

|   |   |  |
|---|---|--|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|--|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description) \_\_\_\_\_

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

**Part II Basic Plan Information—enter all requested information**

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/><u>PLUMBERS 75 401K PROFIT SHARING PLAN</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>BOARD OF TRUSTEES OF THE PLUMBERS 75 401K PLAN</u></p> <p><u>11175 W. PARKLAND AVENUE</u><br/><u>MILWAUKEE, WI 53224-3135</u></p> | <p><b>1c</b> Effective date of plan<br/><u>10/21/1991</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>39-1712806</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>414-359-1310</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>238220</u></p> |

**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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2025 | BRYCE NEIDERT  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |      |
|---|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |      |
|   | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 1447 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 1419 |
|   | <b>6a(2)</b>                               | 1479 |
|   | <b>6b</b>                                  | 0    |
|   | <b>6c</b>                                  | 6    |
|   | <b>6d</b>                                  | 1485 |
|   | <b>6e</b>                                  | 23   |
|   | <b>6f</b>                                  | 1508 |
|   | <b>6g(1)</b>                               | 925  |
| <b>6g(2)</b>  | 965  |      |
| <b>6h</b>   |  |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   | 63   |

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

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

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

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

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

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

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

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

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

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

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

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>PLUMBERS 75 401K PROFIT SHARING PLAN</b></p>   | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>BOARD OF TRUSTEES OF THE PLUMBERS 75 401K PLAN</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>39-1712806</b></p> |                   |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**NEW YORK 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     |
| 13-5582869 | 66915         | 30500                                 | 1508  | 01/01/2024              | 12/31/2024 |

**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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|  |          |         |
|--|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 4788322 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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** 0

|   |              |  |
|---|--------------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |
|   | <b>7c(2)</b> |  |
|   | <b>7c(3)</b> |  |
|   | <b>7c(4)</b> |  |
|   | <b>7c(5)</b> |  |
|   |              |  |

(6) Total additions ..... **7c(6)** 0

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 0

**e** Deductions:

|   |              |  |
|---|--------------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> |  |
|   | <b>7e(2)</b> |  |
|   | <b>7e(3)</b> |  |
|   | <b>7e(4)</b> |  |
|   |              |  |

(5) Total deductions ..... **7e(5)** 0

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**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:

|          |  |                 |                 |   |
|----------|--|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>PLUMBERS 75 401K PROFIT SHARING PLAN</b>   | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES OF THE PLUMBERS 75 401K PLAN</b> | <b>D</b> Employer Identification Number (EIN)<br><b>39-1712806</b> |            |

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

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

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

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

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

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

**JOHN HANCOCK RETIREMENT PLAN SERVIC**

**01-0233346**

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

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

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

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

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

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

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

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

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

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

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

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

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

STRATEGIC CAPTIAL INVESTMENT

36-4268991

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 70                  | NONE  | 50000  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE PREVIANIT LAW FIRM S.C.

39-1211596

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 99                  | NONE  | 38861  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BENEFIT PLAN ADMINISTRATION OF WI

39-1400101

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 50                  | NONE  | 26712  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

SIKICH CPA LLC

54-1172176

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50                  | NONE  | 14690  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>PLUMBERS 75 401K PROFIT SHARING PLAN</u>  | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>BOARD OF TRUSTEES OF THE PLUMBERS 75 401K PLAN</u> | <b>D</b> Employer Identification Number (EIN)<br><u>39-1712806</u> |            |

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

|   |  |   |
|---|--|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>PSA NO. 25 (STABLE VALUE ACCOUNT)</u> |   |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>NEW YORK LIFE INSURANCE COMPANY</u>   |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <u>13-5582869-125</u>                             | <u>P</u>                                 | <u>4788322</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): |  |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|   |  |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): |  |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|   |  |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): |  |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|   |  |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): |  |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|   |  |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): |  |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|   |  |   |

**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)

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

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

**c** EIN-PN

**d** Entity code

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



|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>               |  |
| <b>A</b> Name of plan<br><b>PLUMBERS 75 401K PROFIT SHARING PLAN</b>   | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES OF THE PLUMBERS 75 401K PLAN</b> | <b>D</b> Employer Identification Number (EIN)<br><b>39-1712806</b> |

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

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 87208                 | 109223          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 168757                | 169494          |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 2336                  | 135             |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 5715612               | 4788322         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 54193824              | 61135933        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    | 4627                  | 856             |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 60172364              | 66203963        |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    | 9812                  | 17542           |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 9812                  | 17542           |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 60162552              | 66186421        |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 2272048    |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 11797      |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2283845   |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 768495     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 768495    |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 52871     |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 7212989   |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 24115     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 10342315  |

**Expenses**

|   |               |         |         |
|---|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 4167925 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 4167925 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:   |               |         |         |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  | 26712   |         |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  | 15198   |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 50000   |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 1144    |         |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....  | <b>2i(8)</b>  | 38861   |         |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> | 6263    |         |
| (11) Other expenses .....   | <b>2i(11)</b> | 12343   |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 150521  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 4318446 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 6023869 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan .....  | <b>2l(1)</b> |  |         |
| (2) From this plan .....  | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **SIKICH CPA LLC**

(2) EIN: **54-1172176**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes                                 | No                                  | Amount |
|--|-------------------------------------|-------------------------------------|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 207091 |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  | <input type="checkbox"/>            | <input type="checkbox"/>            |        |

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

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

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

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

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

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>PLUMBERS 75 401K PROFIT SHARING PLAN</b>   | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES OF THE PLUMBERS 75 401K PLAN</b> | <b>D</b> Employer Identification Number (EIN)<br><b>39-1712806</b> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|  |          |           |
|--|----------|-----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....  | <b>1</b> | <b>0</b>  |
| <b>2</b> 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):<br>EIN(s): <u>01-0233346</u> |          |           |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>  |          |           |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....   | <b>3</b> | <b>20</b> |

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

|   |            |  |
|---|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....   | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....  | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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



**PLUMBERS LOCAL #75 401(K) PLAN**

FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT

For the Years Ended December 31, 2024 and 2023



SIKICH.COM

**PLUMBERS LOCAL #75 401(K) PLAN**  
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262.754.9400

**SIKICH.COM**

## **INDEPENDENT AUDITOR'S REPORT**

The Board of Trustees  
Plumbers Local #75 401(k) Plan

### **Opinion**

We have audited the accompanying financial statements of the Plumbers Local #75 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance 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.

