 04/04/2031 Callable *95000U2L6*	140,000.000	.04	172,902.80 *123.502*	133,320.60 *95.229*	- 39,582.20	.01	992.62	6,269.00 *0.04478*	4.70%
		Total Intermediate (5-10 Years)		**.94**	**3,360,296.31**	**2,988,601.16**	**- 371,695.15**	**.19**	**29,740.35**	**126,235.00**	**4.22%**
		Long (Over 10 Years)									
AF	-	AT&T Inc Sr Glbl 3.50% Dtd 03/15/2021 Due 09/15/2053 Callable *00206RKJ0*	150,000.000	.03	136,382.58 *90.922*	101,308.50 *67.539*	- 35,074.08	.01	1,108.33	5,250.00 *0.03500*	5.18%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Boeing Co CR Sen Sr NT Step Cpn Dtd 05/04/2020 Due 05/01/2040 Callable *097023CV5*	105,000.000	.03	95,201.40 *90.668*	96,482.40 *91.888*	1,281.00	.01	499.18	5,990.00 *0.05705*	6.21%
AF	-	Cigna Corp New Sr NT 3.20% Dtd 03/16/2020 Due 03/15/2040 Callable *125523CJ7*	60,000.000	.01	62,280.18 *103.800*	44,317.80 *73.863*	- 17,962.38	.00	405.33	1,920.00 *0.03200*	4.33%
AF	-	CVS Health Corp Sr NT 4.78% Dtd 03/09/2018 Due 03/25/2038 Callable *126650CY4*	100,000.000	.03	125,394.50 *125.395*	88,948.00 *88.948*	- 36,446.50	.01	876.33	4,780.00 *0.04780*	5.37%
AF	-	Citigroup Inc Sr NT 4.65% Dtd 07/30/2015 Due 07/30/2045 Non-Callable *172967JU6*	150,000.000	.04	165,477.25 *110.318*	132,562.50 *88.375*	- 32,914.75	.01	2,344.37	6,975.00 *0.04650*	5.26%
AF	-	Devon Energy Corp New Sr NT 5.60% Dtd 07/12/2011 Due 07/15/2041 Callable *25179MAL7*	200,000.000	.06	223,317.05 *111.659*	188,074.00 *94.037*	- 35,243.05	.01	4,231.11	11,200.00 *0.05600*	5.96%
AF	-	Duke Energy Corp New Sr Glbl NT 3.75% Dtd 08/12/2016 Due 09/01/2046 Callable *26441CAT2*	100,000.000	.02	109,035.00 *109.035*	73,529.00 *73.529*	- 35,506.00	.00	937.50	3,750.00 *0.03750*	5.10%
AF	-	Duke Energy Carolinas LLC 1st Mtg 5.30% Dtd 11/19/2009 Due 02/15/2040 Callable *26442CAH7*	105,000.000	.03	130,017.25 *123.826*	102,199.65 *97.333*	- 27,817.60	.01	1,638.58	5,565.00 *0.05300*	5.45%
AF	-	Franklin Resources Inc Sr NT 2.95% Dtd 08/12/2021 Due 08/12/2051 Callable *354613AM3*	100,000.000	.02	61,744.00 *61.744*	62,488.00 *62.488*	744.00	.00	893.19	2,950.00 *0.02950*	4.72%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	JP Morgan Chase Bank NA Sr NT Var Rate Dtd 02/22/2017 Due 02/22/2048 Callable *46647PAA4*	95,000.000	.03	101,844.79 *107.205*	80,125.85 *84.343*	- 21,718.94	.01	1,112.92	4,047.00 *0.04260*	5.05%
AF	-	Juniper Networks Inc Sr NT 5.95% Dtd 03/03/2011 Due 03/15/2041 Callable *48203RAD6*	75,000.000	.02	102,363.75 *136.485*	75,050.25 *100.067*	- 27,313.50	.00	942.08	4,462.00 *0.05950*	5.95%
AF	-	Mplx LP Sr Glbl 4.50% Dtd 02/08/2018 Due 04/15/2038 Callable *55336VAM2*	85,000.000	.02	75,677.20 *89.032*	73,941.50 *86.990*	- 1,735.70	.00	488.75	3,825.00 *0.04500*	5.17%
AF	-	Mars Inc Del 4.20% Dtd 03/29/2019 Due 04/01/2059 Callable *571676AH8*	130,000.000	.03	165,971.80 *127.671*	103,639.90 *79.723*	- 62,331.90	.01	910.00	5,460.00 *0.04200*	5.27%
AF	-	Merck & Co Inc New NT 3.70% Dtd 02/10/2015 Due 02/10/2045 Callable *58933YAT2*	45,000.000	.01	44,453.82 *98.786*	35,230.05 *78.289*	- 9,223.77	.00	513.37	1,665.00 *0.03700*	4.73%
AF	-	Metlife Inc Sr NT 5.70% Dtd 06/23/2005 Due 06/15/2035 Callable *59156RAM0*	125,000.000	.04	158,353.40 *126.683*	127,732.50 *102.186*	- 30,620.90	.01	3,285.41	7,125.00 *0.05700*	5.58%
AF	-	Morgan Stanley Bk Amer Merrill Lynch Tr 2015-C22 Coml Mtg Pass Thru CTF Cl A-4 3.306% Dtd 04/01/2015 Due 05/15/2046 IPD14 *61690FAM5*	160,000.000	.05	162,912.50 *101.820*	156,457.82 *97.786*	- 6,454.68	.01	440.79	5,289.00 *0.03306*	3.38%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF	-	Morgan Stanley Sr NT 4.30% Dtd 01/27/2015 Due 01/27/2045 Callable *61747YDY8*	100,000.000	.03	86,051.00 *86.051*	85,785.00 *85.785*	- 266.00	.01	1,481.11	4,300.00 *0.04300*	5.01%
AF	-	Morgan Stan Cap I Ser 2016 UBS11 Cl A 4 2.782% Dtd 08/01/2016 Due 08/17/2049 IPD15 *61767FBA8*	150,000.000	.04	146,343.75 *97.563*	140,273.10 *93.515*	- 6,070.65	.01	347.75	4,173.00 *0.02782*	2.97%
AF	-	Southern Copper Corp Del NT 7.50% Dtd 07/27/2005 Due 07/27/2035 Callable *84265VAA3*	34,000.000	.01	42,821.64 *125.946*	39,290.06 *115.559*	- 3,531.58	.00	878.33	2,550.00 *0.07500*	6.49%
AF	-	3M Co Fr 3.125% Dtd 09/19/2016 Due 09/19/2046 Callable *88579YAW1*	102,000.000	.02	93,539.81 *91.706*	68,738.82 *67.391*	- 24,800.99	.00	637.50	3,187.00 *0.03125*	4.64%
AF	-	Trinityr Rail Leas Ser 2021 1 Cl A 2.50% Dtd 06/30/2021 Due 07/19/2051 *89656GAA2*	167,902.970	.05	163,540.65 *97.402*	147,857.59 *88.061*	- 15,683.06	.01	139.96	4,197.00 *0.02500*	2.84%
AF	-	Walgreens Boots Alliance Inc Sr NT 4.10% Dtd 04/15/2020 Due 04/15/2050 Callable *931427AT5*	75,000.000	.02	77,886.41 *103.849*	54,560.25 *72.747*	- 23,326.16	.00	392.91	3,075.00 *0.04100*	5.64%
AF	-	Wells Fargo Coml Tr Ser 2016 LC25 Cl A 4 3.64% Dtd 12/01/2016 Due 12/17/2059 IPD17 *95000JAV0*	45,000.000	.01	46,799.90 *104.000*	42,785.25 *95.078*	- 4,014.65	.00	136.50	1,638.00 *0.03640*	3.83%
AF	-	Wepco Envrnmntal Tr Fin Ser 2021 1 Cl A 1.578% Dtd 05/12/2021 Due 12/15/2035 *950739AA0*	81,676.070	.02	70,681.71 *86.539*	69,446.49 *85.026*	- 1,235.22	.00	594.79	1,288.00 *0.01578*	1.86%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
	Total Long (Over 10 Years)		**.69**	**2,648,091.34**	**2,190,824.28**	**- 457,267.06**	**.14**	**25,236.09**	**104,661.00**	**4.78%**
	Total Non-Government Obligations		**3.73**	**13,212,049.06**	**11,819,783.01** (1)	**- 1,392,266.05**	**.76**	**125,731.15**	**490,312.00**	**4.15%**
	Foreign Obligations									
	Short (Less Than 5 Years)									
AF	- Aercap Ireland Capital Limited Sr NT 1.65% Dtd 10/29/2021 Due 10/29/2024 Callable *00774MAU9*	175,000.000	.05	175,481.25 *100.275*	172,049.50 *98.314*	- 3,431.75	.01	256.66	2,887.00 *0.01650*	1.68%
AF	- Janus Cap Group Inc NT 4.875% Dtd 07/31/2015 Due 08/01/2025 Callable *47102XAJ4*	175,000.000	.05	199,325.00 *113.900*	172,998.00 *98.856*	- 26,327.00	.01	2,843.75	8,531.00 *0.04875*	4.93%
AF	- Sumitomo Mitsui Finl Group Inc Sr Glbl Bd 2.632% Dtd 07/14/2016 Due 07/14/2026 Non-Callable *86562MAF7*	145,000.000	.04	152,996.75 *105.515*	137,239.60 *94.648*	- 15,757.15	.01	1,452.35	3,816.00 *0.02632*	2.78%
	Total Short (Less Than 5 Years)		**.15**	**527,803.00**	**482,287.10**	**- 45,515.90**	**.03**	**4,552.76**	**15,234.00**	**3.16%**
	Long (Over 10 Years)									
AF	- Aon PLC Sr NT 4.45% Dtd 05/24/2013 Due 05/24/2043 Callable *00185AAC8*	105,000.000	.03	105,589.35 *100.561*	86,203.95 *82.099*	- 19,385.40	.01	90.85	4,672.00 *0.04450*	5.42%
AF	- Barrick Gold Corp Sr NT 5.25% Dtd 04/03/2012 Due 04/01/2042 Callable *067901AH1*	125,000.000	.04	166,137.50 *132.910*	120,406.25 *96.325*	- 45,731.25	.01	1,093.75	6,562.00 *0.05250*	5.45%

