

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan PLUMBERS LOCAL 75 EDUCATION FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 01/01/1969
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF PLUMBERS LOCAL 75 EDUCATION FUND 11175 W. PARKLAND AVENUE MILWAUKEE, WI 53224
2b Employer Identification Number (EIN) 39-6146586
2c Plan Sponsor's telephone number 414-359-1318
2d Business code (see instructions) 238220

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PLUMBERS LOCAL 75 EDUCATION FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS LOCAL 75 EDUCATION FUND	D Employer Identification Number (EIN) 39-6146586	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ROBERT D LAMPHEAR

39-6146586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	217129	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)

PAUL HANUS

39-6146586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	212600	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)

ANTONIO RAMOS

39-6146586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	211373	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)

PETER ASHBECK

39-6146586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	210518	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)

RYAN BOGGS

39-6146586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	209243	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)

DEMETERIUS THOMPSON

39-6146586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	209129	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)

CORY THOMPSON

39-6146586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	205515	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)

PATRICK CASEY

39-6146586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	205279	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)

STEPHANIE COWAN

39-6146586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	126909	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)

REGINA LINDE

39-6146586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	118437	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)

SIKICH CPA LLC

54-1172176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	21710	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 PREVIAANT LAW FIRM, S.C.

39-1211596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	10466	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PLUMBERS LOCAL 75 EDUCATION FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PLUMBERS LOCAL 75 EDUCATION FUND	D Employer Identification Number (EIN) 39-6146586

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a	1639214	1320005
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	413174	376105
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	18237	15248
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1046475	1079455
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1467516	1613432
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	2293349	3487030
f Total assets (add all amounts in lines 1a through 1e).....	1f	6877965	7891275
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	216697	154810
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1173622	2410696
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1390319	2565506
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5487646	5325769

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	3678180	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3678180
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	50831	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		50831
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	53143	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		53143
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		71934
c Other income	2c		250240
d Total income. Add all income amounts in column (b) and enter total.....	2d		4104328

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	2431630	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	21710	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	2988	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	10466	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	1799411	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4266205
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4266205

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-161877
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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.)

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.



PLUMBERS LOCAL 75 EDUCATION FUND

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT

For the Years Ended December 31, 2024 and 2023



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PLUMBERS LOCAL 75 EDUCATION FUND
TABLE OF CONTENTS

	<u>Page(s)</u>
INDEPENDENT AUDITOR’S REPORT	3-5
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	6
Statements of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements	8-20
SUPPLEMENTAL SCHEDULES	
Schedule of Assets (Held at End of Year)	21
Schedule of Reportable Transactions	22
Schedules of Program and General Expenses	23

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Plumbers Local 75 Education Fund
Milwaukee, Wisconsin

Opinion

We have audited the accompanying financial statements of Plumbers Local 75 Education Fund (the Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits 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 Fund 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 Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund'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 Fund, and determining that the Fund's transactions that are presented and disclosed in the financial statements are in conformity with the Fund'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 Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules

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 the schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The supplemental schedules of program and general 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 audit 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 reportable transactions, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content of the supplemental schedule of assets (held at end of year) and schedule of reportable transactions 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 EDUCATION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Cash	\$ 1,320,005	\$ 1,639,214
Investments, at fair value	2,692,887	2,513,991
Receivables:		
Employer contributions	376,105	413,174
Accrued interest	15,248	18,237
Total receivables	391,353	431,411
Prepaid expenses	6,771	6,056
Inventory	24,711	16,618
Property and equipment, net of accumulated depreciation	1,302,772	1,224,305
Net operating right-of-use (ROU) assets	2,152,776	1,046,370
Total assets	7,891,275	6,877,965
LIABILITIES		
Apprentice wage reimbursements due to employers	89,874	93,663
Accounts payable	148,325	211,366
Due to related entities	6,485	5,331
Accrued payroll taxes and related withholdings	5,752	4,489
Operating lease liabilities	2,315,070	1,075,470
Total liabilities	2,565,506	1,390,319
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 5,325,769</u>	<u>\$ 5,487,646</u>

See accompanying notes to the financial statements.

PLUMBERS LOCAL 75 EDUCATION FUND

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

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS		
ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	\$ 71,934	\$ 91,999
Interest and dividends	103,974	68,089
Total investment income	<u>175,908</u>	<u>160,088</u>
Employer contributions	<u>3,678,180</u>	<u>3,754,490</u>
Other revenue		
Tuition	121,083	130,371
Sales of textbooks	56,828	54,385
Grants	2,030	65,991
Donated supplies	66,735	7,285
Miscellaneous income	3,564	3,457
Total other revenue	<u>250,240</u>	<u>261,489</u>
Total additions	<u>4,104,328</u>	<u>4,176,067</u>
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO		
Program expenses	2,428,570	2,032,123
General expenses	1,837,635	1,530,414
Total deductions	<u>4,266,205</u>	<u>3,562,537</u>
NET (DECREASE) INCREASE	(161,877)	613,530
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>5,487,646</u>	<u>4,874,116</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 5,325,769</u></u>	<u><u>\$ 5,487,646</u></u>

See accompanying notes to the financial statements.

PLUMBERS LOCAL 75 EDUCATION FUND

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

1. DESCRIPTION OF THE FUND

The following description of the Plumbers Local 75 Education Fund (the Fund) is provided for general information purposes only. Participants should refer to the trust agreement for a complete description of the Fund's provisions

General

The Fund was established under a noncontributory multiemployer plan covering all members of Plumbers' and Gasfitters' Local No. 75 (the Local).

The Fund is administered by a Board of Trustees (the Trustees) consisting of a union group and an employer group, each having equal voting power. The Trustees have overall responsibility for the operation and administration of the Fund. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Employer Contributions

The Fund receives its funding directly from participating employers. The contribution rate was \$1.79 per hour through May 2023 and then increased to \$1.95 per hour effective June 1, 2023. Contributions are made pursuant to the collective bargaining agreements between employers and the Local.

Employer contributions are received from employers for the operation of the Fund. Employer contributions are recognized in the period that coincides with the completion of the related work hours.

Benefits

The Fund was formed to provide training and educational programs for apprentices, employees, journeymen, and instructors in the plumbing trade or craft and related industries.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared, and the books of record are maintained, on the accrual basis of accounting.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

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

Cash

Cash is defined as currency on hand, in demand deposits.

Revenue Recognition

Grants - Grant income is recognized as revenue in the period that they are received and the conditions of the grant have been met.

Tuition - The Fund's contracts include promises for educational services which is a distinct performance obligation. Tuition revenue is primarily derived from postsecondary education services provided to students. Generally, tuition is paid upfront and recorded in contract liabilities in advance of the date when education services are provided to the student. Tuition must be paid by the end of the class, mitigating the Fund's exposure to losses associated with nonpayment. The Fund allows for installment payments to be made weekly or monthly as long as the tuition is paid in full by the end of the class. Tuition revenue is recognized ratably over the instruction period. The input measure is time elapsed as it best depicts the simultaneous consumption of and delivery of tuition services. The Fund permits tuition refunds up until 25 days after the class begins.

The transaction price is stated in the contract and known at the time of contract inception, as such there is no stated variable consideration. Revenue is allocated to the performance obligation based on its standalone selling price. The Fund generally determines standalone selling prices based on prices charged to students.

Significant judgments include the allocation of the contract price across performance obligations and the methodology for earning tuition ratably over the instruction period.

Sales of textbooks - Revenue associated with course materials is recognized at the point of time when control transfers to the student, generally when the materials are delivered to the student.

Donated supplies - Donated items are recognized as revenue when received and at approximate fair value.

PLUMBERS LOCAL 75 EDUCATION FUND
NOTES TO FINANCIAL STATEMENTS (Continued)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Disaggregation of revenue for the years ended December 31, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Timing of revenue recognition		
Services transferred over time	\$ 121,083	\$ 130,371
Goods and services transferred at a point in time	129,157	131,118
	<u> </u>	<u> </u>
TOTAL OTHER REVENUE	<u>\$ 250,240</u>	<u>\$ 261,489</u>

Concentrations

Credit Risk - The Fund maintains its cash in financial institutions, which at times may exceed federally insured limits. As of December 31, 2024 and 2023, the Fund had \$1,917,901 and \$2,205,320, respectively, deposited in excess of the FDIC insurance limits. The Fund has not experienced any losses in such accounts and believes it is not exposed to any significant credit risks on cash.

Employer Contributions - Employers remit contributions to the Fund based on the number of work hours worked by the members. Therefore, employer contributions are dependent upon the construction and working environment of the area serviced by the Local. One employer accounted for approximately 11% of the Fund's contributions for the year ended December 31, 2023. No employers contributed 10% or more of the Fund's contributions for the year ended December 31, 2024.

Contributions Receivable

Contributions from participating employers due but not received at year-end are recorded as contributions receivable, net of amounts determined to be uncollectible.

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 Fund's valuation policies utilizing information provided by the investment custodian. See Note 3 for discussion of fair value measurements.

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

PLUMBERS LOCAL 75 EDUCATION FUND
NOTES TO FINANCIAL STATEMENTS (Continued)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Inventory

Inventory is valued at the lower of cost or net realizable value and consists of laptops, books, and training materials which are sold to apprentices and journeymen at cost.

Property and Equipment

Property and equipment are stated at cost less depreciation accumulated since their acquisition and do not purport to represent replacement or realizable value. It is the Fund's policy that additions and improvements which extend the useful life of property and equipment in excess of \$500 are capitalized. Assets capitalized are depreciated on the straight-line method over their estimated useful lives.

The estimated useful lives of the Fund's property and equipment is as follows:

Learning center furnishings and equipment	5-15 years
Office furniture, fixtures, and equipment	5-10 years
Leasehold improvements	10-15 years
Automobiles	7 years

When assets are retired or otherwise disposed of, the cost and related depreciation accumulated are removed from the accounts and any resulting gain or loss is recognized. Maintenance and minor repairs and replacements are charged directly to expense, while major renewals and betterments are capitalized.

The Fund evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset are less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value. The fair values are determined based on current appraisals. There was no asset impairment during the years ended December 31, 2024 and 2023.

Benefit Obligation

Due to the nature of the benefits provided, the Fund has no current benefit obligations. Fund management's policy is to record unpaid training expenses as an accrued liability.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Leases

The Fund determines whether an arrangement is a lease at the inception of the arrangement based on the terms and conditions in the contract. A contract contains a lease if there is an identified asset and the Fund has the right to control the asset. As accounting policy elections, the Fund does not apply Topic 842 to short-term leases (term of 12 months or less), and accounts for non-lease and lease components in a contract as a single component for all asset classes. Right-of-use (ROU) assets represent the Fund's right to use an underlying asset for the lease term and lease liabilities represent the Fund's obligation to make lease payments arising from the lease. ROU assets and lease liabilities are recognized at the adoption date or commencement date based on the present value of lease payments over the remaining lease term.

For the Fund's leases where the rate implicit in the lease is not readily determinable, the Fund has elected to apply a risk free discount rate to determine the present value of lease payments. Lease terms include options to extend the lease when it is reasonably certain those options will be exercised. Leases may contain rent escalations over the lease term, and operating lease expense is recognized on a straight-line basis over the lease term, which is included in the general expenses on the accompanying statement of changes in net assets available for benefits.

The Fund leases office, lab, classroom, and storage space. Operating leases are to be included in operating lease ROU assets and operating lease liabilities on the statements of net assets available for benefits.

The Fund's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

Scholarship Loan Agreement

In order to provide training to apprentices and the specialized skills necessary for employment in the plumbing industry, the Fund incurs significant expenses that result in direct, indirect, and intangible benefits to the apprentices. As a result, an agreement is established whereby the apprentice must work in qualifying employment for a contributing employer, for a minimum of ten years after completion of apprenticeship or be subject to repayment of the scholarship loan for the unfulfilled term of employment. There were no outstanding education loan payments as of December 31, 2024 and 2023.

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 Fund 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 on December 31, 2024 and 2023.

Cash: Valued at the deposit account balance, payable on demand.

Certificates of deposit: Valued at fair value by discounting the related cash flows based on current yields of similar institutions with comparable durations considering the creditworthiness of the issuer.

PLUMBERS LOCAL 75 EDUCATION FUND
NOTES TO FINANCIAL STATEMENTS (Continued)

3. FAIR VALUE MEASUREMENTS (Continued)

Mutual funds and money market mutual fund: Valued at the daily closing price as reported by the fund. Mutual funds held by the Fund are open-ended mutual funds that are registered with the U.S. 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 Fund are deemed to be actively traded.

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 and are not necessarily an indication of the risk associated with investing in those securities. Furthermore, although the Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Fund's assets at fair value as of December 31, 2024 and 2023:

Description	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash	\$ -	\$ 49,897	\$ -	\$ 49,897
Certificates of deposit	-	1,029,558	-	1,029,558
Mutual funds and money market mutual fund	1,613,432	-	-	1,613,432
TOTAL	\$ 1,613,432	\$ 1,079,455	\$ -	\$ 2,692,887

Description	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash	\$ -	\$ 275,238	\$ -	\$ 275,238
Certificates of deposit	-	750,000	-	750,000
Mutual funds and money market mutual fund	1,488,753	-	-	1,488,753
TOTAL	\$ 1,488,753	\$ 1,025,238	\$ -	\$ 2,513,991

PLUMBERS LOCAL 75 EDUCATION FUND
NOTES TO FINANCIAL STATEMENTS (Continued)

4. PROPERTY AND EQUIPMENT

The property and equipment of the Fund as of December 31, 2024 and 2023 are detailed as follows:

	<u>2024</u>	<u>2023</u>
Learning center furnishings and equipment	\$ 1,471,537	\$ 1,431,421
Office furniture, fixtures, and equipment	399,914	327,089
Leasehold improvements	367,871	327,375
Automobile	88,984	-
	<u>2,328,306</u>	<u>2,085,885</u>
Less: Accumulated depreciation	<u>(1,025,534)</u>	<u>(861,580)</u>
	<u>\$ 1,302,772</u>	<u>\$ 1,224,305</u>

Depreciation expense for the years ended December 31, 2024 and 2023 was \$163,954 and \$134,091, respectively.

5. APPRENTICE WAGE REIMBURSEMENTS

The 1987-90 union contracts initiated a policy of reimbursing employers for apprentices' time spent in day school classes. The Fund's liability is limited to the employers' contributions received during the year for this purpose. Reimbursements for each school year are to be paid the following August. In case of a shortfall, reimbursements to employers will be prorated. Any surplus funds are to be held for future years. As of December 31, 2024 and 2023, the apprentice wage reimbursements payable accounts was \$89,874 and \$93,663, respectively, and is included in liabilities in the accompanying statements of net assets available for benefits. The wage reimbursement expense for the years ended December 31, 2024 and 2023 totaled \$135,952 and \$135,849, respectively, and is included in the supplemental schedules of program and general expenses.

6. GRANTS RECEIVED

The Fund received cash grants of \$2,030 and \$65,991 for the years ended December 31, 2024 and 2023, respectively. Net assets available for benefits may also include the net book value of equipment received from, or purchased with, grant proceeds received from the International Training Fund per the terms of the grant contract. The Fund may retain possession of the equipment so long as it is actively used by the Fund.

PLUMBERS LOCAL 75 EDUCATION FUND
NOTES TO FINANCIAL STATEMENTS (Continued)

7. PENSION AND POSTRETIREMENT BENEFIT PLANS

The Fund participates in a profit-sharing plan for all eligible employees. Employees may contribute up to \$12.00 per hour subject to annual limitations under Section 401(k) of the Internal Revenue Code (IRC). The Fund does not make employer matching contributions.

The Fund is a participating employer in a separate trustee-managed multiemployer defined benefit pension plan for employees who participate in collective bargaining agreements. The plan generally provides retirement benefits to employees based on years of service to the Fund. The multiemployer pension plan is managed by a board of trustees. Although the Fund is not represented on the board of trustees, other contributing employers are members of the board. Contributions of \$386,642 and \$324,272 for the years ended December 31, 2024 and 2023, respectively, were charged to pension expense for ongoing participation in the pension plan. The Fund had more instructor work hours in 2024, and the contribution rate increased from \$13.20 per hour to \$14.20 per hour effective June 1, 2023, which affected the year-to-year comparability of the contribution.

The risks of participating in this multiemployer defined benefit pension plan is different from single-employer plans because: (a) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers, (b) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be required to be borne by the remaining participating employers, and (c) if the Fund chooses to stop participating in this multiemployer plan, it may be required to pay a withdrawal liability to the plan. In connection with ongoing renegotiation of collective bargaining agreements, the Fund may discuss and negotiate for the complete or partial withdrawal from the multiemployer pension plan. Depending on the number of employees withdrawn in any future period and the financial condition of the multiemployer plan at the time of withdrawal, the associated withdrawal liabilities could be material to the Fund's change in net assets available for benefits in the period of the withdrawal. The Fund has no plans to withdraw from its multiemployer pension plan.

The following presents information about the Fund's multiemployer pension plan as of December 31, 2024 and 2023:

Name of Pension Fund	EIN and Plan Number	Pension Protection Act Zone Status		FIP/RP Status	Contributions for the Years Ended December 31,		Surcharge Imposed	Expiration of Collective Bargaining Agreement
		2024	2023		2024	2023		
Plan A	51-6049409 Plan No. 001	Green 5/31/2025	Green 5/31/2024	Implemented	\$ 386,642	\$ 324,272	No	5/31/2026

Plan A - Building Trades United Pension Trust Fund Milwaukee and Vicinity.

PLUMBERS LOCAL 75 EDUCATION FUND
NOTES TO FINANCIAL STATEMENTS (Continued)

7. PENSION AND POSTRETIREMENT BENEFIT PLANS (Continued)

The Fund is not obligated for any minimum contributions to the plan. Based on the most recently available Form 5500 for Building Trades United Pension Trust Fund Milwaukee and Vicinity (plan year ended May 31, 2024), the Fund did not contribute more than 5% of total contributions to the plan.

The Fund participates in a multiemployer benefit plan to provide certain health care benefits for qualified active employees and retirees. The Fund made contributions of \$271,806 and \$224,274 to this plan for the years ended December 31, 2024 and 2023, respectively. The Fund had more instructor work hours in 2024, which affected the year-to-year comparability of the contribution.

8. LEASES AND RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Related Party Lease - Lessee

The Fund leases space in the Milwaukee location from the Local. Effective January 1, 2020, the Fund executed a five-year lease with the Local with monthly payments of \$12,228. The lease allows for, but does not require, an annual increase in gross rent up to 2.50%. Subsequent to the year ended December 31, 2024, the Fund executed a new five-year lease with the Local effective January 1, 2025 with monthly payments of \$17,030. The lease also calls for an automatic annual increase of 1.50% on January 1, 2026 and January 1, 2027. The lease then allows for, but does require, an annual increase in rent by 1.5% on January 1, 2028 and January 1, 2029.

Beginning November 1, 2021, the Fund entered into a lease with the Local for space in the Madison location through July 31, 2026. For the period of November 1, 2021 through January 31, 2022, the Fund was responsible for a total of \$1,500 in storage at the Madison location. Payments commenced on February 1, 2022, with monthly payments of \$29,448 due under the terms of the lease. The lease also called for an automatic annual increase of 1.50% beginning on June 1, 2023 and effective every June 1st thereafter for the duration of the lease. Effective January 1, 2024, the Fund executed an addendum to the lease with the Local through December 31, 2029 with monthly payments of \$40,269. The addendum calls for an automatic annual increase of 1.50% beginning on June 1, 2024 and effective every June 1st thereafter, for the duration of the lease.

Total rent expense under these lease arrangements for the years ended December 31, 2024 and 2023 was \$763,158 and \$501,486, respectively.

PLUMBERS LOCAL 75 EDUCATION FUND
NOTES TO FINANCIAL STATEMENTS (Continued)

8. LEASES AND RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS
(Continued)

Leases

The components of lease expense were as follows:

Year Ended December 31,	2024	2023
Operating lease cost	\$ 763,158	\$ 501,486

Other information related to leases was as follows:

Year Ended December 31,	2024	2023
Supplemental cash flows information		
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	\$ 634,192	\$ 503,206
Right-of-use assets obtained in exchange for lease obligation:		
Operating leases	2,152,776	1,046,370
Weighted average remaining lease term		
Operating leases	5.0 years	2.4 years
Weighted average discount rate		
Operating leases	3.94%	1.33%

Future minimum lease payments under non-cancellable leases as of December 31, 2024 were as follows:

Year Ending December 31,	Operating Leases
2025	\$ 494,768
2026	502,190
2027	509,722
2028	517,368
2029	525,129
Total future minimum lease payments	2,549,177
Less imputed interest	(234,107)
TOTAL	\$ 2,315,070

Reported as of December 31,	2024	2023
OPERATING ROU ASSETS	\$ 2,152,776	\$ 1,046,370
Current operating liabilities	\$ 412,541	\$ 497,729
Noncurrent operating lease liabilities	1,902,529	577,741
TOTAL OPERATING LEASE LIABILITIES	\$ 2,315,070	\$ 1,075,470

**8. LEASES AND RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS
(Continued)**

Related Party - Shared Administrative Expenses

The Fund uses office equipment located in the Local's office. The Local pays all upfront maintenance fees and restocking expenses. The Fund also uses the bookkeeping services of an employee paid by the Local. The Fund is billed monthly for its share of these expenses. For the years ended December 31, 2024 and 2023, payments made to the Local for shared administrative expenses totaled \$78,072 and \$48,509, respectively.

Party-in-Interest - Investments

The Fund's investments are managed by BMO Harris Bank, N.A., the custodian; therefore, these transactions qualify as party-in-interest. Fees paid by the Fund for investment management services were included as a reduction of the return earned on each fund.

9. TAX STATUS

Under a determination letter dated December 14, 1984, the Internal Revenue Service (IRS) ruled that the Fund qualifies as a tax-exempt, publicly supported organization under Section 501(c)(3) of the IRC and is therefore not subject to tax under present income tax laws.

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

10. TERMINATION OF THE FUND

Although they have not expressed any intention to do so, the Trustees have the right to terminate the Fund subject to the provisions of ERISA. In the event of the termination of the Fund, the priorities of the Trustees are to provide for all operating expenses and expenses of termination. Remaining assets are to be applied so as to further the original purpose of the Fund.

11. RISKS AND UNCERTAINTIES

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

PLUMBERS LOCAL 75 EDUCATION FUND
NOTES TO FINANCIAL STATEMENTS (Continued)

12. SUBSEQUENT EVENTS

The Fund has evaluated subsequent events through October 14, 2025, which was the date that these financial statements were available for issuance and determined that, aside from the lease executed after year end as disclosed in Note 8, there were no other significant nonrecognized subsequent events through that date.

SUPPLEMENTAL SCHEDULES

PLUMBERS LOCAL 75 EDUCATION FUND

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

EIN: 39-6146586 PLAN: 501

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		Cost	Current Value
Cash				
* BMO Harris Bank N.A.	Money Market Account		\$ 49,897	\$ 49,897
Certificates of Deposit				
* BMO Harris Bank N.A.	4.60%, due 01/05/2025		263,414	263,414
* BMO Harris Bank N.A.	5.05%, due 01/18/2025		256,402	256,402
* BMO Harris Bank N.A.	4.60%, due 01/18/2025		256,497	256,497
* BMO Harris Bank N.A.	4.60%, due 02/05/2025		253,245	253,245
	Total certificates of deposit		<u>1,029,558</u>	<u>1,029,558</u>
Mutual Funds and Money Market Mutual Fund				
Baird	Intermediate Bond Fund		599,871	588,355
Columbia	Total Return Bond Fund		424	389
Goldman Sachs	Finanical Square Government Fund		22,414	22,414
Vanguard	Short-Term Investment Grade Fund		598,193	603,861
Vanguard	Total Stock Market Index Fund		216,605	398,413
	Total mutual funds and money market mutual fund		<u>1,437,507</u>	<u>1,613,432</u>
TOTAL INVESTMENTS			<u>\$ 2,516,962</u>	<u>\$ 2,692,887</u>

* Denotes a party-in-interest to the Plan.

See accompanying notes and independent auditor's opinion.

PLUMBERS LOCAL 75 EDUCATION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, ITEM 4j

EIN: 39-6146586 PLAN: 501

For the Year Ended December 31, 2024

The following series of transactions exceeded 5% of the fair value of Fund assets at January 1, 2024:

(a) Identity of Party Involved	(b) Description of Assets, Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Cash								
BMO Harris Bank N.A.	Money Market Account							
	(4 transactions)	\$ 522,903	\$ -	\$ -	\$ -	\$ 522,903	\$ 522,903	\$ -
	(3 transactions)	-	750,000	-	-	750,000	750,000	-

See accompanying notes and independent auditor's opinion.

PLUMBERS LOCAL 75 EDUCATION FUND

SCHEDULES OF PROGRAM AND GENERAL EXPENSES

For the Years Ended December 31, 2024 and 2023

	Program Expenses	General Expenses	Total	
			2024	2023
Salaries and fringe benefits				
Training director's salary	\$ 146,896	\$ -	\$ 146,896	\$ 133,316
Assistant training director's salary	146,896	-	146,896	118,503
Instructors' Salaries	1,127,379	-	1,127,379	890,490
Committee member's salaries	6,870	-	6,870	4,902
Instructors' training expenses	35,889	-	35,889	20,447
Office salaries	-	182,004	182,004	157,406
Payroll taxes	112,864	14,384	127,248	104,907
Pension and health fund contributions	635,608	22,840	658,448	548,546
Total salaries and fringe benefits	2,212,402	219,228	2,431,630	1,978,517
Other operating expenses				
Accounting fees	-	21,710	21,710	20,395
Administrative fees - Madison	-	-	-	6,484
Advertising	-	9,567	9,567	6,167
Apprentice contest	1,613	-	1,613	-
Apprentice wage reimbursement	-	135,952	135,952	135,849
Bank fees	-	2,988	2,988	2,043
Big Step	-	69,925	69,925	69,781
Computer expense	-	31,904	31,904	46,792
Construction Labor Management	-	40,402	40,402	35,045
Depreciation expense	-	163,954	163,954	134,091
Dues and subscriptions	-	8,586	8,586	3,461
Insurance expense	-	21,650	21,650	16,688
International Training Fund	-	187,213	187,213	196,337
Legal fees	10,466	-	10,466	18,254
Maintenance and repairs	-	721	721	1,415
Med gas lab expense	35,567	-	35,567	36,125
Office supplies and expenses	-	41,007	41,007	44,494
Payroll audit fees	-	1,800	1,800	2,400
Postage	-	2,949	2,949	2,567
Printing expense	-	11,674	11,674	1,398
Rent - Madison	-	616,422	616,422	354,750
Rent - Milwaukee	-	146,736	146,736	146,736
Substance abuse program	-	37,563	37,563	39,387
Telephone	-	9,269	9,269	4,065
Training materials and supplies	168,522	-	168,522	188,920
Travel and meals expenses	-	56,415	56,415	70,376
Total other operating expenses	216,168	1,618,407	1,834,575	1,584,020
TOTAL PROGRAM AND GENERAL EXPENSES	\$ 2,428,570	\$ 1,837,635	\$ 4,266,205	\$ 3,562,537

See accompanying notes and independent auditor's opinion.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan PLUMBERS LOCAL 75 EDUCATION FUND	1b Three-digit plan number (PN) ▶ 501 1c Effective date of plan 01/01/1969
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF PLUMBERS LOCAL 75 EDUCATION FUND 11175 W. PARKLAND AVENUE MILWAUKEE WI 53224	2b Employer Identification Number (EIN) 39-6146586 2c Plan Sponsor's telephone number 414-359-1318 2d Business code (see instructions) 238220

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

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

SIGN HERE		10/15/2025	JONATHAN KOWALSKI, CHAIRMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/25	DAVID KOZINSKI, SECRETARY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES MILWAUKEE PLUMBERS EDUCATION FUND 11175 W. PARKLAND AVE MILWAUKEE WI 53224	3b Administrator's EIN 39-1252014 3c Administrator's telephone number 414-359-1318																														
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																														
5 Total number of participants at the beginning of the plan year	5 1,482																														
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="width:10%;"></td><td style="width:80%; text-align: right;">1,482</td></tr> <tr><td>6a(2)</td><td></td><td style="text-align: right;">1,474</td></tr> <tr><td>6b</td><td></td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td></td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td></td><td style="text-align: right;">1,474</td></tr> <tr><td>6e</td><td></td><td></td></tr> <tr><td>6f</td><td></td><td></td></tr> <tr><td>6g(1)</td><td></td><td></td></tr> <tr><td>6g(2)</td><td></td><td></td></tr> <tr><td>6h</td><td></td><td></td></tr> </table>	6a(1)		1,482	6a(2)		1,474	6b		0	6c		0	6d		1,474	6e			6f			6g(1)			6g(2)			6h		
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6d		1,474																													
6e																															
6f																															
6g(1)																															
6g(2)																															
6h																															
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 83																														

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4J

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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PLUMBERS LOCAL 75 EDUCATION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, ITEM 4j

EIN: 39-6146586 PLAN: 501

For the Year Ended December 31, 2024

The following series of transactions exceeded 5% of the fair value of Fund assets at January 1, 2024:

(a) Identity of Party Involved	(b) Description of Assets, Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Cash								
BMO Harris Bank N.A.	Money Market Account							
	(4 transactions)	\$ 522,903	\$ -	\$ -	\$ -	\$ 522,903	\$ 522,903	\$ -
	(3 transactions)	-	750,000	-	-	750,000	750,000	-

See accompanying notes and independent auditor's opinion.

PLUMBERS LOCAL 75 EDUCATION FUND

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

EIN: 39-6146586 PLAN: 501

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		Cost	Current Value
Cash				
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	Total certificates of deposit		<u>1,029,558</u>	<u>1,029,558</u>
Mutual Funds and Money Market Mutual Fund				
Baird	Intermediate Bond Fund		599,871	588,355
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Vanguard	Short-Term Investment Grade Fund		598,193	603,861
Vanguard	Total Stock Market Index Fund		216,605	398,413
	Total mutual funds and money market mutual fund		<u>1,437,507</u>	<u>1,613,432</u>
TOTAL INVESTMENTS			<u>\$ 2,516,962</u>	<u>\$ 2,692,887</u>

* Denotes a party-in-interest to the Plan.

See accompanying notes and independent auditor's opinion.