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

## Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of assets (held at end of year) as of December 31, 2024 and schedule of delinquent participant contributions for the year ended December 31, 2024, are presented for the purpose 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. The schedules of administrative expenses for the years ended December 31, 2024 and 2023 are provided for informational purposes only. 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 schedule of assets (held at end of year) and schedule of delinquent participant contributions, 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 are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content of the supplemental schedule of assets (held at end of year) and schedule of delinquent participant contributions are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Brookfield, Wisconsin  
October 14, 2025

## **FINANCIAL STATEMENTS**

**PLUMBERS LOCAL #75 401(K) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2024 and 2023

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|  | <b>2024</b>          | <b>2023</b>          |
|--|----------------------|----------------------|
| <b>ASSETS</b>                            |                      |                      |
| Investments, at fair value               | \$ 65,924,255        | \$ 59,909,436        |
| Receivables                              |                      |                      |
| Participant contributions                | 169,494              | 168,757              |
| Other                                    | 135                  | 2,336                |
| Total receivables                        | 169,629              | 171,093              |
| Cash                                     | 109,223              | 87,208               |
| Other assets                             |                      |                      |
| Prepaid expenses                         | 856                  | 4,627                |
| Total assets                             | 66,203,963           | 60,172,364           |
| <b>LIABILITIES</b>                       |                      |                      |
| Accounts payable                         | 17,542               | 9,812                |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>\$ 66,186,421</b> | <b>\$ 60,162,552</b> |

See accompanying notes to the financial statements.

**PLUMBERS LOCAL #75 401(K) PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

For the Years Ended December 31, 2024 and 2023

|   | <u>2024</u>          | <u>2023</u>          |
|---|----------------------|----------------------|
| <b>ADDITIONS TO NET ASSETS</b>                          |                      |                      |
| <b>ATTRIBUTED TO</b>                                    |                      |                      |
| Investment income                                       |                      |                      |
| Net appreciation in fair value of investments           | \$ 7,289,333         | \$ 8,240,247         |
| Dividend income   | 768,495              | 695,368              |
|   | <u>8,057,828</u>     | <u>8,935,615</u>     |
| Less investment expense                                 | (50,000)             | (30,000)             |
| Total net investment income                             | <u>8,007,828</u>     | <u>8,905,615</u>     |
| Contributions   |                      |                      |
| Participants  | 2,272,048            | 2,139,452            |
| Rollovers   | 11,797               | -                    |
| Total contributions                                     | <u>2,283,845</u>     | <u>2,139,452</u>     |
| Other income  |                      |                      |
| Liquidated damages and interest                         | 642                  | 11,562               |
| Miscellaneous   | -                    | 25                   |
| Total other income                                      | <u>642</u>           | <u>11,587</u>        |
| Total additions   | <u>10,292,315</u>    | <u>11,056,654</u>    |
| <b>DEDUCTIONS FROM NET ASSETS</b>                       |                      |                      |
| <b>ATTRIBUTED TO</b>                                    |                      |                      |
| Benefits paid   | 4,167,925            | 1,763,619            |
| Administrative expenses                                 | 100,521              | 84,767               |
| Total deductions  | <u>4,268,446</u>     | <u>1,848,386</u>     |
| NET INCREASE  | 6,023,869            | 9,208,268            |
| NET ASSETS AVAILABLE FOR BENEFITS,<br>BEGINNING OF YEAR | <u>60,162,552</u>    | <u>50,954,284</u>    |
| NET ASSETS AVAILABLE FOR BENEFITS,<br>END OF YEAR       | <u>\$ 66,186,421</u> | <u>\$ 60,162,552</u> |

See accompanying notes to the financial statements.

# PLUMBERS LOCAL #75 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

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### 1. DESCRIPTION OF PLAN

The following description of the Plumbers Local #75 401 (k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

#### General

The Plan is for union workers and was established as a defined contribution plan with 401(k) provisions, covering employees of participating employers represented for collective bargaining purposes by Plumbers' and Gasfitters' Local No. 75 (the Union). The Plan was created for the purpose of providing retirement, death, disability and termination benefits for participants and their beneficiaries. It is subject to the provisions of ERISA, as amended.

The Plan is administered by a Board of Trustees (the Trustees) consisting of a union group and an employer group of representatives, each having equal voting power. The Trustees are responsible for oversight of the Plan and determine the appropriateness of the Plan's investment offerings and monitors performance.

#### Plan Administration

The Trustees have overall responsibility for the operation and administration of the Plan. The Trustees, as plan administrator, have engaged the services of Benesys, Inc. as the third-party administrator (TPA) to handle the daily administration of the Plan. Under a custodial agreement, John Hancock Trust Company (the custodian) was appointed custodian for the Plan.

#### Contributions

Employees of Plumbers' and Gasfitters' Local No. 75 participating employers are eligible immediately upon employment to participate in the Plan in accordance with the terms of the participating employers' collective bargaining or other written agreements. A participant can contribute any multiple of \$.50 per hour to the Plan starting at \$1.00 per hour up to \$5.00 per hour, or starting at \$6.00 per hour, any multiple of \$1.00 per hour up to \$15.00 per hour, or starting at \$20.00 per hour, any multiple of \$5.00 per hour up to \$35.00 per hour in each pay period, pre-tax, to be deposited into their own participant directed account, subject to limits determined by the Internal Revenue Service (IRS).

The Plan was amended August 5, 2024, and as a result, effective January 1, 2025, participants have the option to make Roth elective deferrals to the Plan.

**PLUMBERS LOCAL #75 401(K) PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**1. DESCRIPTION OF PLAN (Continued)**

Contributions (Continued)

Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers). The Plan includes an auto-enrollment provision whereby all newly eligible participants are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at \$1.00 per hour and their contributions invested in the appropriate target retirement fund option based on age until changed by the participant.

Participant contributions and rollovers are received from employers and participants, respectively, for the operation of the Plan. Participant contributions are recognized in the period that coincides with the completion of the related work hours. Participant rollovers are recognized when received.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of plan earnings (losses), and charged with the participant's benefit payments and an allocation of administrative expenses. Allocations are based on participant earnings (losses), account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account balance.

Vesting

Participants are immediately fully vested in their contributions plus actual earnings (losses) thereon.

Investment Options

Participants may direct the investment of their account balances in multiples of 1% to any of the defined investment options offered by the Plan and maintained by the custodian. Participants may change their investment options daily.

Participant Loans

Loans are not permitted by the Plan.

Unallocated Funds

The Plan maintains a cash account to pay for operating expenses and to temporarily hold contributions received by employers before remitting to the custodian. As of December 31, 2024 and 2023, the cash account held \$109,223 and \$87,208, respectively.

**PLUMBERS LOCAL #75 401(K) PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**1. DESCRIPTION OF PLAN (Continued)**

Payments of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's value in their account, a partial lump-sum payment, or monthly installments over a period not to exceed 120 months. For termination of service due to other reasons, a participant may receive the value in their account as a lump-sum distribution. The Plan also allows for in service distributions after age 59½ as defined in the Plan document. Terminated participants with a vested account balance of \$5,000 or less will receive their benefits in the form of a lump-sum distribution.