Plumbers Pen Fd Local 130 Roll-Up

Σ ① 12,609,798

Account Number:
Statement Period: **06/01/23 through 05/31/24**

Asset and Liability Positions
05/31/24

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AF -	Shell International Fin Bv Gtd Sr NT 5.50% Dtd 03/25/2010 Due 03/25/2040 Callable *822582AN2*	100,000.000	.03	123,448.00 *123.448*	101,118.00 *101.118*	- 22,330.00	.01	1,008.33	5,500.00 *0.05500*	5.44%
	Total Long (Over 10 Years)		**.10**	**395,174.85**	**307,728.20**	**- 87,446.65**	**.02**	**2,192.93**	**16,734.00**	**5.44%**
Total Foreign Obligations			**.25**	**922,977.85**	**790,015.30** ①	**- 132,962.55**	**.05**	**6,745.69**	**31,968.00**	**4.05%**

SCHEDULE MB (Form 5500)	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PLUMBERS PENSION FUND, LOCAL 130, U.A.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES - PLAN NAMED ABOVE

D Employer Identification Number (EIN)
36-6489579

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 06 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	1,442,959,804
(2) Actuarial value of assets for funding standard account	1b(2)	1,551,769,788
c (1) Accrued liability for plan using immediate gain methods	1c(1)	1,504,418,070
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	1,504,418,070
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	2,818,528,613
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	75,463,085
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	88,607,141
(3) Expected plan disbursements for the plan year	1d(3)	90,607,141

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE David W. Macfadden DWM — Signature of actuary

02/10/2025 — Date

David W. Macfadden, MAAA, EA — Type or print name of actuary

2309067 — Most recent enrollment number

SEGAL — Firm name

312-984-8500 — Telephone number (including area code)

101 NORTH WACKER DRIVE, SUITE 500
CHICAGO IL 60606
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions) **2a** 1,442,959,804

b "RPA '94" current liability/participant count breakdown:

	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3,678	1,120,364,400
(2) For terminated vested participants	2,627	613,879,395
(3) For active participants:		
(a) Non-vested benefits		49,131,375
(b) Vested benefits		1,035,153,443
(c) Total active	3,000	1,084,284,818
(4) Total	9,305	2,818,528,613

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... **2c** 51.19 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
12/01/2023	64,795,928	0			
			Totals ► 3(b)	64,795,928	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total ..... **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) ..... **4a** 103.1 %

b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 ..... **4b** N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ..... ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ..... ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date **4e**

f If the plan is in critical status or critical and declining status, and is: **4f**
- Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;
- Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... ☐
- Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method | **5m** |

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability | **6a** | 2.80 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	4.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-1.7 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	1,928,395	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	30,702,056	3,150,393
3	12,239,224	1,255,889

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval | **8a** |

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended | **8d(2)** |

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) | **8d(4)** |

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension | **8d(5)** |

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)		8e	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		9a	0
b Employer's normal cost for plan year as of valuation date		9b	29,716,361
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	388,865,330	66,013,244
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c		9d	6,701,072
e Total charges. Add lines 9a through 9d		9e	102,430,677
Credits to funding standard account:			
f Prior year credit balance, if any		9f	307,866,894
g Employer contributions. Total from column (b) of line 3		9g	64,795,928
		Outstanding balance	
h Amortization credits as of valuation date	9h	128,350,154	21,234,557
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	25,304,959
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	426,974,427	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1,030,201,743	
(3) FFL credit		9j(3)	0
k (1) Waived funding deficiency		9k(1)	
(2) Other credits		9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l	419,202,338
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	316,771,661
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		9o(2)(b)	0
(3) Total as of valuation date		9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No

Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended May 31, 2023

Pension Credits/Average Accrued Benefits

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	99	87	12	—	—	—	—	—	—	—
	$420	$359	—	—	—	—	—	—	—	—
25 - 29	275	137	136	2	—	—	—	—	—	—
	$751	$430	$1,063	—	—	—	—	—	—	—
30 - 34	313	87	182	41	3	—	—	—	—	—
	$1,036	$454	$1,136	$1,748	—	—	—	—	—	—
35 - 39	387	63	128	76	114	6	—	—	—	—
	$1,581	$463	$1,140	$1,894	$2,403	—	—	—	—	—
40 - 44	477	42	99	79	153	99	5	—	—	—
	$2,188	$554	$1,282	$1,826	$2,581	$3,394	—	—	—	—
45 - 49	449	28	50	48	114	132	74	3	—	—
	$2,778	$771	$1,688	$1,913	$2,514	$3,445	$4,067	—	—	—
50 - 54	438	17	37	28	81	108	119	44	4	—
	$3,286	—	$1,697	$2,073	$2,446	$3,573	$4,230	$4,511	—	—
55 - 59	400	18	39	21	48	62	87	78	38	9
	$3,474	—	$2,041	$1,863	$2,548	$3,517	$4,202	$4,716	$4,058	—
60 - 64	143	5	10	7	12	19	26	30	21	13
	$3,693	—	—	—	—	—	$3,499	$5,076	$4,606	—
65 - 69	18	—	1	1	2	1	2	1	3	7
	—	—	—	—	—	—	—	—	—	—
70 & over	1	—	—	—	—	—	—	1	—	—
	—	—	—	—	—	—	—	—	—	—
Totals	**3,000**	**484**	**694**	**303**	**527**	**427**	**313**	**157**	**66**	**29**
	$2,302	$512	$1,280	$1,883	$2,495	$3,455	$4,101	$4,691	$4,175	$3,934

Segal

Statement of Actuarial Assumptions, Methods and Models

Mortality rates

Non-annuitants: RP-2014 Blue Collar Employee Mortality Tables, sex distinct, adjusted back to 2006 by removing Scale MP-2014 improvements between calendar years 2006 and 2014. Assumed mortality improvement is based on a generational projection using Scale MP-2017 from 2006.

Healthy annuitants: RP-2014 Blue Collar Healthy Annuitant Mortality Tables, sex distinct, adjusted back to 2006 by removing Scale MP-2014 improvements between calendar years 2006 and 2014. Assumed mortality improvement is based on a generational projection using Scale MP-2017 from 2006.

Disabled: RP-2014 Disabled Retiree Mortality Tables, sex distinct, adjusted back to 2006 by removing Scale MP-2014 improvements between calendar years 2006 and 2014. Assumed mortality improvement is based on a generational projection using Scale MP-2017 from 2006.

The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date.

These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, adjusted to reflect health characteristics of the industry, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual liability change due to deaths and the projected liability change over the last five years.

Termination rates before retirement

	Rate (%)			
Age	Mortality Male[1]	Mortality Female[1]	Disability	Withdrawal[2]
20	0.07	0.02	0.06	5.98
25	0.07	0.02	0.09	5.82
30	0.06	0.02	0.11	5.57
35	0.07	0.03	0.15	5.17
40	0.10	0.05	0.22	3.85
45	0.16	0.09	0.36	1.95
50	0.26	0.13	0.61	0.45
55	0.38	0.19	1.01	0.00
60	0.64	0.31	1.63	0.00

[1] Mortality rates shown for base table.

[2] Withdrawal rates do not apply at or beyond early retirement age.

The termination rates and disability rates were based on historical and current demographic data, adjusted to estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual liability change due to terminations and disability retirements and the projected liability change over the last five years.

Retirement rates

Age*	Annual Retirement Rates
58 – 59	5%
60	15%
61	10%
62	35%
63 – 64	25%
65	100%

*If eligible for the Rule of 95, retirement rates at ages 59 and below are 5%.

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual liability change due to retirements and the projected liability change over the last five years.

Description of weighted average retirement age

Age 62, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the June 1, 2023 actuarial valuation.

Retirement age for inactive vested participants

62 (Age 65 for former participants of the Pension Plan of Plumbers and Pipefitters Local Union No. 422 with less than 10 years of vesting service).

The retirement age for inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual liability change due to retirements and the projected liability change over the last five years.

Future benefit accruals

One pension credit and two bonus credits per year per active employee included in the valuation. Former participants of the Pension Fund – Technical Engineering Division, Local Union 130 U.A., AFL-CIO earn one pension credit and two and ½ bonus credits per year.

The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male. Pre-merger benefits were assumed to match those used for the prior valuation.

Definition of active participants

Employees with at least 600 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

Percent married

80%

Sex and age of spouse

Participants and their spouses are assumed to be of opposite sex. Females are assumed to be four years younger than males.

The percent married and spouse demographic assumptions were based on estimated future experience and professional judgment.

Benefit election

Married participants elect the 50% Joint and Survivor form of payment and non-married participants are assumed to elect the Single Life Annuity form of payment.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns.

Partial lump sum

A 2% load on retirement benefits for active participants is applied to reflect the added cost of participants electing the partial lump sum option under the Plumbers' Pension Plan, Local 130, U.A. A 5% load on all benefits excluding disability, and a 12% load on disability benefits for active participants is applied to reflect the added cost of participants electing the partial lump sum option for benefits accrued through May 31, 2011 under the Pension Plan of Plumbers and Steamfitters Local Union No. 422.

Net investment return

7.00%, net of investment fees

For FASB ASC 960 purposes, the 7.00% assumption is considered to be net of both investment fees and administrative expenses associated with providing accumulated benefits (approximate 0.1% adjustment for administrative expenses).

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

$2,000,000 for the year beginning June 1, 2023 (equivalent to $1,928,395 payable at the beginning of the year) or 6.9% of Normal Cost.

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized (20% per year) over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit K.

Current liability assumptions

- **Interest:** 2.80%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2021 (previously, the MP-2020 scale was used).

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a December 1 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	$3,243,680	$4,693,303	$80,583,514	$88,520,497
2024	$6,433,775	$5,969,462	$78,765,433	$91,168,670
2025	$9,573,953	$7,510,103	$76,851,153	$93,935,209
2026	$12,709,732	$9,313,699	$74,839,805	$96,863,236
2027	$16,141,498	$10,881,680	$72,735,216	$99,758,394
2028	$19,395,130	$13,775,023	$70,565,774	$103,735,927
2029	$22,911,789	$15,749,697	$68,331,689	$106,993,175
2030	$26,136,152	$17,675,035	$66,036,723	$109,847,910
2031	$29,047,002	$19,226,592	$63,683,813	$111,957,407
2032	$32,243,326	$20,877,260	$61,277,682	$114,398,268
2033	$35,121,215	$22,709,738	$58,826,190	$116,657,143
2034	$37,691,544	$24,290,748	$56,334,661	$118,316,953
2035	$40,526,264	$25,873,345	$53,806,702	$120,206,311
2036	$42,855,300	$27,291,803	$51,250,257	$121,397,360
2037	$45,211,448	$28,695,355	$48,676,501	$122,583,304
2038	$47,391,913	$30,060,231	$46,085,073	$123,537,217
2039	$49,473,350	$31,046,933	$43,493,150	$124,013,433
2040	$51,510,945	$32,039,566	$40,904,001	$124,454,512
2041	$53,276,874	$33,001,761	$38,326,387	$124,605,022
2042	$55,010,297	$33,819,998	$35,769,595	$124,599,890

Segal

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2043	$56,251,883	$34,287,900	$33,243,004	$123,782,787
2044	$57,328,162	$34,567,627	$30,756,422	$122,652,211
2045	$58,114,326	$34,470,227	$28,320,090	$120,904,643
2046	$58,628,428	$34,290,017	$25,944,387	$118,862,832
2047	$58,978,505	$34,008,525	$23,639,908	$116,626,938
2048	$58,974,312	$33,418,955	$21,417,212	$113,810,479
2049	$58,769,702	$32,817,375	$19,286,432	$110,873,509
2050	$58,339,063	$32,095,542	$17,257,247	$107,691,852
2051	$57,713,834	$31,291,957	$15,338,847	$104,344,638
2052	$56,826,754	$30,375,562	$13,539,416	$100,741,732
2053	$55,841,295	$29,413,025	$11,865,871	$97,120,191
2054	$54,704,616	$28,414,510	$10,323,356	$93,442,482
2055	$53,498,987	$27,356,046	$8,914,747	$89,769,780
2056	$52,168,659	$26,241,194	$7,640,634	$86,050,487
2057	$50,713,188	$25,104,653	$6,499,331	$82,317,172
2058	$49,168,155	$23,905,016	$5,486,696	$78,559,867
2059	$47,378,376	$22,704,251	$4,597,106	$74,679,733
2060	$45,544,534	$21,480,288	$3,823,775	$70,848,597
2061	$43,588,415	$20,229,025	$3,158,751	$66,976,191
2062	$41,539,236	$18,976,634	$2,593,094	$63,108,964
2063	$39,466,584	$17,730,318	$2,117,073	$59,313,975
2064	$37,346,022	$16,496,615	$1,720,678	$55,563,315
2065	$35,230,167	$15,282,686	$1,393,920	$51,906,773

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2066	$33,127,759	$14,095,205	$1,127,136	$48,350,100
2067	$31,052,151	$12,940,076	$911,151	$44,903,378
2068	$29,016,686	$11,822,974	$737,544	$41,577,204
2069	$27,029,697	$10,749,136	$598,819	$38,377,652
2070	$25,099,178	$9,723,331	$488,452	$35,310,961
2071	$23,231,869	$8,749,614	$400,884	$32,382,367
2072	$21,433,612	$7,831,219	$331,505	$29,596,336

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- Based on past experience and future expectations, the following actuarial assumption was changed as of June 1, 2023:
  - In conjunction with the adoption of Early Retirement at age 58, it was assumed that retirement rates for active participants would be 5% at ages 58 and 59. Rates were previously 0% at those ages.

Segal

Exhibit K1: Summary of Plumbers 130 Plan Provisions

This exhibit summarizes the major provisions of the Plumbers' Pension Fund, Local 130, U.A. included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

June 1 through May 31

Pension credit year

June 1 through May 31

Plan status

Ongoing plan

Normal pension

- **Age Requirement:** 65
- **Service Requirement:** Five vesting credits
- **Amount:**

Break in Service Date or Retirement Date	Pension Benefit Accrual Rate for Pension Credit Years Earned					
	Through 5/31/2012	6/1/2012 – 5/31/2014	6/1/2014 – 5/31/2016	6/1/2016 – 5/31/2021	6/1/2021 and 5/31/2022	6/1/2022 and thereafter
Through 5/31/2012*	$95					
6/1/2012 – 5/31/2016	$95	$115	$115			
6/1/2016 – 5/31/2018	$95	$115	$115	$125		
6/1/2018 and thereafter	$95	$115	$130	$140	$150	$160

*Lower accrual rates apply for terminated participants in previous years

- Plus $10 for each bonus credit earned after June 1, 1987

Early retirement

- **Age Requirement:** 58
- **Service Requirement:** Five vesting credits
- **Amount:** Regular pension accrued under Local 130 Plan, unreduced at age 60, reduced by 2% for each year of age between 58 and 60

Rule of 95 pension

- **Age and Service Requirement:** Sum of age and pension credits equals or exceeds 95, and participant had 300 hours of employment in year of retirement or preceding year.
- **Amount:** Regular pension accrued under Local 130 Plan

Disability

- **Age Requirement:** None
- **Service Requirement:** Five vesting credits
- **Amount:** Regular pension accrued, payable immediately

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five vesting credits
- **Amount:** Regular or early pension accrued
- **Inactive Bonus Credit:** For those with 10 or more vesting credits, one extra pension credit is added for each 5-year period between date pension commences and date last pension credit is earned, up to a maximum of four pension credits. Extra pension credits are multiplied by the benefit rate effective when the participant was last active.
- **Normal Retirement Age:** 65

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five vesting credits
- **When paid:** Immediately
- **Amount:** 75% of the benefit employee would have received had he or she retired the day before death and elected the joint and survivor option. Benefits are payable to the employee's surviving spouse. If there is no surviving spouse, or the surviving spouse dies before receiving 120 payments, benefits are payable to the employee's dependent children, if any. Payments to dependent children continue until the earlier of a) a total of 120 payments have been made to the spouse and children, or b) all dependent children reach age 18. 60 payments are guaranteed to the estate of unmarried participants who die prior to retirement.
- **Charge for Coverage:** None

Post-retirement death benefit

Husband and Wife: If married, pension credits are paid in the form of an unreduced 50% Joint and Survivor annuity. If the spouse dies prior to receiving 120 payments, then the payments will continue to dependent children, if any, until the 120-payment guarantee is exhausted. If not married, benefits are payable for the life of the pensioner with 60 guaranteed payments. If there is no spouse and the participant dies with dependent children, then payments continue at the survivor benefit amount until a total of 120 payments have been made (or until all dependent children reach age 18 if earlier). The survivor's benefit of a disability pension will be based on 50% of the regular or early retirement benefit the pensioner would have been eligible for had he or she not become disabled before death, but not reduced below age 60.