The Plan elected to adopt the Setting Every Community Up for Retirement Enhancement Act (SECURE Act 2.0) effective January 1, 2023. The SECURE Act 2.0 increases the required minimum distribution age from 72 to 73 for participants who reach age 72 in 2023 or after, with another increase to age 75 beginning January 1, 2034. Effective January 1, 2024, terminated participants with a vested account balance of \$7,000 or less will receive their benefits in the form of a lump-sum distribution.

Administrative Expenses

Distribution fees are charged directly to the participant's account. Certain expenses of maintaining the Plan are paid from plan assets. These expenses include administrative fees, management fees, bank service fees, legal fees, auditing fees, insurance, office expenses, reciprocity administration, trustee meeting and educational expenses, and miscellaneous expenses.

Forfeited Accounts

The Plan was amended effective January 1, 2024 such that forfeitures and other Plan assets unallocated to a participant account accumulated during a plan year must be appropriately allocated no later than 12 months following the close of the plan year in which the amount was accrued. Such amounts must be allocated to fund any required contributions or, if none, be used to pay necessary administrative expenses of the Plan. As of December 31, 2024 and 2023, the Plan had no forfeited nonvested accounts.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

Cash

Cash is defined as currency on hand in demand deposit accounts.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Participant Contributions Concentrations

Employers remit participant contributions to the Plan based on the number of hours worked by the participants. Therefore, participant contributions are dependent upon the construction and working environment of the area serviced by the Union. Participants employed by one employer accounted for approximately 13% of the Plan's participant contributions for the years ended December 31, 2024 and 2022.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees determine the Plan's valuation policies utilizing information provided by the investment adviser and custodian. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits

Benefits paid to participants or beneficiaries are recorded when paid.

Recent Accounting and Regulatory Pronouncements

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the years ended December 31, 2024 and 2023. Plan management continues to evaluate the impact of the optional provisions of SECURE 2.0 and awaiting additional regulatory guidance from the IRS and Department of Labor (DOL). The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements for the plan year ended December 31, 2024 and 2023. The Plan will be amended to reflect any changes made in response to SECURE 2.0 prior to the deadline set by law or applicable regulations.

### **3. FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Topic 820 are described as follows:

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

Level 2: Inputs to the valuation methodology other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

**PLUMBERS LOCAL #75 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**3. FAIR VALUE MEASUREMENTS (Continued)**

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the US Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Pooled separate account:* Investments in units of pooled separate accounts held with an insurance company are valued by the insurance company based on the net asset value of units held by the Plan at year end. The net asset value is determined by the insurance company based on the market value of the underlying investments held in the pooled fund. The net asset value is used as a practical expedient to estimate the fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. The pooled separate account has a termination provision that if a plan does not provide 12 months advance written notice of termination, the plan's balance may be subject to a market value adjustment.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the 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 assets at fair value as of December 31, 2024 and 2023:

| Description                              | Assets at Fair Value as of<br>December 31, 2024 |         |         |                      |
|--|---|---------|---------|----------------------|
|  | Level 1   | Level 2 | Level 3 | Total                |
| Mutual funds                             | \$ 61,135,933                                   | \$ -    | \$ -    | \$ 61,135,933        |
| Total assets in the fair value hierarchy | \$ 61,135,933                                   | \$ -    | \$ -    | 61,135,933           |
| Investments measured at NAV (a)          |   |         |         | 4,788,322            |
| <b>TOTAL INVESTMENTS AT FAIR VALUE</b>   |   |         |         | <b>\$ 65,924,255</b> |

| Description                              | Assets at Fair Value as of<br>December 31, 2023 |         |         |                      |
|--|---|---------|---------|----------------------|
|  | Level 1   | Level 2 | Level 3 | Total                |
| Mutual funds                             | \$ 54,193,824                                   | \$ -    | \$ -    | \$ 54,193,824        |
| Total assets in the fair value hierarchy | \$ 54,193,824                                   | \$ -    | \$ -    | 54,193,824           |
| Investments measured at NAV (a)          |   |         |         | 5,715,612            |
| <b>TOTAL INVESTMENTS AT FAIR VALUE</b>   |   |         |         | <b>\$ 59,909,436</b> |

**PLUMBERS LOCAL #75 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**3. FAIR VALUE MEASUREMENTS (Continued)**

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

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables present the fair value, unfunded commitments, participant redemption frequency, and participant redemption notice period for plan investments for which fair value is measured using the net asset value per unit practical expedient as of December 31, 2024 and 2023:

|                         |                    | <b>December 31, 2024</b> |                               |  |  |
|-------------------------|--------------------|--------------------------|-------------------------------|--|--|
|                         |                    | <b>Unfunded</b>          | <b>Participant Redemption</b> |  |  |
| <b>Fair Value</b>       | <b>Commitments</b> | <b>Frequency</b>         | <b>Notice Period</b>          |  |  |
| Pooled separate account |                    |                          |                               |  |  |
| NYL Insurance Anchor    |                    |                          |                               |  |  |
| Account I               |                    |                          |                               |  |  |
| \$ 4,788,322            | \$ -               | Daily                    | None                          |  |  |
|                         |                    | <b>December 31, 2023</b> |                               |  |  |
|                         |                    | <b>Unfunded</b>          | <b>Participant Redemption</b> |  |  |
| <b>Fair Value</b>       | <b>Commitments</b> | <b>Frequency</b>         | <b>Notice Period</b>          |  |  |
| Pooled separate account |                    |                          |                               |  |  |
| NYL Insurance Anchor    |                    |                          |                               |  |  |
| Account I               |                    |                          |                               |  |  |
| \$ 5,715,612            | \$ -               | Daily                    | None                          |  |  |

**4. PLAN TERMINATION**

Although they have not expressed any intent to do so, the Trustees have the right under the Plan to terminate the Plan subject to the provisions of ERISA. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Trustees may determine.

**5. TAX STATUS**

The IRS has determined and informed the Plan by a letter dated March 6, 2015, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC and, therefore, believes the Plan is qualified, and the related trust is tax-exempt.

**5. TAX STATUS (Continued)**

US GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

**6. PARTY-IN-INTEREST TRANSACTIONS**

The Plan is eligible for expense reduction credits from the custodian. The expense reductions for the years ended December 31, 2024 and 2023 totaled \$23,473 and \$28,288, respectively, and are netted with net appreciation in fair value of investments on the statements of changes in net assets available for benefits.

**7. PROHIBITED TRANSACTIONS**

Federal law provides that in the case of a multiemployer plan, the Trustees are the plan administrator pursuant to IRC section 414(g) and the plan sponsor pursuant to ERISA 4001(a)(10).