Lump Sum options

Participants with retirement benefits commencing after May 31, 1997, may elect to receive a portion of their benefit as a lump sum equal to no more than 10% of the actuarial equivalent of their benefit in an amount of up to $20,000. For retirement or survivor benefits commencing after August 31, 1999, participants have the option of receiving 100% of the benefit as a lump sum provided the actuarial equivalent value is more than $5,000 and less than $20,000.

Forms of payment

- **Normal Forms of Payment:** Unreduced 50% Joint and Survivor Annuity with 120 payments guaranteed to dependent children until age 18 for married participants; Single Life Annuity with 60 payments guaranteed (120 payments guaranteed to dependent children until age 18) for non-married participants.
- **Optional Forms of Payment:** Single Life Annuity with 120 payments guaranteed to dependent children until age 18 for married participants; 75% Joint and Survivor Annuity with 120 payments guaranteed to dependent children until age 18 for married participants; 100% Joint and Survivor Annuity with 120 payments guaranteed to dependent children until age 18 for married participant.

Participation

Immediate after one hour of contribution is made on the employee’s behalf.

Pension credit (years of service)

For pension credit years prior to June 1, 2019:

Years of Pension Credit Earned	Hours Required Up to Age 60	Hours Required After Age 60
1.00	1,200+	600+
3/4	900 – 1,199	450 – 599
1/2	600 – 899	300 – 449
0	0 – 599	0 – 299

For pension credit years after to May 31, 2019:

Prior to Age 60		After Age 60	
Years of Pension Credit Earned	Hours Required	Years of Pension Credit Earned	Hours Required
1	1,200+	1.00	600+
11/12	1,100 – 1,199	3/4	450 – 599
10/12	1,000 – 1,099	1/2	300 – 449
9/12	900 – 999	0	0 – 299
8/12	800 – 899		
7/12	700 – 799		
1/2	600 – 699		
0	0 – 599		

Bonus credit

For pension credit years prior to June 1, 2019: one bonus credit is earned for each additional 300 hours of service above 1,200 hours, to a maximum of 3 bonus credits earned per year.

For pension credit years after May 31, 2019: 1/3 of a bonus credit is earned for each additional 100 hours of service above 1,200 hours, to a maximum of 3 bonus credits earned per year.

Effective June 1, 2016, a fourth bonus credit may be earned for hours worked in excess of 2,200 hours per year.

Hours Banks

Effective June 1, 1998, participants retiring on a Regular or Separated Vested pension are eligible to apply Hours Bank hours to any Fiscal Year in which the participant earned one-half or more (but less than one) pension credit. Hours Bank hours are the sum of each Plan year's hours in excess of 2,100. Hours Bank hours may be applied to up to two years of pension credit in total and cannot be applied to the first or last year of participation.

Vesting Credit

Years of Vesting Credit Earned	Hours Required Up to Age 60	Hours Required After Age 60
1.00	1,000	600
0.75	900 – 999	450 – 599
0.50	600 – 899	300 – 449
0.00	0 – 599	0 – 299

Contribution rates

The main contribution rate for Plumber participants is $13.04 per hour and the contribution rate for Technical Engineering participants is $10.20 per hour. As of June 1, 2023, the average contribution rate for all participants is assumed to be $12.05 per hour, including recognition of National Residential Service Agreement participants and reduced apprenticeship contribution rates.

The following contribution rates are in effect as of June 1, 2023:

Participant Group	Hourly Contribution Rate	Percentage of Active Population Contributing at this Rate
National Residential Service Agreement	$1.00	4%
Residential Service Agreement	$6.14	1%
2nd and 3rd Year Apprentices	$8.04	6%
Plumbers Journeyman	$13.04	83%
Technical Engineers	$10.20	6%

Changes in plan provisions

The following plan changes were effective June 1, 2023:

- 60-month guarantee of payments upon an unmarried participant's pre-retirement death
- 60-month guarantee of payments upon an unmarried participant's retirement
- Pre-retirement surviving spouse death benefit increased from 50% to 75% of participant's benefit
- Early Retirement at age 58 with 2% per year reductions prior to age 60

Exhibit K2: Summary of Local 422 Plan Provisions

This exhibit summarizes the major provisions for benefits earned under the Pension Plan of Plumbers and Steamfitters Local Union No. 422 through May 31, 2011 that differ from the provisions of the Plumbers' Pension Fund, Local 130, U.A. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Regular pension

- **Age Requirement:** 63
- **Service Requirement:** Ten years of vesting service
- **Amount:** $66 for each year of vesting service prior to June 1, 1974, plus 2.8% of regular contributions made between June 1, 1974 and August 31, 2006, plus 2.5% of regular contributions made between September 1, 2006 and May 31, 2011.

Early retirement

- **Age Requirement:** 60
- **Service Requirement:** Ten years of vesting service
- **Amount:** Regular pension accrued reduced by 3.6% for each year of age less than 63

Disability

- **Age Requirement:** Total and permanent disability before age 60
- **Service Requirement:** Ten years of vesting service
- **Amount:** Regular pension accrued, reduced by 0.3% for each of the 36 months between ages 63 and 60, but not less than $50 per month.

Spouse's pre-retirement death benefit

- **Service Requirement:** Ten years of vesting service
- **Amount:** 50% of the benefit employee would have received had he or she retired the day before death and elected the joint and survivor option. Reductions are made to the accrued benefit for early commencement (if applicable), but not reducing by more than 10.8%. Benefits are payable to the participant's surviving spouse.

Lump Sum option

- Partial lump sum amount limited to the total employer contributions paid on behalf of the participant between June 1, 1974 and May 31, 2011

Exhibit K3: Summary of Local 93 Plan Provisions

This exhibit summarizes the major provisions for benefits earned under the Plumbers Local Union No. 93, U.A. Pension Plan through May 31, 2014 that differ from the provisions of the Plumbers' Pension Fund, Local 130, U.A. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Regular pension

- **Age Requirement:** 65
- **Service Requirement:** Five years of participation
- **Amount:** $45 per pension credit for service earned before December 1, 1996, plus $55 per pension credit for service earned on and after December 1, 1996

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** Five years of vesting service and has worked at least 1 hour in covered employment after attaining age 55.
- **Amount:** Regular pension accrued reduced by 0.5% for each month of age less than 60.

Supplemental retirement

- **Age Requirement:** 55
- **Service Requirement:** 20 years of eligibility service under the Health and Welfare plan and at least one hour of covered employment after age 55.
- **Amount:** $400 per month for up to 5 years, but not past age 65.

Disability

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** Regular pension accrued, payable immediately

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** Regular pension accrued to date of termination payable at age 65 or reduced 0.25% per month prior to age 65, on or after age 55.

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** If death occurs before age 55, 50% of the regular pension, reduced by 0.5% per month by which death precedes age 60 (max 30%). If death occurs after age 55, the survivor portion of a 100% Joint and Survivor annuity guaranteed for 60 months. The benefit is payable to an eligible surviving spouse for life; if there is no spouse, it is payable to eligible surviving child until age 18. The benefit is guaranteed for 60 months.