DOL regulation 29 CFR 2510.3-102 and Field Assistance bulletin 2003-02 provide that employers are required to segregate employee contributions to the Plan from its general assets as soon as practicable, but in no event more than 15 business days following the end of the month in which the amounts are withheld from wages. The instructions for Form 5500 and the DOL Frequently Asked Questions About Reporting Delinquent Contributions state that when an employer is delinquent in forwarding participant contributions and holds them commingled with its general assets, the employer will have engaged in a non-exempt prohibited transaction under ERISA Section 406. These contributions are considered non-exempt party-in-interest transactions, which may result in an imposition of a 10% excise tax on the amount of the transactions. For the years ended 2021 through 2024, contributing employers failed to remit to the Plan participant contributions totaling \$207,091 within the period prescribed by DOL regulations.

The Plan has a collection program that pursues legal action against delinquent employers. As part of its collection program, the Plan may collect contributions, liquidated damages, and interest from delinquent employers. Upon receipt of late contributions from a delinquent employer, the amount of the contributions, plus interest is credited to the participant's account to compensate the participant for lost earnings resulting from the delay in contributions being deposited. Collection of assessed liquidated damages is used to offset plan administrative expenses.

**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 value of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

**9. SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through October 14, 2025, which was the date that these financial statements were available for issuance and noted the following subsequent event:

The Trustees approved a plan amendment effective January 1, 2025 which allows members attaining ages 60 through 63 during a calendar year to contribute an extra amount to their 401(k) equal to 150% of that year's regular catch-up amount.

**SUPPLEMENTAL SCHEDULES**

**PLUMBERS LOCAL #75 401(K) PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 39-1712806      PLAN: #001

December 31, 2024

| (a)  | (b)   | (c) | (d)  | (e)                  |
|--|---|-----|------|----------------------|
| Identity of Issue, Borrower,<br>or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value |     | Cost | Current<br>Value     |
| <b><u>Mutual Funds</u></b>                       |   |     |      |                      |
| American Funds                                   | Balanced Fund A   |     | **   | \$ 3,941,340         |
| American Funds                                   | Capital World Growth & Inc Fund A   |     | **   | 2,238,932            |
| American Funds                                   | Euro-Pacific Growth Fund A  |     | **   | 2,571,834            |
| American Funds                                   | Century Ultra Fund R5   |     | **   | 10,562,581           |
| Baird  | Core Plus Bond Inv  |     | **   | 1,877,972            |
| Fidelity   | Small Cap Growth K6   |     | **   | 3,720,607            |
| MFS  | Mid Cap Value Fund R3   |     | **   | 6,782,799            |
| Robeco Boston Partners                           | All-Cap Value Fund Inv  |     | **   | 2,886,095            |
| T. Rowe Price                                    | International Discovery Fund  |     | **   | 238,421              |
| T. Rowe Price                                    | Small-Cap Value Fund  |     | **   | 7,677,383            |
| Vanguard   | Target Retirement 2020 Fund   |     | **   | 914,246              |
| Vanguard   | Target Retirement 2025 Fund   |     | **   | 2,041,613            |
| Vanguard   | Target Retirement 2030 Fund   |     | **   | 1,239,933            |
| Vanguard   | Target Retirement 2035 Fund   |     | **   | 2,006,123            |
| Vanguard   | Target Retirement 2040 Fund   |     | **   | 1,139,611            |
| Vanguard   | Target Retirement 2045 Fund   |     | **   | 1,780,101            |
| Vanguard   | Target Retirement 2050 Fund   |     | **   | 1,284,937            |
| Vanguard   | Target Retirement 2055 Fund   |     | **   | 1,433,314            |
| Vanguard   | Target Retirement 2060 Fund   |     | **   | 997,612              |
| Vanguard   | Target Retirement 2065 Fund   |     | **   | 850,328              |
| Vanguard   | Target Return Income Fund   |     | **   | 487,220              |
| Vanguard   | Total Stock Market Index Fund   |     | **   | 4,462,931            |
| Total mutual funds                               |   |     |      | 61,135,933           |
| <b><u>Pooled Separate Account</u></b>            |   |     |      |                      |
| NYL Insurance                                    | Anchor Account I  |     | **   | 4,788,322            |
| <b>TOTAL INVESTMENTS</b>                         |   |     |      | <b>\$ 65,924,255</b> |

\*\* Cost omitted for participant directed investments

See accompanying notes and independent auditor's opinion.

**PLUMBERS LOCAL #75 401(K) PLAN**

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
FORM 5500, SCHEDULE H, ITEM 4a**

EIN: 39-1712806      PLAN: #001

For the Year Ended December 31, 2024

| Delinquent Employer Name | Work Month Remitted Late | Date Contributions Remitted | Date Lost Earnings Remitted | Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions |                                      |  | Total Fully Corrected Under VFCP and PTE 2002-51 |
|--------------------------|--------------------------|-----------------------------|-----------------------------|--|---|--------------------------------------|--|--|
|                          |                          |                             |                             |  | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction In VFCP |  |
| Alpine Plumbing          | Mar-21                   | Previously remitted         | 2/9/2024                    | \$ 282   | \$ -  | \$ 282                               | \$ -                                     | \$ -   |
| Alpine Plumbing          | Jun-21                   | Previously remitted         | 2/9/2024                    | 14   | -   | 14                                   | -  | -  |
| Alpine Plumbing          | Nov-21                   | Previously remitted         | 2/9/2024                    | 152  | -   | 152                                  | -  | -  |
| Alpine Plumbing          | Jan-22                   | Previously remitted         | 2/9/2024                    | 77   | -   | 77                                   | -  | -  |
| Alpine Plumbing          | Feb-22                   | Previously remitted         | 2/9/2024                    | 90   | -   | 90                                   | -  | -  |
| Alpine Plumbing          | Mar-22                   | Previously remitted         | 2/9/2024                    | 96   | -   | 96                                   | -  | -  |
| Alpine Plumbing          | May-22                   | Previously remitted         | 2/9/2024                    | 1,391  | -   | 1,391                                | -  | -  |
| Alpine Plumbing          | Jun-22                   | Previously remitted         | 2/9/2024                    | 59   | -   | 59                                   | -  | -  |
| Alpine Plumbing          | Jul-22                   | Previously remitted         | 2/9/2024                    | 63   | -   | 63                                   | -  | -  |
| Alpine Plumbing          | Aug-22                   | Previously remitted         | 2/9/2024                    | 2,380  | -   | 2,380                                | -  | -  |
| Alpine Plumbing          | Dec-23                   | 1/17/2024                   | 4/3/2024                    | 3,841  | -   | 3,841                                | -  | -  |
| Aztec Plumbing           | Dec-22                   | Previously remitted         | Not yet remitted            | 120  | 120   | -                                    | -  | -  |
| Aztec Plumbing           | Jan-23                   | Previously remitted         | Not yet remitted            | 139  | 139   | -                                    | -  | -  |
| Borth Wilson             | May-24                   | 6/22/2024                   | Not yet remitted            | 3,176  | 3,176   | -                                    | -  | -  |
| Borth Wilson             | Jul-24                   | 8/17/2024                   | Not yet remitted            | 2,778  | 2,778   | -                                    | -  | -  |
| Carl's Plumbing          | May-24                   | 6/17/2024                   | 7/17/2024                   | 438  | -   | 438                                  | -  | -  |
| Cornerstone Plumbing     | Jul-23                   | Previously remitted         | Not yet remitted            | 10,930   | 10,930  | -                                    | -  | -  |
| Cornerstone Plumbing     | Aug-23                   | Previously remitted         | Not yet remitted            | 14,398   | 14,398  | -                                    | -  | -  |
| Cornerstone Plumbing     | Dec-23                   | 1/18/2024                   | Not yet remitted            | 10,070   | 10,070  | -                                    | -  | -  |
| Cornerstone Plumbing     | Feb-24                   | 3/18/2024                   | Not yet remitted            | 9,901  | 9,901   | -                                    | -  | -  |
| Cornerstone Plumbing     | Apr-24                   | 5/25/2024                   | Not yet remitted            | 9,550  | 9,550   | -                                    | -  | -  |
| Cornerstone Plumbing     | May-24                   | 6/29/2024                   | Not yet remitted            | 11,288   | 11,288  | -                                    | -  | -  |
| Degarmo Plumbing         | Nov-23                   | Previously remitted         | 4/8/2024                    | 1,432  | -   | 1,432                                | -  | -  |
| Degarmo Plumbing         | Jan-24                   | 2/17/2024                   | 4/8/2024                    | 2,052  | -   | 2,052                                | -  | -  |
| Faust Company            | Mar-24                   | Not yet remitted            | Not yet remitted            | 274  | 274   | -                                    | -  | -  |

(This schedule is continued on the following page.)

**PLUMBERS LOCAL #75 401(K) PLAN**

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)  
FORM 5500, SCHEDULE H, ITEM 4a

EIN: 39-1712806      PLAN: #001

For the Year Ended December 31, 2024

| Delinquent Employer Name | Work Month Remitted Late | Date Contributions Remitted | Date Lost Earnings Remitted | Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions |                                      |  | Total Fully Corrected Under VFCP and PTE 2002-51 |
|--------------------------|--------------------------|-----------------------------|-----------------------------|--|---|--------------------------------------|--|--|
|                          |                          |                             |                             |  | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction In VFCP |  |
| Gene Wagner Plumbing     | Sep-23                   | 12/30/2024                  | 12/30/2024                  | \$ 69  | \$ -  | \$ 69                                | \$ -                                     | \$ -   |
| Gene Wagner Plumbing     | Nov-23                   | Previously remitted         | 4/16/2024                   | 490  | -   | 490                                  | -  | -  |
| Greisch Plumbing         | Dec-23                   | 1/17/2024                   | Not yet remitted            | 2,019  | 2,019   | -                                    | -  | -  |
| H&S Plumbing             | Aug-22                   | Previously remitted         | 10/15/2024                  | 101  | -   | 101                                  | -  | -  |
| H&S Plumbing             | Jul-23                   | Previously remitted         | 9/14/2024                   | 390  | -   | 390                                  | -  | -  |
| H&S Plumbing             | Apr-24                   | 5/18/2024                   | 7/11/2024                   | 4,725  | -   | 4,725                                | -  | -  |
| H&S Plumbing             | Jun-24                   | 7/17/2024                   | 9/14/2024                   | 4,416  | -   | 4,416                                | -  | -  |
| H&S Plumbing             | Jul-24                   | 8/16/2024                   | 11/14/2024                  | 5,093  | -   | 5,093                                | -  | -  |
| Heiden Plumbing          | Nov-23                   | Previously remitted         | 4/10/2024                   | 3,246  | -   | 3,246                                | -  | -  |
| Hooper Corporation       | Jun-23                   | Previously remitted         | 1/11/2024                   | 10,866   | -   | 10,866                               | -  | -  |
| Horner Plumbing          | Jul-23                   | Previously remitted         | 10/8/2024                   | 553  | -   | 553                                  | -  | -  |
| Horner Plumbing          | Aug-23                   | Previously remitted         | 10/8/2024                   | 567  | -   | 567                                  | -  | -  |
| Illingworth Kilgust      | Aug-23                   | Previously remitted         | 5/15/2024                   | 1,187  | -   | 1,187                                | -  | -  |
| Illingworth Kilgust      | Nov-23                   | Previously remitted         | 9/14/2024                   | 514  | -   | 514                                  | -  | -  |
| Illingworth Kilgust      | Jan-24                   | 2/17/2024                   | 5/15/2024                   | 478  | -   | 478                                  | -  | -  |
| Illingworth Kilgust      | Jun-24                   | 7/17/2024                   | 9/14/2024                   | 411  | -   | 411                                  | -  | -  |
| Illingworth Kilgust      | Aug-24                   | 9/14/2024                   | 5/15/2024                   | 460  | -   | 460                                  | -  | -  |
| JR Plumbing              | Aug-23                   | Previously remitted         | Not yet remitted            | 1,248  | 1,248   | -                                    | -  | -  |
| Mattox                   | May-23                   | Previously remitted         | 2/17/2024                   | 116  | -   | 116                                  | -  | -  |
| Mattox                   | Jun-23                   | Previously remitted         | 2/17/2024                   | 173  | -   | 173                                  | -  | -  |
| Mattox                   | Dec-23                   | 1/17/2024                   | 4/29/2024                   | 8,849  | -   | 8,849                                | -  | -  |
| Mattox                   | Feb-24                   | 3/18/2024                   | 4/29/2024                   | 9,334  | -   | 9,334                                | -  | -  |
| Mattox                   | Jul-24                   | 8/16/2024                   | Not yet remitted            | 9,672  | 9,672   | -                                    | -  | -  |
| Mattox                   | Aug-24                   | 9/17/2024                   | Not yet remitted            | 10,569   | 10,569  | -                                    | -  | -  |

(This schedule is continued on the following page.)

**PLUMBERS LOCAL #75 401(K) PLAN**

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)  
FORM 5500, SCHEDULE H, ITEM 4a

EIN: 39-1712806      PLAN: #001

For the Year Ended December 31, 2024

| Delinquent Employer Name        | Work Month Remitted Late | Date Contributions Remitted | Date Lost Earnings Remitted | Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions |                                      |  | Total Fully Corrected Under VFCP and PTE 2002-51 |             |
|---------------------------------|--------------------------|-----------------------------|-----------------------------|--|---|--------------------------------------|--|--|-------------|
|                                 |                          |                             |                             |  | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction In VFCP |  |             |
| Mattox                          | Oct-24                   | 11/13/2024                  | Not yet remitted            | \$ 9,176   | \$ 9,176  | \$ -                                 | \$ -                                     | \$ -   |             |
| Mattox                          | Nov-24                   | Not yet remitted            | Not yet remitted            | 146  | 146   | -                                    | -  | -  |             |
| Mattox                          | Dec-24                   | Not yet remitted            | Not yet remitted            | 7,288  | 7,288   | -                                    | -  | -  |             |
| Mike Ingrilli Plumbing          | Dec-23                   | 4/5/2024                    | 5/4/2024                    | 335  | -   | 335                                  | -  | -  |             |
| Mike Ingrilli Plumbing          | Jan-24                   | Not yet remitted            | Not yet remitted            | 15   | 15  | -                                    | -  | -  |             |
| Mike Ingrilli Plumbing          | Feb-24                   | 3/22/2024                   | 5/4/2024                    | 315  | -   | 315                                  | -  | -  |             |
| Pieper Electric                 | Oct-23                   | 4/25/2024                   | 5/23/2024                   | 912  | -   | 912                                  | -  | -  |             |
| Process Piping                  | Oct-21                   | Previously remitted         | 6/28/2024                   | 44   | -   | 44                                   | -  | -  |             |
| Triggs Plumbing                 | Feb-24                   | 3/16/2024                   | 5/1/2024                    | 2,067  | -   | 2,067                                | -  | -  |             |
| Vincent Ingrill & Sons          | Nov-23                   | Previously remitted         | 6/3/2024                    | 243  | -   | 243                                  | -  | -  |             |
| Vincent Ingrill & Sons          | Jun-24                   | 7/16/2024                   | 8/26/2024                   | 995  | -   | 995                                  | -  | -  |             |
| William Zachow & Sons           | May-24                   | 6/28/2024                   | 8/15/2024                   | 1,187  | -   | 1,187                                | -  | -  |             |
| William Zachow & Sons           | Jun-24                   | 7/16/2024                   | 8/15/2024                   | 1,509  | -   | 1,509                                | -  | -  |             |
| Zien Heating & Air Conditioning | Feb-24                   | 3/18/2024                   | Not yet remitted            | 10,920   | 10,920  | -                                    | -  | -  |             |
| Zien Heating & Air Conditioning | Aug-24                   | 9/19/2024                   | 10/16/2024                  | 11,403   | -   | 11,403                               | -  | -  |             |
|                                 |                          |                             |                             |  | <b>\$ 207,091</b>                                       | <b>\$ 123,677</b>                    | <b>\$ 83,414</b>                         | <b>\$ -</b>                                      | <b>\$ -</b> |

See accompanying notes and independent auditor's opinion.

**PLUMBERS LOCAL #75 401(K) PLAN**

**SCHEDULES OF ADMINISTRATIVE EXPENSES**

For the Years Ended December 31, 2024 and 2023

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|  | <b>2024</b>       | <b>2023</b>      |
|--|-------------------|------------------|
| Administration fees                      | \$ 26,712         | \$ 25,451        |
| Auditing and accounting fees             | 15,198            | 14,125           |
| Bank service fees                        | 1,144             | 13,101           |
| Insurance                                | 8,163             | 10,017           |
| Legal fees and expenses                  | 38,861            | 13,323           |
| Office expenses                          | 2,226             | 2,106            |
| Reciprocity administration               | 1,226             | 1,170            |
| Trustee meeting and educational expenses | 6,263             | 4,784            |
| Management fee - John Hancock            | -                 | 22               |
| Miscellaneous expenses                   | 728               | 668              |
| <b>TOTAL ADMINISTRATIVE EXPENSES</b>     | <b>\$ 100,521</b> | <b>\$ 84,767</b> |

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See accompanying notes and independent auditor's opinion.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: PLUMBERS 75 401K PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/21/1991
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF THE PLUMBERS 75 401K PLAN
2b Employer Identification Number (EIN): 39-1712806
2c Plan Sponsor's telephone number: 414-359-1310
2d Business code (see instructions): 238220

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Bryce Neidert, 10/14/2025, BRYCE NEIDERT. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

|   |  |       |
|---|--|-------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |       |
|   | <b>3c</b> Administrator's telephone number |       |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |       |
|   | <b>4d</b> PN                               |       |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 1,447 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b>                               | 1,419 |
|   | <b>6a(2)</b>                               | 1,479 |
|   | <b>6b</b>                                  | 0     |
|   | <b>6c</b>                                  | 6     |
|   | <b>6d</b>                                  | 1,485 |
|   | <b>6e</b>                                  | 23    |
|   | <b>6f</b>                                  | 1,508 |
|   | <b>6g(1)</b>                               | 925   |
| <b>6g(2)</b>  | 965  |       |
| <b>6h</b>   |  |       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....   | <b>7</b>                                   | 63    |

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

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

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

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

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

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

**PLUMBERS LOCAL #75 401(K) PLAN**

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
FORM 5500, SCHEDULE H, ITEM 4a**

EIN: 39-1712806    PLAN: #001

For the Year Ended December 31, 2024

| Delinquent Employer Name | Work Month Remitted Late | Date Contributions Remitted | Date Lost Earnings Remitted | Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions |                                      |  | Total Fully Corrected Under VFCP and PTE 2002-51 |
|--------------------------|--------------------------|-----------------------------|-----------------------------|--|---|--------------------------------------|--|--|
|                          |                          |                             |                             |  | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction In VFCP |  |
| Alpine Plumbing          | Mar-21                   | Previously remitted         | 2/9/2024                    | \$ 282   | \$ -  | \$ 282                               | \$ -                                     | \$ -   |
| Alpine Plumbing          | Jun-21                   | Previously remitted         | 2/9/2024                    | 14   | -   | 14                                   | -  | -  |
| Alpine Plumbing          | Nov-21                   | Previously remitted         | 2/9/2024                    | 152  | -   | 152                                  | -  | -  |
| Alpine Plumbing          | Jan-22                   | Previously remitted         | 2/9/2024                    | 77   | -   | 77                                   | -  | -  |
| Alpine Plumbing          | Feb-22                   | Previously remitted         | 2/9/2024                    | 90   | -   | 90                                   | -  | -  |
| Alpine Plumbing          | Mar-22                   | Previously remitted         | 2/9/2024                    | 96   | -   | 96                                   | -  | -  |
| Alpine Plumbing          | May-22                   | Previously remitted         | 2/9/2024                    | 1,391  | -   | 1,391                                | -  | -  |
| Alpine Plumbing          | Jun-22                   | Previously remitted         | 2/9/2024                    | 59   | -   | 59                                   | -  | -  |
| Alpine Plumbing          | Jul-22                   | Previously remitted         | 2/9/2024                    | 63   | -   | 63                                   | -  | -  |
| Alpine Plumbing          | Aug-22                   | Previously remitted         | 2/9/2024                    | 2,380  | -   | 2,380                                | -  | -  |
| Alpine Plumbing          | Dec-23                   | 1/17/2024                   | 4/3/2024                    | 3,841  | -   | 3,841                                | -  | -  |
| Aztec Plumbing           | Dec-22                   | Previously remitted         | Not yet remitted            | 120  | 120   | -                                    | -  | -  |
| Aztec Plumbing           | Jan-23                   | Previously remitted         | Not yet remitted            | 139  | 139   | -                                    | -  | -  |
| Borth Wilson             | May-24                   | 6/22/2024                   | Not yet remitted            | 3,176  | 3,176   | -                                    | -  | -  |
| Borth Wilson             | Jul-24                   | 8/17/2024                   | Not yet remitted            | 2,778  | 2,778   | -                                    | -  | -  |
| Carl's Plumbing          | May-24                   | 6/17/2024                   | 7/17/2024                   | 438  | -   | 438                                  | -  | -  |
| Cornerstone Plumbing     | Jul-23                   | Previously remitted         | Not yet remitted            | 10,930   | 10,930  | -                                    | -  | -  |
| Cornerstone Plumbing     | Aug-23                   | Previously remitted         | Not yet remitted            | 14,398   | 14,398  | -                                    | -  | -  |
| Cornerstone Plumbing     | Dec-23                   | 1/18/2024                   | Not yet remitted            | 10,070   | 10,070  | -                                    | -  | -  |
| Cornerstone Plumbing     | Feb-24                   | 3/18/2024                   | Not yet remitted            | 9,901  | 9,901   | -                                    | -  | -  |
| Cornerstone Plumbing     | Apr-24                   | 5/25/2024                   | Not yet remitted            | 9,550  | 9,550   | -                                    | -  | -  |
| Cornerstone Plumbing     | May-24                   | 6/29/2024                   | Not yet remitted            | 11,288   | 11,288  | -                                    | -  | -  |
| Degarmo Plumbing         | Nov-23                   | Previously remitted         | 4/8/2024                    | 1,432  | -   | 1,432                                | -  | -  |
| Degarmo Plumbing         | Jan-24                   | 2/17/2024                   | 4/8/2024                    | 2,052  | -   | 2,052                                | -  | -  |
| Faust Company            | Mar-24                   | Not yet remitted            | Not yet remitted            | 274  | 274   | -                                    | -  | -  |

(This schedule is continued on the following page.)

**PLUMBERS LOCAL #75 401(K) PLAN**

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)  
FORM 5500, SCHEDULE H, ITEM 4a

EIN: 39-1712806      PLAN: #001

For the Year Ended December 31, 2024

| Delinquent<br>Employer Name | Work Month<br>Remitted<br>Late | Date<br>Contributions<br>Remitted | Date<br>Lost Earnings<br>Remitted | Participant<br>Contributions<br>Transferred<br>Late to Plan | Total that Constitute Nonexempt Prohibited Transactions |  |  | Total<br>Fully Corrected<br>Under VFCP and<br>PTE 2002-51 |
|-----------------------------|--------------------------------|-----------------------------------|-----------------------------------|---|---|--|--|---|
|                             |                                |                                   |                                   |   | Contributions<br>Not Corrected                          | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending Correction<br>In VFCP |   |
| Gene Wagner Plumbing        | Sep-23                         | 12/30/2024                        | 12/30/2024                        | \$ 69   | \$ -  | \$ 69                                      | \$ -   | \$ -  |
| Gene Wagner Plumbing        | Nov-23                         | Previously remitted               | 4/16/2024                         | 490   | -   | 490  | -  | -   |
| Greisch Plumbing            | Dec-23                         | 1/17/2024                         | Not yet remitted                  | 2,019   | 2,019   | -  | -  | -   |
| H&S Plumbing                | Aug-22                         | Previously remitted               | 10/15/2024                        | 101   | -   | 101  | -  | -   |
| H&S Plumbing                | Jul-23                         | Previously remitted               | 9/14/2024                         | 390   | -   | 390  | -  | -   |
| H&S Plumbing                | Apr-24                         | 5/18/2024                         | 7/11/2024                         | 4,725   | -   | 4,725                                      | -  | -   |
| H&S Plumbing                | Jun-24                         | 7/17/2024                         | 9/14/2024                         | 4,416   | -   | 4,416                                      | -  | -   |
| H&S Plumbing                | Jul-24                         | 8/16/2024                         | 11/14/2024                        | 5,093   | -   | 5,093                                      | -  | -   |
| Heiden Plumbing             | Nov-23                         | Previously remitted               | 4/10/2024                         | 3,246   | -   | 3,246                                      | -  | -   |
| Hooper Corporation          | Jun-23                         | Previously remitted               | 1/11/2024                         | 10,866  | -   | 10,866                                     | -  | -   |
| Horner Plumbing             | Jul-23                         | Previously remitted               | 10/8/2024                         | 553   | -   | 553  | -  | -   |
| Horner Plumbing             | Aug-23                         | Previously remitted               | 10/8/2024                         | 567   | -   | 567  | -  | -   |
| Illingworth Kilgust         | Aug-23                         | Previously remitted               | 5/15/2024                         | 1,187   | -   | 1,187                                      | -  | -   |
| Illingworth Kilgust         | Nov-23                         | Previously remitted               | 9/14/2024                         | 514   | -   | 514  | -  | -   |
| Illingworth Kilgust         | Jan-24                         | 2/17/2024                         | 5/15/2024                         | 478   | -   | 478  | -  | -   |
| Illingworth Kilgust         | Jun-24                         | 7/17/2024                         | 9/14/2024                         | 411   | -   | 411  | -  | -   |
| Illingworth Kilgust         | Aug-24                         | 9/14/2024                         | 5/15/2024                         | 460   | -   | 460  | -  | -   |
| JR Plumbing                 | Aug-23                         | Previously remitted               | Not yet remitted                  | 1,248   | 1,248   | -  | -  | -   |
| Mattox                      | May-23                         | Previously remitted               | 2/17/2024                         | 116   | -   | 116  | -  | -   |
| Mattox                      | Jun-23                         | Previously remitted               | 2/17/2024                         | 173   | -   | 173  | -  | -   |
| Mattox                      | Dec-23                         | 1/17/2024                         | 4/29/2024                         | 8,849   | -   | 8,849                                      | -  | -   |
| Mattox                      | Feb-24                         | 3/18/2024                         | 4/29/2024                         | 9,334   | -   | 9,334                                      | -  | -   |
| Mattox                      | Jul-24                         | 8/16/2024                         | Not yet remitted                  | 9,672   | 9,672   | -  | -  | -   |
| Mattox                      | Aug-24                         | 9/17/2024                         | Not yet remitted                  | 10,569  | 10,569  | -  | -  | -   |

(This schedule is continued on the following page.)

**PLUMBERS LOCAL #75 401(K) PLAN**

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)  
FORM 5500, SCHEDULE H, ITEM 4a

EIN: 39-1712806      PLAN: #001

For the Year Ended December 31, 2024

| Delinquent Employer Name        | Work Month Remitted Late | Date Contributions Remitted | Date Lost Earnings Remitted | Participant Contributions Transferred Late to Plan | Total that Constitute None exempt Prohibited Transactions |                                      |  | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---------------------------------|--------------------------|-----------------------------|-----------------------------|--|---|--------------------------------------|--|--|
|                                 |                          |                             |                             |  | Contributions Not Corrected                               | Contributions Corrected Outside VFCP | Contributions Pending Correction In VFCP |  |
| Mattox                          | Oct-24                   | 11/13/2024                  | Not yet remitted            | \$ 9,176   | \$ 9,176  | \$ -                                 | \$ -                                     | \$ -   |
| Mattox                          | Nov-24                   | Not yet remitted            | Not yet remitted            | 146  | 146   | -                                    | -  | -  |
| Mattox                          | Dec-24                   | Not yet remitted            | Not yet remitted            | 7,288  | 7,288   | -                                    | -  | -  |
| Mike Ingrilli Plumbing          | Dec-23                   | 4/5/2024                    | 5/4/2024                    | 335  | -   | 335                                  | -  | -  |
| Mike Ingrilli Plumbing          | Jan-24                   | Not yet remitted            | Not yet remitted            | 15   | 15  | -                                    | -  | -  |
| Mike Ingrilli Plumbing          | Feb-24                   | 3/22/2024                   | 5/4/2024                    | 315  | -   | 315                                  | -  | -  |
| Pieper Electric                 | Oct-23                   | 4/25/2024                   | 5/23/2024                   | 912  | -   | 912                                  | -  | -  |
| Process Piping                  | Oct-21                   | Previously remitted         | 6/28/2024                   | 44   | -   | 44                                   | -  | -  |
| Triggs Plumbing                 | Feb-24                   | 3/16/2024                   | 5/1/2024                    | 2,067  | -   | 2,067                                | -  | -  |
| Vincent Ingrill & Sons          | Nov-23                   | Previously remitted         | 6/3/2024                    | 243  | -   | 243                                  | -  | -  |
| Vincent Ingrill & Sons          | Jun-24                   | 7/16/2024                   | 8/26/2024                   | 995  | -   | 995                                  | -  | -  |
| William Zachow & Sons           | May-24                   | 6/28/2024                   | 8/15/2024                   | 1,187  | -   | 1,187                                | -  | -  |
| William Zachow & Sons           | Jun-24                   | 7/16/2024                   | 8/15/2024                   | 1,509  | -   | 1,509                                | -  | -  |
| Zien Heating & Air Conditioning | Feb-24                   | 3/18/2024                   | Not yet remitted            | 10,920   | 10,920  | -                                    | -  | -  |
| Zien Heating & Air Conditioning | Aug-24                   | 9/19/2024                   | 10/16/2024                  | 11,403   | -   | 11,403                               | -  | -  |
|                                 |                          |                             |                             | <u>\$ 207,091</u>                                  | <u>\$ 123,677</u>   | <u>\$ 83,414</u>                     | <u>\$ -</u>                              | <u>\$ -</u>                                      |

See accompanying notes and independent auditor's opinion.

**PLUMBERS LOCAL #75 401(K) PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 39-1712806      PLAN: #001

December 31, 2024

| (a)  | (b)   | (c) | (d)  | (e)                  |
|--|---|-----|------|----------------------|
| Identity of Issue, Borrower,<br>or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value |     | Cost | Current<br>Value     |
| <b><u>Mutual Funds</u></b>                       |   |     |      |                      |
| American Funds                                   | Balanced Fund A   |     | **   | \$ 3,941,340         |
| American Funds                                   | Capital World Growth & Inc Fund A   |     | **   | 2,238,932            |
| American Funds                                   | Euro-Pacific Growth Fund A  |     | **   | 2,571,834            |
| American Funds                                   | Century Ultra Fund R5   |     | **   | 10,562,581           |
| Baird  | Core Plus Bond Inv  |     | **   | 1,877,972            |
| Fidelity   | Small Cap Growth K6   |     | **   | 3,720,607            |
| MFS  | Mid Cap Value Fund R3   |     | **   | 6,782,799            |
| Robeco Boston Partners                           | All-Cap Value Fund Inv  |     | **   | 2,886,095            |
| T. Rowe Price                                    | International Discovery Fund  |     | **   | 238,421              |
| T. Rowe Price                                    | Small-Cap Value Fund  |     | **   | 7,677,383            |
| Vanguard   | Target Retirement 2020 Fund   |     | **   | 914,246              |
| Vanguard   | Target Retirement 2025 Fund   |     | **   | 2,041,613            |
| Vanguard   | Target Retirement 2030 Fund   |     | **   | 1,239,933            |
| Vanguard   | Target Retirement 2035 Fund   |     | **   | 2,006,123            |
| Vanguard   | Target Retirement 2040 Fund   |     | **   | 1,139,611            |
| Vanguard   | Target Retirement 2045 Fund   |     | **   | 1,780,101            |
| Vanguard   | Target Retirement 2050 Fund   |     | **   | 1,284,937            |
| Vanguard   | Target Retirement 2055 Fund   |     | **   | 1,433,314            |
| Vanguard   | Target Retirement 2060 Fund   |     | **   | 997,612              |
| Vanguard   | Target Retirement 2065 Fund   |     | **   | 850,328              |
| Vanguard   | Target Return Income Fund   |     | **   | 487,220              |
| Vanguard   | Total Stock Market Index Fund   |     | **   | 4,462,931            |
|  | Total mutual funds  |     |      | 61,135,933           |
| <b><u>Pooled Separate Account</u></b>            |   |     |      |                      |
| NYL Insurance                                    | Anchor Account I  |     | **   | 4,788,322            |
| <b>TOTAL INVESTMENTS</b>                         |   |     |      | <b>\$ 65,924,255</b> |

\*\* Cost omitted for participant directed investments

See accompanying notes and independent auditor's opinion.