Lump Sum death benefit

- **Eligibility:** Must be receiving a pension and had worked at least one hour of covered employment after age 55.
- **Amount:** $10,000

Optional forms of payment

- Life annuity with 60 months of guaranteed payments
- 50% Joint and Survivor with 60 months of guaranteed payments
- 75% Joint and Survivor with 60 months of guaranteed payments
- 100% Joint and Survivor with 60 months of guaranteed payments

Participation

Work in covered employment for employers who contribute to the Pension Fund in accordance with a collective bargaining agreement, or other written agreement providing for such contributions.

Pension credit (years of service)

Prior to December 1, 1963, full credit for completed years plus full credit for a partial year, up to a maximum of 10 years.

After November 30, 1963, one year of pension credit is credited for any year with the employer contributed hours equal to the thresholds in the chart below:

From	To	Threshold for One Year of Pension Credit	Prorated for More of Fewer Hours
December 1, 1963	November 30, 1984	1,400 Hours	Yes
December 1, 1984	November 30, 1986	One Hour	No
December 1, 1986	May 31, 2005	1,400 Hours Plan Frozen (see below)	Yes
June 1, 2005	May 31, 2014	1,400 Hours	Yes

Periodically, service was credited for the frozen period as follows:

December 1, 1986 – November 30, 1996

A maximum of 0.5 pension credits per year

Effective January 1, 1999, if one hour on December 1, 1986, and with ten pension credits on December 1, 1986, and had not commenced receiving a benefit, and had one hour on or after January 1, 1999

Effective June 1, 2006, if one hour on December 1, 1986, and with five pension credits on December 1, 1986, and had not commenced receiving a benefit, and had one hour on or after June 1, 2006.

December 1, 1996 – May 31, 2005

- 0.5 pension credits per 1,400 hours (pro-rated) per year if worked 400 hours from June 1, 2004 to May 31, 2005.

Vesting credit

Total number of hours of contributions divided by 1,400; however effective December 1, 1976, not less than one year of vesting service per plan year in which 1,000 or more hours of service are credited. Participants continued to earn vesting service during the frozen period.

When vested

100% vesting after five years of vesting service with a minimum of one hour vesting service after November 30, 1984. Prior to December 1, 1984 there was a graded vesting schedule.

Break year

A plan year during which no hours of vesting service was earned.

Exhibit K4: Summary of Local 501 Plan Provisions

This exhibit summarizes the major provisions for benefits earned under the Northern Illinois Pension Fund (Local No. 501) through May 31, 2014 that differ from the provisions of the Plumbers' Pension Fund, Local 130, U.A. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Regular pension

- **Age Requirement:** 62
- **Amount:** $2.00 times past service credit earned between July 1, 1958 and June 30, 1968, plus 4.25% of contributions (up to $3.45 per hour) made to the pension fund as of February 28, 2013, plus 2.25% of contributions (up to $3.45 per hour) made to the pension fund of and after March 1, 2013; for Locals 319 and 514 employees, frozen benefits as of June 1, 1998, plus 4.25% of contributions (up to $3.45 per hour) made to the pension fund as of February 28, 2013 plus 2.25% of contributions (up to $3.45 per hour) made to the pension fund on and after March 1, 2013.

Early retirement

- **Eligibility Requirement:** Age 57 with five years of service or attained the age of 60; for Locals 319 and 514 with respect to the frozen accrued benefit, age 55 with 10 years of service or attained age 60
- **Amount:** Accrued benefit payable at normal retirement date; or for retirement after June 1, 2001 and have completed one year of vesting service after June 30, 2000 (or who received a disability pension for June 1, 2001) a benefit reduced 6% per year if commenced prior to age 60 (5% per year on the frozen accrued benefit for Local 319 and 514).

Disability

- **Age Requirement:** None
- **Service Requirement:** Ten years of vesting service (at least one of which was completed during the two plan years immediately preceding the date of total disability).
- **Amount:** Same benefit as for vested termination, payable immediately until eligible to receive a regular retirement pension.

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service or attained the age of 60; Local 319 and 514, with respect to the frozen accrued benefit.
- **Amount:** Greater of benefit accrued based on service at actual retirement date or actuarial equivalent of the regular pension amount.

Spouse's pre-retirement death benefit

- **Amount:** 75% of the benefit that the participant would have received had he or she retired the day before death and elected the joint and survivor option. Reductions are made to the accrued benefit for early commencement on an actuarially equivalent basis.

Post-retirement death benefit

For Locals 319 and 514, see appendix H of the plan document. None for Locals 501, 554, or 612.

Participation

An employee who works 400 hours of service and is in covered employment.

Forms of payment

- 5-year Certain and Life Annuity
- Period Certain
- Contingent Annuitant
- Contingent Annuitant with pop-up feature

Exhibit K5: Summary of Plumbers Staff Plan Provisions

This exhibit summarizes the major provisions for benefits earned under the Plumbing Employees' Pension Trust for Employees of Affiliated Plans through May 31, 2017 that differ from the provisions of the Plumbers' Pension Fund, Local 130, U.A. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Regular pension

- **Age Requirement:** 65
- **Service Requirement:** 2 years of credited service
- **Amount:** 3.25% of final average earnings per year of credited service. Benefit cannot exceed 100% of final average earnings. Final average earnings is defined as the highest five consecutive years of salary.

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 2 years of credited service
- **Amount:** Normal pension accrued reduced by 3% for each year of age less than 60, times vesting percentage

Late retirement

Participants who work past normal retirement age earn additional accruals to their actual retirement date

Disability

- **Age Requirement:** None
- **Service Requirement:** 6 years of credited service
- **Amount:** Normal pension accrued payable immediately

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** 2 years of credited service
- **Amount:** 50% of the benefit the participant would have received had he or she lived to age 55, retired the day before he or she died, and elected the joint and 50% survivor option, payable when the participant should have attained age 55. If the participant was actively employed or terminated employment after age 55 with six years of credited service at death, 100% of the benefit the participant would have received under a joint and 50% survivor annuity is payable.

Credited Service

- Total number of full calendar months of employment divided by 12. First month of employment counts as a full month if employment commences prior to the 15th of the month; last month of employment counts as a full month if employment terminates on or after the 15th of the month.

Forms of payment

- **Normal Forms of Payment:** Life Annuity, if single; 50% Joint and Survivor (with pop-up), if married
- **Optional Forms of Payment:** 66 2/3% Joint and Survivor (with pop-up); 100% Joint and Survivor (with pop-up)

Participation

Immediate

Vesting percentage

Years of Service	Vesting Percentage
2	20%
3	40%
4	60%
5	80%
6	100%

Exhibit K6: Summary of Tech Fund Plan Provisions

This exhibit summarizes the major provisions for benefits earned under the Pension Fund - Technical Engineering Division, Local Union 130 U.A., AFL-CIO (Tech Fund) through June 1, 2022 that differ from the provisions of the Plumbers' Pension Fund, Local 130, U.A. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Pension credit year

May 1 through April 30 (for plan years ended on or before April 30, 2022)

One Pension Credit was granted to participants who worked 1 hour or more during May 2022.

Normal pension

- **Age Requirement:** 65
- **Service Requirement:** 5 years of vesting service or active at normal retirement age
- **Amount:** $95 for each pension credit earned prior to May 1, 2015, $105 for each pension credit earned on and after May 1, 2015 and prior to May 1, 2017, $125 for each pension credit earned on and after May 1, 2017 and prior to May 1, 2019, $140 for each pension credit earned on and after May 1, 2019 and prior to May 1, 2020, and $150 for each pension credit earned on and after May 1, 2020 and prior to June 1, 2022, plus $5 for each bonus credit earned prior to May 1, 2013, and $10 for each bonus credit earned on and after May 1, 2013 and prior to June 1, 2022.
- A 15% increase to accrued benefits occurred in conjunction with the June 1, 2022 merger.

Vesting credit

One year of vesting service for each credit year during the contribution period in which at least 1,000 hours of service in covered employment were completed. If total years of pension credit exceed years of vesting service, years of vesting service equal years of pension credit.

Contribution rate

Effective June 1, 2022, the contribution rate for Technical Engineering participants is $10.20 per hour.

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions***	12/01/1993	$125,387	0.5	$125,387
Plan Amendment**	06/01/1994	81,689	1	81,689
Plan Amendment****	06/01/1994	26,581	1	26,581
Change in Assumptions**	07/01/1994	69,814	1	69,814
Plan Amendment	06/01/1995	424,642	1	424,642
Plan Amendment	06/01/1995	1,335,693	2	690,431
Plan Amendment**	07/01/1995	188,783	2	97,583
Plan Amendment*	06/01/1996	24,963	2	12,904
Change in Assumptions	06/01/1996	274,747	3	97,844
Plan Amendment	06/01/1996	1,309,751	3	466,433
Change in Assumptions**	06/01/1996	45,075	3	16,052
Change in Assumptions****	06/01/1996	132,172	3	47,069
Plan Amendment****	06/01/1996	486,539	3	173,268
Plan Amendment**	07/01/1996	365,460	3	130,149
Plan Amendment*	06/01/1997	51,808	3	18,450
Plan Amendment	06/01/1997	7,844,200	4	2,164,326
Plan Amendment****	06/01/1997	164,042	4	45,262
Change in Assumptions****	06/01/1997	199,137	4	54,945
Plan Amendment**	07/01/1997	398,165	4	109,860
Plan Amendment*	06/01/1998	137,896	4	38,047
Change in Assumptions	06/01/1998	314,394	5	71,662
Plan Amendment	06/01/1998	5,750,680	5	1,310,783
Plan Amendment*	06/01/1998	289,119	5	65,900

Segal

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment****	06/01/1998	920,390	5	209,789
Plan Amendment**	07/01/1998	$3,191,556	5	$727,468
Plan Amendment***	12/01/1998	588,665	5.5	123,936
Change in Assumptions*	06/01/1999	36,565	5	8,334
Change in Assumptions	06/01/1999	426,761	6	83,675
Plan Amendment	06/01/1999	14,403,276	6	2,824,062
Plan Amendment*	06/01/1999	230,542	6	45,203
Change in Assumptions****	06/01/1999	578,966	6	113,518
Change in Assumptions***	12/01/1999	535,366	6.5	98,431
Plan Amendment	06/01/2000	10,245,667	7	1,776,744
Plan Amendment*	06/01/2000	2,163,438	7	375,171
Change in Assumptions****	06/01/2000	38,627	7	6,698
Plan Amendment****	06/01/2000	521,701	7	90,470
Plan Amendment****	01/01/2001	138,330	7.58	22,556
Plan Amendment	06/01/2001	9,398,852	8	1,471,032
Plan Amendment*	06/01/2001	802,147	8	125,546
Change in Assumptions****	06/01/2001	43,380	8	6,789
Plan Amendment****	06/01/2001	46,213	8	7,233
Plan Amendment**	07/01/2001	1,619,956	8	253,542
Plan Amendment	06/01/2002	6,993,101	9	1,003,127
Change in Assumptions*	06/01/2002	554,103	9	79,483
Plan Amendment*	06/01/2002	1,084,343	9	155,544
Plan Amendment**	07/01/2002	94,967	9	13,623
Plan Amendment***	12/01/2002	37,667	9.5	5,197
Plan Amendment	06/01/2003	4,230,140	10	562,875

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment*	06/01/2003	1,052,241	10	140,014
Plan Amendment	06/01/2004	$6,465,700	11	$805,837
Change in Assumptions*	06/01/2004	692,239	11	86,276
Plan Amendment*	06/01/2004	1,004,477	11	125,191
Plan Amendment****	06/01/2004	385,618	11	48,061
Plan Amendment	06/01/2005	8,318,100	12	978,753
Plan Amendment*	06/01/2005	916,178	12	107,802
Plan Amendment****	06/01/2005	709,686	12	83,505
Change in Assumptions***	12/01/2005	13,618	12.5	1,561
Plan Amendment***	12/01/2005	4,714,679	12.5	540,399
Plan Amendment	06/01/2006	9,056,745	13	1,012,754
Plan Amendment*	06/01/2006	1,040,540	13	116,357
Change in Assumptions*	06/01/2006	292,298	13	32,686
Plan Amendment****	06/01/2006	413,398	13	46,228
Change in Assumptions***	12/01/2006	1,109,302	13.5	121,186
Plan Amendment***	12/01/2006	1,663,548	13.5	181,735
Plan Amendment	06/01/2007	9,052,643	14	967,406
Change in Assumptions	06/01/2007	2,690,273	14	287,494
Plan Amendment*	06/01/2007	99,720	14	10,657
Plan Amendment****	06/01/2007	952,079	14	101,743
Experience Loss***	12/01/2008	194,830	0.5	194,830
Experience Loss	06/01/2009	4,413,210	1	4,413,210
Plan Amendment	06/01/2009	1,305,471	1	1,305,471
Funding Relief*	06/01/2009	5,824,763	15	597,689
Plan Amendment****	06/01/2009	125,719	1	125,719

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Loss****	06/01/2009	578,646	1	578,646
Experience Loss**	07/01/2009	$160,482	1	$160,482
Funding Relief **	07/01/2009	7,631,123	15	783,043
Experience Loss***	12/01/2009	12,737	1.5	8,634
Change in Assumptions**	07/01/2010	2,188,299	2	1,131,150
Funding Relief **	07/01/2010	5,989,342	15	614,577
Experience Loss*	06/01/2011	364,452	3	129,790
Change in Assumptions and Plan Provisions'*	06/01/2011	1,099,697	3	391,628
Experience Loss****	06/01/2011	280,845	3	100,015
Experience Loss**	07/01/2011	5,060	3	1,802
Funding Relief **	07/01/2011	8,026,235	15	823,586
Experience Loss***	12/01/2011	80,834	3.5	25,080
Experience Loss	06/01/2012	5,528,907	4	1,525,504
Plan Amendment	06/01/2012	3,024,831	4	834,594
Experience Loss****	06/01/2012	709,741	4	195,828
Change in Assumptions**	07/01/2012	4,995,909	4	1,378,442
Experience Loss**	07/01/2012	767,219	4	211,687
Funding Relief **	07/01/2012	7,832,242	15	803,680
Change in Assumptions	06/01/2013	6,921,381	5	1,577,627
Experience Loss****	06/01/2013	91,239	5	20,797
Plan Amendment****	06/01/2013	513,524	5	117,050
Experience Loss**	07/01/2013	4,272,787	5	973,919
Plan Amendment***	12/01/2013	462,180	5.5	97,307
Change in Assumptions	06/01/2014	19,030,677	6	3,731,361
Experience Loss	06/01/2014	4,704,640	6	922,443

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment****	06/01/2015	206,576	7	35,823
Change in Assumptions****	06/01/2016	$1,785,842	8	$279,506
Plan Amendment	06/01/2017	5,676,760	9	814,305
Experience Loss	06/01/2017	9,856,227	9	1,413,829
Change in Assumptions	06/01/2017	22,171,641	9	3,180,418
Plan Amendment****	06/01/2017	700,137	9	100,431
Plan Amendment	06/01/2018	1,860,205	10	247,525
Experience Loss	06/01/2018	13,388,705	10	1,781,542
Plan Amendment****	06/01/2018	1,440,908	10	191,732
Experience Loss	06/01/2019	36,836,424	11	4,591,020
Plan Amendment****	06/01/2019	837,835	11	104,422
Experience Loss	06/01/2020	13,187,387	12	1,551,699
Plan Amendment****	06/01/2020	381,337	12	44,870
Experience Loss****	06/01/2020	940,442	12	110,657
Plan Amendment	06/01/2022	9,908,064	14	1,058,820
Experience Loss	06/01/2023	30,702,056	15	3,150,393
Plan Amendment	06/01/2023	12,239,224	15	1,255,889
Total		**$388,865,330**		**$66,013,244**

* Base resulting from a merger with a portion of Pension Plan of Plumbers and Steamfitters Local Union No. 422

** Base resulting from a merger with a portion of Northern Illinois Pension Fund (Local Union No. 501)

*** Base resulting from a merger with Plumbers Local Union No. 93 U.A. Pension Fund

**** Base resulting from a merger with Pension Fund –Technical Engineering Division, Local Union 130 U.A., AFL-CIO

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change In Assumptions	06/01/1994	$137,651	1	$137,651
Change in Assumptions****	06/01/1994	3,257	1	3,257
Change in Actuarial Cost Method**	07/01/1994	63,605	1	63,605
Change In Assumptions*	06/01/1996	46,510	3	16,563
Change in Assumptions**	07/01/1998	2,412,865	5	549,977
Change in Assumptions**	07/01/2000	2,182,595	7	378,493
Plan Amendment*	06/01/2006	300,166	13	33,566
Change in Assumptions**	07/01/2006	1,845,864	13	206,410
Change In Assumptions*	06/01/2007	466,493	14	49,852
Plan Amendment*	06/01/2007	123,657	14	13,215
Change in Assumptions****	06/01/2007	815,534	14	87,152
Change In Assumptions***	12/01/2008	75,411	0.5	75,411
Experience Gain*	06/01/2009	1,741	1	1,741
Change In Assumptions*	06/01/2009	73,080	1	73,080
Change In Asset Method*	06/01/2009	3,116,575	16	308,330
Experience Gain	06/01/2010	1,561,407	2	807,104
Experience Gain*	06/01/2010	503,478	2	260,252
Experience Gain****	06/01/2010	587,336	2	303,599
Experience Gain**	07/01/2010	924,204	2	477,729
Change in Method**	07/01/2010	8,232,736	16	814,484
Experience Gain***	12/01/2010	475,797	2.5	200,025
Experience Gain	06/01/2011	1,704,774	3	607,109
Change In Assumptions***	12/01/2011	226,119	3.5	70,156

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change In Funding Method	06/01/2012	14,700,902	4	4,056,187
Experience Gain***	12/01/2012	$696,462	4.5	$173,585
Experience Gain	06/01/2013	2,391,071	5	545,009
Experience Gain***	12/01/2013	777,590	5.5	163,712
Change in Asset Method	06/01/2014	414,074	1	414,074
Experience Gain****	06/01/2014	1,854,606	6	363,634
Experience Gain	06/01/2015	4,006,911	7	694,855
Change in Assumptions	06/01/2015	2,084,514	7	361,484
Experience Gain****	06/01/2015	1,708,634	7	296,301
Experience Gain	06/01/2016	7,362,048	8	1,152,248
Experience Gain****	06/01/2016	827,915	8	129,579
Merger	06/01/2017	582,086	9	83,498
Experience Gain****	06/01/2017	1,508,934	9	216,449
Experience Gain****	06/01/2018	1,654,167	10	220,109
Experience Gain****	06/01/2019	321,264	11	40,040
Experience Gain	06/01/2021	37,518,646	13	4,195,456
Experience Gain****	06/01/2021	3,725,632	13	416,612
Experience Gain	06/01/2022	10,305,445	14	1,101,285
Merger with Tech Fund	06/01/2022	10,028,398	14	1,071,679
Total		**$128,350,154**		**$21,234,557**

* Base resulting from a merger with a portion of Pension Plan of Plumbers and Steamfitters Local Union No. 422

** Base resulting from a merger with a portion of Northern Illinois Pension Fund (Local Union No. 501)

*** Base resulting from a merger with Plumbers Local Union No. 93 U.A. Pension Fund

**** Base resulting from a merger with Pension Fund –Technical Engineering Division, Local Union 130 U.A., AFL-CIO

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

(Schedule MB, Line 8b(3))

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	$63,679,868	$0	$63,679,868
2024	63,679,868	0	63,679,868
2025	63,679,868	0	63,679,868
2026	63,679,868	0	63,679,868
2027	63,679,868	0	63,679,868
2028	63,679,868	0	63,679,868
2029	63,679,868	0	63,679,868
2030	63,679,868	0	63,679,868
2031	63,679,868	0	63,679,868
2032	63,679,868	0	63,679,868

Note: Projected employer contributions and withdrawal liability payments shown above are based on the assumptions used for the Funding Standard Account projection as described in the Actuarial Certification of Plan Status as of June 1, 2023, dated August 28, 2023.

Segal

ACTIVE PARTICIPANT DATA

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTION

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

SUMMARY OF PLAN PROVISIONS

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

ACTUARIAL ASSUMPTION METHODS

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB