

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan PLUMBERS' PENSION FUND, LOCAL 130, U.A.
1b Three-digit plan number (PN) ▶ 001
1c Effective date of plan 06/01/1953
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF THE PLUMBERS PENSION FUND, LOCAL 130, U.A. 1340 WEST WASHINGTON BLVD. CHICAGO, IL 60607-1936
2b Employer Identification Number (EIN) 36-6489579
2c Plan Sponsor's telephone number 312-757-4689
2d Business code (see instructions) 238220

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include James F. Coyne (plan administrator) and Michael J. Kerrigan (employer/plan sponsor).

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	9340
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.....	6a(1)	2976
	6a(2)	3098
	6b	2710
	6c	2595
	6d	8403
	6e	1099
	6f	9502
	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	362

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input 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)

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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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 style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA02158	9502	06/01/2024	05/31/2025

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

<p>(a) Total amount of commissions paid 17813</p>	<p>(b) Total amount of fees paid 165706</p>
---	---

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
ULLICO INVESTMENT COMPANY LLC **8403 COLESVILLE ROAD**
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
165706	ASSET MANAGEMENT FEES	7	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE UNION LABOR LIFE INSURANCE CO **8403 COLESVILLE ROAD, 13TH FLOOR**
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17813		0	

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	31198341

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

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

1a Enter the valuation date: Month 06 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	<u>1593421118</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>1626955442</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>1560738302</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>1560738302</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>2492557951</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>71840262</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>100516514</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>102516514</u>

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

SIGN HERE <u>DAVID W. MACFADDEN, MAAA, EA</u> Type or print name of actuary <u>SEGAL</u> Firm name <u>101 NORTH WACKER DRIVE, SUITE 1800</u> <u>CHICAGO, IL 60606</u> Address of the firm	<u>01/07/2026</u> Date <u>23-09067</u> Most recent enrollment number <u>312-984-8500</u> Telephone number (including area code)
---	--

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	3.63 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.00 %	7.00 %	
e Salary scale	6e	%	<input checked="" type="checkbox"/> N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.4 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.1 %		
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1928395		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	15079870	1547373
3	7074662	7074662
4	-2438055	-250173

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	35266677

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	367606264	67124561
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		7167387
e Total charges. Add lines 9a through 9d.....	9e		109558625
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		316771661
g Employer contributions. Total from column (b) of line 3.....	9g		63119958
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	117051743	20715910
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		25833329
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	341710409	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	665042478	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		426440858
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		316882233
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

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

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

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

NEWTOWER TRUST COMPANY

30-0872552

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

NEUBERGER BERMAN US EQ INDEX FD LLC

81-4341513

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

HUDSON EDGE INVESTMENT PARTNERS

52-1296988

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

ROBERT W. BAIRD & CO. INCORP.

39-6037917

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

CONSTITUTION CAPITAL PARTNERS LP

300 BRICKSTONE SQUARE 7TH FLOOR
ANDOVER, MA 01810

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

NORTHERN TRUST CORPORATION

36-2723087

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

IRONSIDES OPPORTUNITIES GP, LLC

300 BRICKSTONE SQUARE 10TH FLOOR
ANDOVER, MA 01810

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

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

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

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

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	950726	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)

NATL INVSTMNT SVCS OF AMERICA LLC

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	544999	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)

INTERCONTINENTAL REAL ESTATE CORP

11-3786306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	441689	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)

WILLIAM BLAIR INVESTMENT MGMT, LLC

47-2614791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	412525	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)

SEGAL

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	347311	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)

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	298230	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)

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	245066	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)

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 52	NONE	218564	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN REALTY ADVISORS

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	205870	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)

BOYD WATTERSON ASSET MANAGEMENT LLC

1301 EAST 9TH STREET, SUITE 2900
CLEVELAND, OH 44114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	203312	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)

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	191494	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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 52 51 62	NONE	184914	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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)

JP MORGAN CHASE BANK N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24 27 28 50 51	NONE	170145	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)

AQR CAPITAL MANAGEMENT LLC

13-3987414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	168243	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)

JOSEPH OHM

36-6489579

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 30	EMPLOYEE	159214	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)

CHURCHILL ASSET MANAGMENT LLC

47-3156644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	151666	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARQUETTE ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	150000	Yes <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)

VICKIE KOSTANSKI

36-6489579

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	121281	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)

DENISE DELHAYE

36-6489579

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	116894	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)

GREGORIO, STEC, KLEIN & HOSE

99-0408958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	115869	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)

MIDWEST INST. TRUST COMPANY

93-1799133

(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?
52 61 63 71	NONE	114316	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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)

GOLDMAN SACHS ASSET MGMT LP

13-3575636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 52 56	NONE	75370	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIDGEWAY BENEFIT TECHNOLOGIES LLC

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 15 16 64	NONE	65799	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHRIS ANISH

36-6489579

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57817	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)

GREAT LAKES ADVISORS, LLC

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	50380	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)

NANCY JONES

36-6489579

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42310	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)

ELIZABETH STIERLE

36-6489579

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37256	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)

JENNIFER KREJCA

36-6489579

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	32334	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)

LANER MUCHIN, LTD.

36-3088463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	28605	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)

STADTLER TECHNOLOGIES

46-2406523

(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?
49	NONE	7375	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 62	NONE	6121	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(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
BRIDGEWAY BENEFIT TECHNOLOGIES LLC 52-1796473	15 16 64	DID NOT RESPOND TO THE PLAN'S REQUEST FOR CONFIRMATION OF INDIRECT COMPENSATION.

(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
GOLDMAN SACHS ASSET MGMT LP 13-3575636	28 51	DID NOT RESPOND TO THE PLAN'S REQUEST FOR CONFIRMATION OF INDIRECT COMPENSATION.

(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
STADTLER TECHNOLOGIES 46-2406523	49	DID NOT RESPOND TO THE PLAN'S REQUEST FOR CONFIRMATION OF INDIRECT COMPENSATION.

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning <u>06/01/2024</u> and ending <u>05/31/2025</u>	
A Name of plan <u>PLUMBERS' PENSION FUND, LOCAL 130, U.A.</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF THE PLUMBERS PENSION FUND, LOCAL 130, U.A.</u>	D Employer Identification Number (EIN) <u>36-6489579</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34365514</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS COLLECTIVE TRUST CORE</u>		
b Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS TRUST COMPANY NA</u>		
c EIN-PN <u>13-4166989-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15376507</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMINGLED PENSION TRUST FUND (SPEC</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>13-3980309-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12283827</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES CORE PLUS FIXED INCOM</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
c EIN-PN <u>84-6391546-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>99435285</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEWTOWER TRUST COMPANY MULTI-EMPLOY</u>		
b Name of sponsor of entity listed in (a): <u>NEWTOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53559875</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS CORE FIXED INCOME FUND, LLC</u>		
b Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
c EIN-PN <u>20-0005644-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>99005663</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS HIGH YIELD FUND, LLC</u>		
b Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
c EIN-PN <u>39-2021943-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5089197</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS PREFERRED STOCK FUND II, LLC		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 16-1626084-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9301234
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS TOTAL ABSOLUTE RETURN FUND, LLC		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 45-4783986-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8277591
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INVESTMENT		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 254
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 INDEX FU		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 633924600
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE QUALITY SMALL CAP COR		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50685960
a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR INTERNATIONAL LEADERS		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 27-6331814-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67452139
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERGING MARKETS SMALL		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 26-6149812-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32391023
a Name of MTIA, CCT, PSA, or 103-12 IE: THE UNION LABOR LIFE INS. CO. SEPAR		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY		
c EIN-PN 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31198341
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FU		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS, INC.		
c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63620502
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN U.S. EQUITY INDEX		
b Name of sponsor of entity listed in (a): NEUBERGER BERMAN INVESTMENT ADVISERS LLC		
c EIN-PN 81-4341513-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55060468

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan PLUMBERS' PENSION FUND, LOCAL 130, U.A.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE PLUMBERS PENSION FUND, LOCAL 130, U.A.	D Employer Identification Number (EIN) 36-6489579

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	7819944	10047297
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5605784	6062982
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	984657	786499
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6787256	1583966
(2) U.S. Government securities	1c(2)	10790267	14183273
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	12609798	10481777
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	160768941	227263633
(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)	1143455279	1121148669
(10) Value of interest in pooled separate accounts	1c(10)	29629380	31198341
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	112457515	118680970
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	64634295	104842062
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	38772442	44997895

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	100494	82887
f Total assets (add all amounts in lines 1a through 1e).....	1f	1594416052	1691360251
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	873293	644630
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	121641	332817
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	994934	977447
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1593421118	1690382804

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)	63119958	
(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)		63119958
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	483813	
(B) U.S. Government securities.....	2b(1)(B)	431592	
(C) Corporate debt instruments.....	2b(1)(C)	487550	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	2213	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1405168
(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)	4066602	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4066602
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	122287019	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	122509838	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-222819
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	21580161	
(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)	99187661
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	1734667
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	8553829
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	1141165
c Other income	2c	22006
d Total income. Add all income amounts in column (b) and enter total	2d	200588398

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	96816441
(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)	96816441
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)	566178
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	100760
(4) IQPA audit fees	2i(4)	90734
(5) Investment advisory and investment management fees	2i(5)	4654151
(6) Bank or trust company trustee/custodial fees	2i(6)	114316
(7) Actuarial fees	2i(7)	347311
(8) Legal fees	2i(8)	144474
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	15656
(11) Other expenses	2i(11)	776691
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	6810271
j Total expenses. Add all expense amounts in column (b) and enter total	2j	103626712

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	96961686
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: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		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 567044.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	4

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a	Name of contributing employer AMS MECHANICAL SYSTEMS INC		
b	EIN 36-2643755	c	Dollar amount contributed by employer 1913368
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2028		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 13.04		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer EWING-DOHERTY MECH INC		
b	EIN 36-2994463	c	Dollar amount contributed by employer 1794940
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2028		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 13.04		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer GREAT LAKES PLBG & HTG CO		
b	EIN 36-2058159	c	Dollar amount contributed by employer 1893152
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2028		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 13.04		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer NORMAN PLBG INC		
b	EIN 36-3518364	c	Dollar amount contributed by employer 1618746
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2028		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 13.04		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer DW MECHANICAL GROUP INC		
b	EIN 82-4248018	c	Dollar amount contributed by employer 1053801
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2028		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 13.04		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer M V P PLUMBING		
b	EIN 36-4116470	c	Dollar amount contributed by employer 1240479
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2028		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 13.04		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **HILL MECHANICAL CORP**

b EIN **36-1334975** **c** Dollar amount contributed by employer **1673451**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2028**

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

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

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

a Name of contributing employer **JOHNS PLBG & HTG**

b EIN **36-3293812** **c** Dollar amount contributed by employer **1152484**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2028**

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

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

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

a Name of contributing employer **FETTES LOVE & SIEBEN**

b EIN **36-1068130** **c** Dollar amount contributed by employer **1097554**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2028**

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

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

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

a Name of contributing employer **JOS SERVICES INC**

b EIN **47-2815273** **c** Dollar amount contributed by employer **1020344**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2028**

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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).....	14b	
c 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).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.01
b The corresponding number for the second preceding plan year	15b	1.02

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 54.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 22.0 %
 High-Yield Debt: 1.0 % Real Assets: 14.0 % Cash or Cash Equivalents: 0.0 % Other: 9.0 %

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' Pension Fund, Local 130, U.A.

Financial Statements

May 31, 2025

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

Financial Statements with Supplementary Information

May 31, 2025 and 2024

Contents

	Page
Report of Independent Auditors	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
	Schedule
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	1
Schedule H, Line 4j - Schedule of Reportable Transactions	2

Report of Independent Auditors

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

Opinion

We have audited the financial statements of Plumbers' Pension Fund, Local 130, U.A. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Plumbers' Pension Fund, Local 130, U.A. as of May 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of May 31, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

Responsibilities of Management for the Financial Statements (continued)

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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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

Legacy Professionals LLP

Westchester, Illinois

February 13, 2026

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

Statements of Net Assets Available for Benefits

May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments - at fair value		
U.S. Government, Government Agency and municipal obligations	\$ 14,360,526	\$ 10,958,952
Corporate bonds and notes	10,481,777	12,609,798
Mutual funds	104,842,062	64,634,295
Common and collective trusts	1,121,148,669	1,143,455,279
Pooled funds	194,699,953	180,690,652
Limited partnerships	227,263,633	160,768,941
Money market funds and invested cash	<u>1,583,966</u>	<u>6,787,256</u>
Total investments	<u>1,674,380,586</u>	<u>1,579,905,173</u>
Receivables		
Contractor contributions - net of estimated credit losses of \$2,005,346 (2025) and \$1,109,551 (2024)	6,062,982	5,605,784
Accrued interest and dividends	174,333	218,069
Due from broker	-	217,922
Due from related organizations		
Lockbox remittances	316,795	18,301
Shared services - net	<u>-</u>	<u>371,309</u>
Total receivables	<u>6,554,110</u>	<u>6,431,385</u>
Property and equipment		
Equipment and furniture	245,226	245,226
Less accumulated depreciation	<u>(162,339)</u>	<u>(144,732)</u>
Net property and equipment	<u>82,887</u>	<u>100,494</u>
Cash	<u>10,047,297</u>	<u>7,819,944</u>
Prepaid expenses	<u>269,236</u>	<u>37,415</u>
Total assets	<u>1,691,334,116</u>	<u>1,594,294,411</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	644,630	873,293
Due to broker	57,478	-
Due to related organizations - net	<u>249,204</u>	<u>-</u>
Total liabilities	<u>951,312</u>	<u>873,293</u>
Net assets available for benefits	<u>\$ 1,690,382,804</u>	<u>\$ 1,593,421,118</u>

See accompanying notes to financial statements.

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

Statements of Changes in Net Assets Available for Benefits

Years Ended May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value		
of investments	\$ 131,974,664	\$ 174,254,517
Interest and dividends	<u>5,471,770</u>	<u>3,549,216</u>
	137,446,434	177,803,733
Less investment expenses	<u>(4,768,467)</u>	<u>(4,497,178)</u>
Investment income - net	132,677,967	173,306,555
Contractor contributions, interest and		
liquidated damages	63,119,958	64,795,928
Other income	<u>125</u>	<u>50</u>
Total additions	<u>195,798,050</u>	<u>238,102,533</u>
Deductions		
Pension and death benefits	96,816,441	85,685,328
Administrative expenses	<u>2,019,923</u>	<u>1,955,891</u>
Total deductions	<u>98,836,364</u>	<u>87,641,219</u>
Net Increase (decrease)	96,961,686	150,461,314
Net assets available for benefits		
Beginning of year	<u>1,593,421,118</u>	<u>1,442,959,804</u>
End of year	<u>\$ 1,690,382,804</u>	<u>\$ 1,593,421,118</u>

See accompanying notes to financial statements.

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

Notes to Financial Statements

May 31, 2025 and 2024

Note 1. Summary of Significant Accounting Policies

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

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

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

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

Contributions Receivable - Contractor contributions due and not paid prior to year end are recorded as contributions receivable. Contractor contributions due as determined by payroll compliance audits are reserved for uncertain collections. The receivable is shown net of an allowance for uncollectible accounts (estimated credit losses) of \$2,005,346 at May 31, 2025 and \$1,109,551 at May 31, 2024, which were determined by a review of historical losses, the aging of receivables and adjusted for management's assessment of current conditions, and reasonable and supportable forecasts regarding future events.

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

Equipment and furniture	3 - 10 years
Computer software	10 years

Depreciation expense was \$20,610 and \$19,921 for the years ended May 31, 2025 and 2024, respectively.

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

Note 1. Summary of Significant Accounting Policies (continued)

Revenue Recognition - Revenue derived from contractor contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and contribution rates set forth in the collective bargaining agreements.

Contractors are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within a jurisdiction located primarily in the following counties of Illinois: Bureau, Cook, Dekalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Kendall, Lake, LaSalle, McHenry, Putnam, Will, and parts of Livingston, Marshall, and Woodford Counties.

Leases - Arrangements for leased office space with related parties are described in Note 10. Due to the immaterial nature of amounts owed pursuant to the leasing arrangements, the Plan has not adopted the provisions of accounting guidance for leases required by generally accepted accounting principles.

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

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

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

Subsequent Events - Subsequent events have been evaluated through February 13, 2026, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

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

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

- Regular retirement benefit if the participant is vested and has attained age 60 or if the sum of the participant's age and pension credits equals or exceeds 95; or
- Effective June 1, 2023, early retirement at age 58 with 2% per year reductions prior to age 60; or

Note 2. Description of the Plan (continued)

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

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

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

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

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

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

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

Note 3. Priorities upon Termination

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

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

Note 4. Tax Status

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

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

Note 5. Actuarial Information

An actuarial valuation of the Plan was made by The Segal Company as of May 31, 2024. Information in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 804,901,318
Other vested benefits	<u>734,100,450</u>
	1,539,001,768
Nonvested benefits	<u>21,736,534</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 1,560,738,302</u>

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended May 31, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 1,504,418,070
Increase (decrease) during the year attributable to:		
Plan amendments	7,074,662	
Benefits accumulation and actuarial experience	35,308,590	
Benefits paid	(85,685,328)	
Changes in actuarial assumptions	(2,438,055)	
Interest	<u>102,060,363</u>	
Net increase		<u>56,320,232</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 1,560,738,302</u>

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

- Mortality:
 - Healthy - 95% of Pri-2012 Blue Collar Healthy Retiree Amount-weighted Mortality Tables, sex distinct, projected generationally from 2012 with scale MP-2021.
 - Disabled - 95% of Pri-2012 Disabled Retiree Amount-weighted Mortality Tables, sex distinct, projected generationally from 2012 with scale MP-2021.
 - Non-annuitants - 95% of Pri-2012 Blue Collar Employee Amount-weighted Mortality Tables, sex distinct, projected generationally from 2012 with scale MP-2021.
 - Contingent Survivors – 95% of Pri-2012 Blue Collar Contingent Survivor Amount weighted Mortality Tables, sex distinct, projected generationally from 2012 with scale MP-2021

Note 5. Actuarial Information (continued)

- Retirement:

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

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

Changes in actuarial assumptions decreased obligations by \$2,438,055 which included changing the interest rate from 2.80% to 3.63% and updating participant mortality assumptions.

Plan amendments increased obligations by \$7,074,662 which included a bonus check for existing participants, an increase in the basic benefit accrual rate from \$160 to \$180 for pension credits earned on and after June 1, 2024, and an increase in bonus credit accrual rate from \$10 to \$20 for bonus credits earned after June 1, 2024.

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

Since information on the accumulated plan benefits at May 31, 2025 and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of May 31, 2025 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended May 31, 2025. The complete financial status is presented as of May 31, 2024.

For the Plan year beginning June 1, 2025, the Plan's actuary has certified that the Plan is in neither critical nor endangered status ("green zone"), as defined by the Pension Protection Act of 2006, as amended.

Note 6. Fair Value Measurements

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

Basis of Fair Value Measurement

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

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of May 31, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Note 6. Fair Value Measurements (continued)

	<u>Total</u>	<u>Fair Value Measurements at 5/31/25 Using</u>		
		<u>Quoted Prices</u> in Active Markets for Identical Assets (Level 1)	<u>Significant</u> Other Observable Inputs (Level 2)	<u>Significant</u> Unobservable Inputs (Level 3)
U.S. Government, Government Agency, and municipal obligations	\$ 14,360,526	\$ 5,084,179	\$ 9,276,347	\$ -
Corporate bonds and notes	10,481,777	-	10,481,777	-
Mutual fund	78,721,626	78,721,626	-	-
Money market funds and invested cash	1,583,966	-	1,583,966	-
	<u>105,147,895</u>	<u>\$ 83,805,805</u>	<u>\$ 21,342,090</u>	<u>\$ -</u>
Investments measured at net asset value:				
Mutual fund	26,120,436			
Common and collective trusts	1,121,148,669			
Pooled funds	194,699,953			
Limited partnerships	<u>227,263,633</u>			
Total	<u>\$ 1,674,380,586</u>			

Note 6. Fair Value Measurements (continued)

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

Level 1 Measurements

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

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

Level 2 Measurements

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

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

Note 6. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient

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

The common and collective trusts and three of the pooled funds are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. The redemption frequency of these investments are generally daily, monthly, or quarterly with notice periods up to 90 days. One real estate investment fund with a fair value of \$34,365,514 and \$33,213,169 at May 31, 2025 and 2024, respectively, restricted redemptions in May 2023 pending the implementation of a three phase strategy to stabilize, reposition and grow its portfolio in light of economic, interest rate and liquidity challenges. The fund manager stated that it cannot predict the duration of this restriction on redemptions. No adjustment to the reported net asset value was considered necessary.

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

Description	Fair Value		Redemption		Termination Date
	2025	2024	Frequency	Notice Period	
Mutual fund - U.S Government Agency obligations	\$ 26,120,436	\$ 24,755,908	Monthly	None	N/A
Limited partnership - equity	\$ 39,080,388	\$ 32,329,560	Monthly	5 days	N/A
Limited partnership - international equity	\$ 70,575,871	\$ 47,980,479	Monthly	5 days	N/A
Limited partnership - private equity	\$ 69,451	\$ 199,169	Redemptions not allowed		April 6, 2017
Limited partnership - real estate	\$ 16,783,107	\$ 16,756,781	Quarterly	30 days	N/A
Limited partnership - real estate	\$ 47,351,727	\$ 48,254,480	Quarterly	90 days	N/A
Pooled fund - Master Account which focuses on equity, government bond, and commodities	\$ 44,820,641	\$ 38,603,757	Monthly	15 days	N/A
Limited partnership - private equity	\$ 18,382,084	\$ 11,343,384	Redemptions not allowed		July 1, 2032
Limited partnership - international equity	\$ 30,002,092	\$ 3,905,088	Annually	180 days	N/A
Limited partnership - real estate	\$ 5,018,913	\$ -	Quarterly	60 days	N/A

Note 7. Capital Commitments

The Plan participates in five limited partnerships that required capital commitments of \$143,000,000. The remaining capital commitment was approximately \$26,700,000 as of May 31, 2025.

Note 8. Risks and Uncertainties

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

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

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

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

The Plan has a significant portion of its assets invested in the Northern Trust Collective Russell 1000 Index Fund - Lending, a common and collective trust. This investment represented approximately 37% and 35% of the Plan's net assets available for benefits as of May 31, 2025 and 2024, respectively.

Note 9. Funding Policy

The participating contractors contribute such amounts as specified in their collective bargaining agreements. The hourly contribution rate was \$13.04 for both of the years ended May 31, 2025 and 2024.

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of June 1, 2024.

Note 10. Related Party Transactions

Identification of Related Organizations

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

Office Lease

Effective June 1, 2017, the related welfare plan entered into a lease agreement with the related local union which expired May 31, 2025 and was renewed through May 31, 2030. The lease required an annual rent of \$171,948 through May 31, 2025 and increased to \$214,932 June 1, 2025. Additionally, on an annual basis, the related welfare plan allocates a portion of its rent to several of the aforementioned related organizations for shared office space.

Total rent expense (net of amounts allocated to related organizations) was \$47,048 and \$46,271 for the years ended May 31, 2025 and 2024, respectively.

Shared Expenses

The Plan shares certain facilities, equipment and staff with various related organizations. The Plan initially pays the costs related to these shared operations, which are then allocated based on estimates of time spent, costs incurred and space utilized. During the years ended May 31, 2025 and 2024, the Plan was reimbursed a total of \$548,800 and \$131,201 respectively, for shared operating expenses. At May 31, 2025 and 2024, the related organizations owed the Plan \$25,661 and \$492,950 respectively for allocated expenses in excess of amounts reimbursed.

Additionally, the Plan shares certain facilities, equipment and staff with the related welfare plan. The welfare plan initially pays the costs related to certain operations which are then allocated to the Plan based on estimates of time spent, costs incurred and space utilized. During the years ended May 31, 2025 and 2024, the Plan was allocated a total of \$478,280 and \$368,546 respectively, for shared operating expenses. At May 31, 2025 and 2024, the Plan owed \$219,807 and \$106,367 respectively for allocated expenses in excess of amounts reimbursed.

Benefit Plan Contributions

Full-time office staff and full-time employees shared with one of the related welfare plans are covered under the Plan. The Plan's allocated portion of the contributions to this plan for the years ended May 31, 2025 and 2024 totaled \$65,174 and \$69,008 respectively.

Full-time staff are covered under a multiemployer defined contribution retirement plan. The Plan's allocated portion of the contributions to this plan for the years ended May 31, 2025 and 2024 was \$23,490 and \$22,491 respectively.

Note 10. Related Party Transactions (continued)

Benefit Plan Contributions (continued)

Full-time employees are also covered by two multiemployer welfare plans: one that provides health benefits to active employees and their dependents and another that provides health benefits to retirees. Contributions to these plans for the years ended May 31, 2025 and 2024 totaled \$71,972 and \$73,029 respectively.

Contributions and Collections

Processing of contractor contributions and administration of the audit and collections program on behalf of the Plan is the responsibility of the related welfare plan. Allocations of collection expenses, which are primarily comprised of employee related expenses, occupancy, office expenses and professional fees, totaled \$345,457 and \$322,273 for the years ended May 31, 2025 and 2024, respectively. At May 31, 2025 and 2024, the Plan owed the related welfare plan \$55,058 and \$15,274 for allocated collection expenses, respectively.

Lockbox Accounts

The welfare plan maintains three lockbox accounts. Each lockbox collects contributions for the Plan and affiliated organizations. On a regular basis, contributions due to the Plan are transferred from the lockbox accounts. Contributions due from the lockbox accounts to the Plan at May 31, 2025 and 2024 totaled \$316,795 and \$18,301 respectively.

Report of Independent Auditors on Supplemental Schedules

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

We have audited the financial statements of Plumbers' Pension Fund, Local 130, U.A. (the Plan) as of and for the years ended May 31, 2025 and 2024, and our report thereon dated February 13, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

February 13, 2026

Summary of Plumbers 130 plan provisions

(Schedule MB, Line 6)

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

Plan year

June 1 through May 31

Pension credit year

June 1 through May 31

Plan status

Ongoing plan

Normal pension

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

Break in Service Date or Retirement Date	Pension Benefit Accrual Rate for Pension Credit Years Earned						
	Through 5/31/2012	6/1/2012 – 5/31/2014	6/1/2014 – 5/31/2016	6/1/2016 – 5/31/2021	6/1/2021 and 5/31/2022	6/1/2022 and 5/31/2024	6/1/2024 and thereafter
Through 5/31/2012*	\$95						
6/1/2012 – 5/31/2016	\$95	\$115	\$115				
6/1/2016 – 5/31/2018	\$95	\$115	\$115	\$125			
6/1/2018 and thereafter	\$95	\$115	\$130	\$140	\$150	\$160	\$180

*Lower accrual rates apply for terminated participants in previous years.

- Plus \$10 for each bonus credit earned after June 1, 1987 and before May 31, 2024
- Plus \$20 for each bonus credit earned after June 1, 2024

Early retirement

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

Rule of 95 pension

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

Disability

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

Vesting

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

Spouse's pre-retirement death benefit

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

Post-retirement death benefit

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

Lump Sum options

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

Forms of payment

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

Participation

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

Pension credit (years of service)

For pension credit years prior to June 1, 2019:

Years of Pension Credit Earned	Hours Required Up to Age 60	Hours Required After Age 60
1.00	1,200+	600+
0.75	900 – 1,199	450 – 599
0.50	600 – 899	300 – 499
0.00	0 – 599	0 – 299

For pension credit years after May 31, 2019:

Prior to Age 60		After Age 60	
Years of Pension Credit Earned	Hours Required	Years of Pension Credit Earned	Hours Required
1	1,200+	1.00	600+
11/12	1,100 – 1,199	3/4	450 – 599
10/12	1,000 – 1,099	1/2	300 – 499
9/12	900 – 999	0	0 – 299
8/12	800 – 899		
7/12	700 – 799		
1/2	600 – 699		
0	0 – 599		

Bonus credit

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

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

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

Hours banks

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

Vesting credit

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

Contribution rate

The main contribution rate for Plumber participants is \$13.04 per hour and the contribution rate for Technical Engineering participants is \$10.20 per hour. As of June 1, 2024, the average contribution rate for all participants is assumed to be \$11.86 per hour, including recognition of National Residential Service Agreement participants and reduced apprenticeship contribution rates.

The following contribution rates are in effect as of June 1, 2024:

Participant Group	Hourly Contribution Rate	Percentage of Active Population Contributing at this Rate
National Residential Service Agreement	\$1.00	5%
Residential Service Agreement	\$6.14	1%
2 nd and 3 rd Year Apprentices	\$8.04	8%
Plumbers Journeyman	\$13.04	81%
Technical Engineers	\$10.20	5%

Changes in plan provisions

The following plan changes were effective June 1, 2024:

- The Basic Benefit Accrual Rate increased from \$160 per Pension Credit to \$180 for Pension Credits earned on and after June 1, 2024.
- The Bonus Credit Accrual Rate increased from \$10 per Bonus Credit to \$20 for Bonus Credits earned on and after June 1, 2024.
- Bonus checks of \$1,778 were provided to all retirees and beneficiaries in pay status as of June 2024.

Summary of Local 422 Plan Provisions

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

Regular pension

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

Early retirement

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

Disability

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

Spouse's pre-retirement death benefit

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

Lump Sum option

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

Summary of Local 93 Plan Provisions

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

Regular pension

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

Early retirement

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

Supplemental retirement

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

Disability

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

Vesting

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

Spouse's pre-retirement death benefit

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

Lump Sum death benefit

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

Optional forms of payment

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

Participation

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

Pension credit (years of service)

Prior to December 1, 1963, full credit for completed years plus full credit for a partial year, up to a maximum of 10 years. After November 30, 1963, one year of pension credit is credited for any year with the employer contributed hours equal to the thresholds in the chart below:

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

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

December 1, 1986 – November 30, 1996

A maximum of 0.5 pension credits per year

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

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

December 1, 1996 – May 31, 2005

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

Vesting credit

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

When vested

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

Break year

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

Summary of Local 501 Plan Provisions

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

Regular pension

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

Early retirement

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

Disability

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

Vesting

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

Spouse's pre-retirement death benefit

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

Post-retirement death benefit

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

Participation

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

Forms of payment

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

Summary of Plumbers Staff Plan Provisions

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

Regular pension

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

Early retirement

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

Late retirement

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

Disability

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

Spouse's pre-retirement death benefit

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

Credited Service

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

Forms of payment

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

Participation

Immediate

Vesting percentage

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

Summary of Tech Fund Plan Provisions

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

Pension credit year

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

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

Normal pension

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

Vesting credit

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

Contribution rate

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

Plumbers' Pension Fund, Local 130, U.A
Schedule of Investments Held
Year Ended May 31, 2025

	Historical Cost	Market Value
Interest Bearing Cash		
Goldman Sachs Financial Sq Government #465	1,583,966	1,583,966
Total Interest Bearing Cash	<u>1,583,966</u>	<u>1,583,966</u>
U.S. Government and Government Agency obligation		
Great Lakes Advisors	<u>See Attached</u>	<u>See Attached</u>
Total U.S. Government and Government Agency obligations:	<u>15,841,309</u>	<u>14,183,273</u>
Corporate debt instrument		
Great Lakes Advisors	<u>See Attached</u>	<u>See Attached</u>
Total Corporate debt instruments	<u>11,507,140</u>	<u>10,481,777</u>
Registered Investment Companie		
AFL-CIO Housing Investment Trus	26,423,065	26,120,436
Baird Core Plus Bond Fund Inst #71	78,505,000	78,721,627
Total Registered Investment Companies	<u>104,928,065</u>	<u>104,842,063</u>
Common Collective Trust		
AFL-CIO Building Investment Trus	26,423,065	34,365,514
Goldman Sachs Collective Trust Core Plus Fixed Income Fund	13,132,460	15,376,507
Commingled Pension Trust (Special Situation Property) of JPMorgan Chase, N.A	15,239,285	12,283,827
Loomis Salyes Core Plus Fixed Income Trus	82,541,600	99,435,285
NewTower Trust Company MEPT	22,105,003	53,559,876
NIS Core Fixed Income Fund, LLC	81,087,893	99,005,663
NIS High Yield Fund, LLC	3,859,950	5,089,197
NIS Preferred Stock Fund II, LLC	7,179,994	9,301,234
NIS Total Abolsute Return Fund, LLC	5,958,822	8,277,591
Northern Trust Collective Short-term Investment Func	252	252
Northern Trust Collective Russell 1000 Fund	337,774,113	633,924,601
NT Collective Quality Small Cap Core U.S. Fund - Lending	22,382,226	50,685,960
State Street Emerging Markets Small Cap	29,789,228	32,391,023
William Blair International Leaders Collective Investment Fund	55,603,235	67,452,139
Total Common Collective Trusts	<u>703,077,126</u>	<u>1,121,148,669</u>
Pooled Separate Accounts		
Union Labor Life Insurance Company Separate Account .	<u>22,481,999</u>	<u>31,198,341</u>
Total Pooled Separate Accounts	<u>22,481,999</u>	<u>31,198,341</u>
103-12		
Neuberger Berman U.S. Equity Index Putwrite Fund LLC	35,000,000	55,060,468
Ullico Infrastructure Tax Exempt Fund LP	42,101,488	63,620,502
Total 103-12	<u>77,101,488</u>	<u>118,680,970</u>
Limited Partnership:		
American Realty Strategic Value Fund	14,986,169	16,783,107
Boyd Waterson	5,067,472	5,018,913
Churchill Middle Market Senior	30,000,000	30,002,092
HGK Trinity International Fund	55,000,000	70,575,871
Ironsides Opportunity Fund II	17,631,455	18,382,084
LSV International Small Cap Equity Fund, LP	23,789,494	39,080,388
Mesirow Financial Private Equity Partnership Fund III, LP	1,029,515	69,451
Intercontinental U.S. Real Estate Investment Fund, LLC	52,046,951	47,351,727
Total Limited Partnerships	<u>199,551,056</u>	<u>227,263,633</u>
Other Investments		
AQR Global Risk Premium Offshore Ltd.	43,064,821	44,820,641
Municipal obligations	180,000	177,253
Total Other Investments	<u>43,244,821</u>	<u>44,997,894</u>
Total Investments Held	<u>1,179,316,970</u>	<u>1,674,380,586</u>

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
Fixed Income										
Treasury and Federal Agencies										
Short (Less Than 5 Years)										
AF	- Federal Home Ln Mtg Corp Partn Gold Group #G15553 4.500% Dtd 09/01/2015 Due 09/01/2026 IPD14 3128MEMA6	0.550	.00	0.55 100.000	0.55 99.834	0.00	.00		0.04500	4.50%
AF	- Federal Home Ln Mtg Corp Partn Gold Group #J15786 4.500% Dtd 06/01/2011 Due 06/01/2026 IPD14 3128PVNB2	5,575.410	.00	5,775.78 103.594	5,565.88 99.829	- 209.90	.00	20.90	250.00 0.04500	4.51%
AF	- Federal Home Loan Bks Cons Bds 4.55% Dtd 03/28/2025 Due 03/24/2027 Callable 3130B5RM2	75,000.000	.02	75,000.00 100.000	74,933.25 99.911	- 66.75	.00	597.18	3,412.00 0.04550	4.55%
AF	- Federal Home Ln Mtg Corp Partn CTF Group #ZS6658 2.000% Dtd 09/01/2018 Due 03/01/2028 IPD24 3132A7MF5	16,565.490	.00	16,870.92 101.844	16,080.29 97.071	- 790.63	.00	27.60	331.00 0.02000	2.06%
AF	- Federal Home Ln Mtg Corp Partn CTF Group #ZS7189 3.000% Dtd 09/01/2018 Due 02/01/2030 IPD24 3132A77A3	38,935.820	.01	41,515.32 106.625	38,029.39 97.672	- 3,485.93	.00	97.33	1,168.00 0.03000	3.07%
AF	- Federal Farm CR Bks Cons Systemwide Bds 5.05% Dtd 07/18/2024 Due 01/18/2028 Callable 3133ERLN9	70,000.000	.02	70,000.00 100.000	70,002.10 100.003	2.10	.00	1,305.98	3,535.00 0.05050	5.05%
AF	- Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2013 9 Cl PT 1.25% Dtd 01/01/2013 Due 02/25/2028 IPD24 3136ABSM6	24,609.300	.01	24,182.56 98.266	23,786.21 96.655	- 396.35	.00	25.63	307.00 0.01250	1.29%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2013 85 CI AG 2.50% Dtd 07/01/2013 Due 08/25/2028 IPD24 <i>3136AF4S0</i>	6,724.250	.00	6,522.77 <i>97.004</i>	6,607.77 <i>98.267</i>	85.00	.00	14.00	168.00 <i>0.02500</i>	2.54%
AF	- Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2012 98 CI NT 1.50% Dtd 08/01/2012 Due 09/25/2027 IPD24 <i>3136A8BU3</i>	21,126.090	.01	21,561.82 <i>102.063</i>	20,550.47 <i>97.275</i>	- 1,011.35	.00	26.40	316.00 <i>0.01500</i>	1.54%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser K 1501 CI A 3 3.511% Dtd 07/01/2015 Due 04/25/2030 IPD24 <i>3137BKGK0</i>	255,000.000	.07	261,614.06 <i>102.594</i>	245,781.78 <i>96.385</i>	- 15,832.28	.01	746.08	8,953.00 <i>0.03511</i>	3.64%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd 2.544% Dtd 06/01/2017 Due 10/25/2025 IPD24 <i>3137BYLC2</i>	13,889.670	.00	13,833.25 <i>99.594</i>	13,798.76 <i>99.345</i>	- 34.49	.00	29.44	353.00 <i>0.02544</i>	2.56%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 4234 CI Ah 2.50% Dtd 07/01/2013 Due 07/15/2028 IPD14 <i>3137B3BB3</i>	1,506.890	.00	1,480.76 <i>98.266</i>	1,495.19 <i>99.223</i>	14.43	.00	3.13	37.00 <i>0.02500</i>	2.52%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser K 072 CI A 2 3.444% Dtd 01/01/2018 Due 12/25/2027 IPD24 <i>3137FEBQ2</i>	125,000.000	.04	137,226.56 <i>109.781</i>	122,596.99 <i>98.077</i>	- 14,629.57	.01	358.74	4,305.00 <i>0.03444</i>	3.51%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 00K092 CI A2 3.298% Dtd 05/01/2019 Due 04/25/2029 IPD24 <i>3137FLYV0</i>	190,000.000	.06	195,696.58 102.998	183,525.14 96.592	- 12,171.44	.01	522.18	6,266.00 0.03298	3.41%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser K 738 CI A 1 1.054% Dtd 05/01/2020 Due 08/25/2026 IPD24 <i>3137FTAX5</i>	15,215.700	.00	14,259.96 93.719	14,874.37 97.756	614.41	.00	13.36	160.00 0.01054	1.08%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AL1869 3.000% Dtd 05/01/2012 Due 06/01/2027 IPD24 <i>3138EJCF3</i>	13,838.400	.00	14,593.01 105.453	13,638.85 98.558	- 954.16	.00	34.59	415.00 0.03000	3.04%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AL4898 4.500% Dtd 02/01/2014 Due 01/01/2027 IPD24 <i>3138EMNQ0</i>	882.220	.00	895.49 101.504	879.75 99.720	- 15.74	.00	3.30	39.00 0.04500	4.51%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AK4047 3.000% Dtd 02/01/2012 Due 02/01/2027 IPD24 <i>3138E8P97</i>	7,764.720	.00	7,932.14 102.156	7,662.38 98.682	- 269.76	.00	19.41	232.00 0.03000	3.04%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AW3557 3.000% Dtd 05/01/2014 Due 05/01/2029 IPD24 <i>3138XS5T0</i>	25,981.910	.01	25,892.59 99.656	25,404.33 97.777	- 488.26	.00	64.95	779.00 0.03000	3.07%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #BM5515 4.000% Dtd 02/01/2019 Due 02/01/2029 IPD24 <i>3140JADV7</i>	14,897.040	.00	15,185.65 101.937	14,769.82 99.146	- 415.83	.00	49.65	595.00 0.04000	4.03%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #890836 3.500% Dtd 07/01/2018 Due 11/01/2027 IPD24 31410LV58	6,316.050	.00	6,345.40 100.465	6,275.94 99.365	- 69.46	.00	18.42	221.00 0.03500	3.52%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AB8994 2.500% Dtd 03/01/2013 Due 04/01/2028 IPD24 31417F7G7	21,438.590	.01	21,143.81 98.625	20,931.14 97.633	- 212.67	.00	44.66	535.00 0.02500	2.56%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AB9483 2.500% Dtd 05/01/2013 Due 05/01/2028 IPD24 31417GRD0	28,987.170	.01	28,280.60 97.562	28,285.10 97.578	4.50	.00	60.38	724.00 0.02500	2.56%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA1045 3.000% Dtd 03/01/2012 Due 04/01/2027 IPD24 31418AET1	6,100.220	.00	6,144.24 100.722	6,017.14 98.638	- 127.10	.00	15.25	183.00 0.03000	3.04%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA2869 2.500% Dtd 12/01/2016 Due 01/01/2027 IPD24 31418CFK5	20,161.450	.01	19,380.18 96.125	19,838.87 98.400	458.69	.00	42.00	504.00 0.02500	2.54%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA3928 2.500% Dtd 01/01/2020 Due 02/01/2030 IPD24 31418DLJ9	87,221.110	.03	83,677.76 95.938	84,342.81 96.700	665.05	.01	181.71	2,180.00 0.02500	2.59%
AF	- GNMA II Passthru CTF Pool #711723 3.50% Dtd 02/01/2013 Due 02/20/2028 IPD19 36297GVQ0	20,116.160	.01	20,857.94 103.687	19,822.46 98.540	- 1,035.48	.00	58.67	704.00 0.03500	3.55%
AF	- US Treasury Note 1.25% Dtd 04/30/2021 Due 04/30/2028 91282CBZ3	15,000.000	.00	14,234.96 94.900	13,929.90 92.866	- 305.06	.00	16.30	187.00 0.01250	1.35%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- US Treasury Note 4.00% Dtd 10/31/2022 Due 10/31/2029 91282CFT3	100,000.000	.03	97,074.22 97.074	100,251.00 100.251	3,176.78	.01	347.82	4,000.00 0.04000	3.99%
AF	- US Treasury Note 3.50% Dtd 01/31/2023 Due 01/31/2030 91282CGJ4	100,000.000	.03	98,968.75 98.969	98,079.00 98.079	- 889.75	.01	1,169.88	3,500.00 0.03500	3.57%
AF	- US Treasury Note 3.50% Dtd 04/30/2023 Due 04/30/2030 91282CGZ8	95,000.000	.03	93,680.32 98.611	93,004.05 97.899	- 676.27	.01	289.13	3,325.00 0.03500	3.58%
AF	- US Treasury Note 2.375% Dtd 05/15/2017 Due 05/15/2027 912828X88	55,000.000	.02	54,853.37 99.733	53,425.35 97.137	- 1,428.02	.00	60.34	1,306.00 0.02375	2.45%
AF	- US Treasury Note 1.625% Dtd 08/15/2019 Due 08/15/2029 912828YB0	65,000.000	.02	59,604.25 91.699	59,362.55 91.327	- 241.70	.00	309.28	1,056.00 0.01625	1.78%
Total Short (Less Than 5 Years)			.45	1,554,285.57	1,503,548.58	- 50,736.99	.09	6,573.69	50,046.00	3.33%
Intermediate (5-10 Years)										
AF	- Federal Home Ln Mtg Corp Partn Gold Group #G16113 3.000% Dtd 03/01/2017 Due 03/01/2032 IPD14 3128MFAN8	20,144.720	.01	20,532.86 101.927	19,497.07 96.785	- 1,035.79	.00	50.36	604.00 0.03000	3.10%
AF	- Federal Home Loan Bks Cons Bds 5.05% Dtd 10/24/2024 Due 10/24/2031 Callable 3130B3CT8	100,000.000	.03	99,560.00 99.560	100,000.00 100.000	440.00	.01	519.02	5,050.00 0.05050	5.05%
AF	- Federal Home Ln Mtg Corp Partn CTF Group #SB0368 4.000% Dtd 06/01/2020 Due 03/01/2034 IPD24 3132CWMR2	45,282.530	.01	50,107.95 110.656	44,925.25 99.211	- 5,182.70	.00	150.94	1,811.00 0.04000	4.03%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Farm CR Bks Cons Systemwide Bds 2.75% Dtd 06/12/2019 Due 06/12/2034 Non-Callable 3133EKQQ2	40,000.000	.01	34,421.76 86.054	34,737.20 86.843	315.44	.00	516.38	1,100.00 0.02750	3.17%
AF	- Federal Farm CR Bks Cons Systemwide Bds 5.34% Dtd 03/12/2025 Due 03/12/2035 Callable 3133ER6N6	100,000.000	.03	100,000.00 100.000	99,615.00 99.615	- 385.00	.01	1,171.83	5,340.00 0.05340	5.36%
AF	- Federal Home Ln Mtg Corp Partn CTF Group #RD5038 1.500% Dtd 08/01/2020 Due 09/01/2030 IPD24 3133LPS32	53,835.180	.02	55,399.77 102.906	50,736.97 94.245	- 4,662.80	.00	67.29	807.00 0.01500	1.59%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Cfts Gtd Ser 4162 CI P 3.00% Dtd 02/01/2013 Due 02/15/2033 IPD14 3137AYHU8	17,150.610	.01	17,043.40 99.375	16,666.13 97.175	- 377.27	.00	42.87	514.00 0.03000	3.09%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Cfts Gtd Ser K 1505 CI A 3 Fltg Rate Dtd 06/01/2018 Due 04/25/2033 IPD24 3137FG6T7	80,000.000	.02	78,553.13 98.191	75,088.32 93.860	- 3,464.81	.00	249.99	3,000.00 0.03750	4.00%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Cfts Gtd Ser K 1512 CI A 3 3.059% Dtd 07/01/2019 Due 04/25/2034 IPD24 3137FMTT9	265,000.000	.07	273,571.09 103.234	232,281.40 87.653	- 41,289.69	.01	675.52	8,106.00 0.03059	3.49%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AL7276 2.000% Dtd 08/01/2015 Due 08/01/2030 IPD24 3138EQCN0	27,575.589	.01	28,437.31 103.125	26,307.94 95.403	- 2,129.37	.00	45.95	551.00 0.02000	2.10%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AS8889 3.500% Dtd 02/01/2017 Due 02/01/2032 IPD24 3138WJ2X5	89,371.700	.03	86,425.24 96.703	87,717.43 98.149	1,292.19	.01	260.66	3,128.00 0.03500	3.57%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #FM1234 3.000% Dtd 07/01/2019 Due 12/01/2031 IPD24 3140X4LQ7	62,079.440	.02	60,765.13 97.883	60,634.85 97.673	- 130.28	.00	155.19	1,862.00 0.03000	3.07%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #FM3490 2.500% Dtd 06/01/2020 Due 06/01/2030 IPD24 3140X62Y6	42,002.090	.01	40,807.64 97.156	40,434.15 96.267	- 373.49	.00	87.50	1,050.00 0.02500	2.60%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA4308 1.500% Dtd 03/01/2021 Due 04/01/2031 IPD24 31418DYE6	60,153.340	.02	61,342.31 101.977	56,314.96 93.619	- 5,027.35	.00	75.19	902.00 0.01500	1.60%
AF	- GNMA Gtd Passthru CTF Pool #758872 3.00% Dtd 03/01/2013 Due 03/15/2033 IPD14 36230T2D3	15,773.470	.00	14,886.21 94.375	14,932.27 94.667	46.06	.00	39.43	473.00 0.03000	3.17%
AF	- GNMA II Passthru CTF Pool #626971 3.50% Dtd 08/01/2015 Due 08/20/2030 IPD19 36291FQY7	14,050.870	.00	14,569.01 103.688	13,703.11 97.525	- 865.90	.00	40.98	491.00 0.03500	3.59%
AF	- GNMA II Passthru CTF Pool #626985 3.50% Dtd 09/01/2015 Due 09/20/2030 IPD19 36291FRE0	21,222.240	.01	22,004.82 103.688	20,685.32 97.470	- 1,319.50	.00	61.89	742.00 0.03500	3.59%

Plumbers Pen Fd Local 130 Roll-Up

 Account Number:
 Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
 05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2005 26 CI Xy 5.50% Dtd 03/01/2005 Due 03/20/2035 IPD19 38374KP23	35,287.400	.01	38,220.68 108.313	35,858.24 101.617	- 2,362.44	.00	161.73	1,940.00 0.05500	5.41%
AF	- US Treasury Note 1.375% Dtd 11/15/2021 Due 11/15/2031 91282CDJ7	250,000.000	.06	219,521.48 87.809	211,167.50 84.467	- 8,353.98	.01	158.79	3,437.00 0.01375	1.63%
AF	- US Treasury Note 2.875% Dtd 05/15/2022 Due 05/15/2032 91282CEP2	46,000.000	.01	42,544.61 92.488	42,429.94 92.239	- 114.67	.00	61.09	1,322.00 0.02875	3.12%
AF	- US Treasury Note 2.75% Dtd 08/15/2022 Due 08/15/2032 91282CFF3	70,000.000	.02	64,282.42 91.832	63,779.80 91.114	- 502.62	.00	563.67	1,925.00 0.02750	3.02%
AF	- US Treasury Note 3.50% Dtd 02/15/2023 Due 02/15/2033 91282CGM7	420,000.000	.12	412,180.28 98.138	400,058.40 95.252	- 12,121.88	.02	4,317.95	14,700.00 0.03500	3.67%
AF	- US Treasury Note 3.375% Dtd 05/15/2023 Due 05/15/2033 91282CHC8	125,000.000	.04	121,552.73 97.242	117,688.75 94.151	- 3,863.98	.01	194.88	4,218.00 0.03375	3.58%
AF	- US Treasury Note 4.00% Dtd 07/31/2023 Due 07/31/2030 91282CHR5	60,000.000	.02	58,914.84 98.191	60,023.40 100.039	1,108.56	.00	802.20	2,400.00 0.04000	4.00%
AF	- US Treasury Note 3.875% Dtd 08/15/2023 Due 08/15/2033 91282CHT1	125,000.000	.04	121,420.90 97.137	121,621.25 97.297	200.35	.01	1,418.33	4,843.00 0.03875	3.98%
AF	- US Treasury Note 4.00% Dtd 02/15/2024 Due 02/15/2034 91282CJZ5	58,000.000	.02	55,538.24 95.756	56,683.98 97.731	1,145.74	.00	679.33	2,320.00 0.04000	4.09%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- US Treasury Note 4.375% Dtd 05/15/2024 Due 05/15/2034 91282CKQ3	125,000.000	.04	123,769.53 99.016	125,381.25 100.305	1,611.72	.01	252.63	5,468.00 0.04375	4.36%
AF	- US Treasury Note 3.875% Dtd 08/15/2024 Due 08/15/2034 91282CLF6	310,000.000	.09	300,109.96 96.810	298,734.60 96.366	- 1,375.36	.02	3,517.47	12,012.00 0.03875	4.02%
AF	- US Treasury Note 4.00% Dtd 04/30/2025 Due 04/30/2032 91282CNA5	152,000.000	.05	150,468.13 98.992	150,528.64 99.032	60.51	.01		6,080.00 0.04000	4.04%
Total Intermediate (5-10 Years)			.81	2,766,951.43	2,678,233.12	- 88,718.31	.16	16,339.06	96,196.00	3.59%
Long (Over 10 Years)										
AF	- Federal Home Ln Mtg Corp Partn Gold Group #G08721 3.000% Dtd 08/01/2016 Due 09/01/2046 IPD14 3128MJYT1	35,719.040	.01	32,978.73 92.328	31,258.80 87.513	- 1,719.93	.00	89.29	1,071.00 0.03000	3.43%
AF	- Federal Home Ln Mtg Corp Partn Gold Group #G08741 3.000% Dtd 12/01/2016 Due 01/01/2047 IPD14 3128MJZF0	40,630.200	.01	41,658.63 102.531	35,473.01 87.307	- 6,185.62	.00	101.57	1,218.00 0.03000	3.44%
AF	- Federal Home Ln Mtg Corp Partn Gold Group #G08747 3.000% Dtd 01/01/2017 Due 02/01/2047 IPD14 3128MJZM5	14,256.420	.00	13,619.33 95.531	12,446.85 87.307	- 1,172.48	.00	35.64	427.00 0.03000	3.44%
AF	- Federal Home Ln Mtg Corp Partn Gold Group #G06061 4.000% Dtd 10/01/2010 Due 10/01/2040 IPD14 3128M8B60	8,509.020	.00	8,829.84 103.770	8,118.54 95.411	- 711.30	.00	28.36	340.00 0.04000	4.19%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Home Loan Bks Cons Bds 2.30% Dtd 08/18/2021 Due 08/18/2036 Callable 3130ANH86	105,000.000	.02	82,530.00 78.600	81,527.25 77.645	- 1,002.75	.00	690.95	2,415.00 0.02300	2.96%
AF	- Federal Home Loan Bks Cons Bds 2.74% Dtd 01/28/2022 Due 01/28/2037 Callable 3130AQQ55	100,000.000	.02	80,000.00 80.000	80,494.00 80.494	494.00	.00	936.16	2,740.00 0.02740	3.40%
AF	- Federal Home Ln Mtg Corp Partn CTF Group #ZM6956 4.500% Dtd 10/01/2018 Due 06/01/2048 IPD24 3131Y1WR7	11,420.920	.00	11,419.10 99.984	10,957.00 95.938	- 462.10	.00	42.82	513.00 0.04500	4.69%
AF	- Federal Home Ln Mtg Corp Partn CTF Group #SD2217 6.000% Dtd 01/01/2023 Due 01/01/2053 IPD24 3132DPPA0	99,583.310	.03	102,321.85 102.750	101,438.55 101.863	- 883.30	.01	497.91	5,974.00 0.06000	5.89%
AF	- Federal Home Ln Mtg Corp Partn CTF Group #SC0093 2.000% Dtd 10/01/2020 Due 10/01/2040 IPD24 3132D9C69	79,450.710	.02	69,289.70 87.211	68,984.67 86.827	- 305.03	.00	132.41	1,589.00 0.02000	2.30%
AF	- Federal Home Ln Mtg Corp Partn CTF Group #SC0170 2.000% Dtd 06/01/2021 Due 07/01/2041 IPD24 3132D9FK5	158,756.910	.04	163,370.75 102.906	132,049.24 83.177	- 31,321.51	.01	264.59	3,175.00 0.02000	2.40%
AF	- Federal Home Ln Mtg Corp Partn CTF Group #SC0400 3.500% Dtd 06/01/2023 Due 06/01/2043 IPD24 3132D9NR1	127,181.920	.04	121,061.28 95.187	115,960.66 91.177	- 5,100.62	.01	370.94	4,451.00 0.03500	3.84%
AF	- Federal Home Ln Mtg Corp Partn Gold Group #V80910 4.000% Dtd 12/01/2013 Due 12/01/2043 IPD14 3132L6AK7	4,805.170	.00	4,993.56 103.921	4,561.21 94.923	- 432.35	.00	16.01	192.00 0.04000	4.21%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Home Ln Mtg Corp Partn CTF Group #Q59600 4.500% Dtd 11/01/2018 Due 11/01/2048 IPD14 <i>3132Y3U28</i>	7,295.770	.00	7,581.91 <i>103.922</i>	6,970.74 <i>95.545</i>	- 611.17	.00	27.35	328.00 <i>0.04500</i>	4.71%
AF	- Federal Home Ln Mtg Corp Partn Gold Group #Q59620 4.000% Dtd 11/01/2018 Due 11/01/2048 IPD14 <i>3132Y3VN1</i>	18,441.270	.01	18,631.46 <i>101.031</i>	17,182.28 <i>93.173</i>	- 1,449.18	.00	61.47	737.00 <i>0.04000</i>	4.29%
AF	- Federal Farm CR Bks Cons Systemwide Bds 2.96% Dtd 01/23/2020 Due 01/23/2045 Callable <i>3133ELJK1</i>	35,000.000	.01	24,325.00 <i>69.500</i>	24,362.80 <i>69.608</i>	37.80	.00	368.35	1,036.00 <i>0.02960</i>	4.25%
AF	- Federal Farm CR Bks Cons Systemwide Bds 2.10% Dtd 11/19/2020 Due 11/19/2040 Callable <i>3133EMGU0</i>	125,000.000	.03	84,987.50 <i>67.990</i>	83,235.00 <i>66.588</i>	- 1,752.50	.00	87.50	2,625.00 <i>0.02100</i>	3.15%
AF	- Federal Farm CR Bks Cons Systemwide Bds 2.58% Dtd 03/15/2021 Due 03/15/2041 Callable <i>3133EMTM4</i>	125,000.000	.03	90,625.00 <i>72.500</i>	88,560.00 <i>70.848</i>	- 2,065.00	.01	680.83	3,225.00 <i>0.02580</i>	3.64%
AF	- Federal Farm CR Bks Cons Systemwide Bds 2.34% Dtd 10/14/2021 Due 10/14/2036 Callable <i>3133ENAM2</i>	100,000.000	.02	78,368.00 <i>78.368</i>	77,119.00 <i>77.119</i>	- 1,249.00	.00	305.50	2,340.00 <i>0.02340</i>	3.03%
AF	- Federal Home Ln Mtg Corp Partn CTF Group #QU7793 1.500% Dtd 03/01/2021 Due 03/01/2051 IPD24 <i>3133JLUS6</i>	56,449.820	.01	40,079.38 <i>71.000</i>	40,726.29 <i>72.146</i>	646.91	.00	70.56	846.00 <i>0.01500</i>	2.08%
AF	- Federal Home Ln Mtg Corp Partn CTF Group #RA7748 3.000% Dtd 07/01/2022 Due 08/01/2052 IPD24 <i>3133KPTD0</i>	65,875.110	.02	59,205.26 <i>89.875</i>	56,256.03 <i>85.398</i>	- 2,949.23	.00	164.68	1,976.00 <i>0.03000</i>	3.51%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Home Ln Mtg Corp Partn Gold Group #G60641 4.500% Dtd 06/01/2016 Due 01/01/2042 IPD14 31335AWA2	4,694.950	.00	5,024.54 107.020	4,629.31 98.602	- 395.23	.00	17.60	211.00 0.04500	4.56%
AF	- Federal Home Ln Mtg Corp Partn Gold Group #G60722 3.000% Dtd 09/01/2016 Due 10/01/2046 IPD14 31335AYT9	7,912.900	.00	7,941.22 100.358	6,925.69 87.524	- 1,015.53	.00	19.78	237.00 0.03000	3.43%
AF	- Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2012 137 CI Ce 2.00% Dtd 11/01/2012 Due 08/25/2041 IPD24 3136AAN50	7,981.160	.00	8,160.74 102.250	7,809.00 97.842	- 351.74	.00	13.30	159.00 0.02000	2.04%
AF	- Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2015 94 CI PA 3.50% Dtd 12/01/2015 Due 09/25/2044 IPD24 3136AQH37	68,442.360	.02	65,651.19 95.922	66,518.88 97.189	867.69	.00	199.62	2,395.00 0.03500	3.60%
AF	- Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2015 87 CI Ta 3.00% Dtd 11/01/2015 Due 11/25/2035 IPD24 3136AQXC9	24,925.630	.01	26,522.43 106.406	23,865.85 95.748	- 2,656.58	.00	62.31	747.00 0.03000	3.13%
AF	- Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2012 90 CI Da 1.50% Dtd 07/01/2012 Due 03/25/2042 IPD24 3136A7RE4	5,538.190	.00	5,105.87 92.194	5,074.18 91.621	- 31.69	.00	6.92	83.00 0.01500	1.64%
AF	- Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2012 124 CI Bc 3.00% Dtd 10/01/2012 Due 03/25/2042 IPD24 3136A9W61	47,477.400	.01	49,830.29 104.956	46,218.28 97.347	- 3,612.01	.00	118.69	1,424.00 0.03000	3.08%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2024 65 CI DB 5.00% Dtd 08/01/2024 Due 05/25/2051 IPD24 <i>3136BSK95</i>	80,061.247	.02	79,138.66 <i>98.848</i>	80,264.46 <i>100.253</i>	1,125.80	.00	333.58	4,003.00 <i>0.05000</i>	4.99%
AF	- Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2025 4 CI Ba 5.50% Dtd 01/01/2025 Due 08/25/2051 IPD24 <i>3136BUT75</i>	120,702.750	.04	120,400.99 <i>99.750</i>	121,758.78 <i>100.874</i>	1,357.79	.01	553.22	6,638.00 <i>0.05500</i>	5.45%
AF	- Federal Natl Mtg Assn 1.625% Dtd 08/28/2020 Due 08/24/2035 Callable <i>3136G42Q5</i>	105,000.000	.02	78,225.00 <i>74.500</i>	78,078.00 <i>74.360</i>	- 147.00	.00	459.73	1,706.00 <i>0.01625</i>	2.19%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 4045 CI PE 3.50% Dtd 05/01/2012 Due 05/15/2042 IPD14 <i>3137APUR9</i>	80,000.000	.02	68,250.00 <i>85.313</i>	72,382.90 <i>90.478</i>	4,132.90	.00	233.33	2,800.00 <i>0.03500</i>	3.87%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 4125 CI Kp 2.50% Dtd 11/01/2012 Due 05/15/2041 IPD14 <i>3137AW6M2</i>	18,173.850	.01	18,477.70 <i>101.672</i>	17,471.56 <i>96.135</i>	- 1,006.14	.00	37.86	454.00 <i>0.02500</i>	2.60%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 4485 CI GA 3.50% Dtd 06/01/2015 Due 07/15/2044 IPD14 <i>3137BJPS6</i>	331,270.510	.10	316,880.94 <i>95.656</i>	321,760.73 <i>97.129</i>	4,879.79	.02	966.20	11,594.00 <i>0.03500</i>	3.60%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 4596 CI CA 2.00% Dtd 06/01/2016 Due 06/15/2046 IPD14 <i>3137BQN52</i>	45,576.460	.01	45,647.67 <i>100.156</i>	42,214.08 <i>92.622</i>	- 3,433.59	.00	75.96	911.00 <i>0.02000</i>	2.16%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 3740 CI PG 4.00% Dtd 10/01/2010 Due 10/15/2040 IPD14 <i>3137GARA7</i>	60,592.640	.02	61,711.89 <i>101.847</i>	58,655.83 <i>96.803</i>	- 3,056.06	.00	201.97	2,423.00 <i>0.04000</i>	4.13%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 5415 CI Da 5.00% Dtd 04/01/2024 Due 10/25/2048 IPD24 <i>3137HCQ21</i>	111,106.360	.03	110,789.53 <i>99.715</i>	111,379.83 <i>100.246</i>	590.30	.01	462.94	5,555.00 <i>0.05000</i>	4.99%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 5465 CI AB 5.00% Dtd 09/01/2024 Due 08/25/2048 IPD24 <i>3137HFZL2</i>	124,203.030	.04	122,960.99 <i>99.000</i>	123,844.59 <i>99.711</i>	883.60	.01	517.51	6,210.00 <i>0.05000</i>	5.01%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 5502 CI De 5.50% Dtd 01/01/2025 Due 05/25/2051 IPD24 <i>3137HJSJ7</i>	46,329.260	.01	46,083.14 <i>99.469</i>	46,732.95 <i>100.871</i>	649.81	.00	212.34	2,548.00 <i>0.05500</i>	5.45%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 5516 CI HD 5.00% Dtd 02/01/2025 Due 06/25/2051 IPD24 <i>3137HKMX9</i>	70,316.200	.02	70,011.31 <i>99.566</i>	69,588.57 <i>98.965</i>	- 422.74	.00	292.98	3,515.00 <i>0.05000</i>	5.05%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #310104 5.500% Dtd 12/01/2011 Due 08/01/2037 IPD24 31374CNV4	8,748.380	.00	9,656.94 110.385	8,899.55 101.728	- 757.39	.00	40.09	481.00 0.05500	5.41%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #A12444 5.000% Dtd 05/01/2011 Due 05/01/2041 IPD24 3138AFWE6	72,705.370	.02	83,974.73 115.500	72,585.41 99.835	- 11,389.32	.00	302.93	3,635.00 0.05000	5.01%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AL7077 4.000% Dtd 07/01/2015 Due 07/01/2035 IPD24 3138EP2K9	74,237.150	.02	72,914.81 98.219	72,546.77 97.723	- 368.04	.00	247.45	2,969.00 0.04000	4.09%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AL7468 5.000% Dtd 09/01/2015 Due 02/01/2045 IPD24 3138EQJN3	5,838.000	.00	6,384.24 109.357	5,835.55 99.958	- 548.69	.00	24.32	291.00 0.05000	5.00%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AS9487 4.000% Dtd 04/01/2017 Due 05/01/2047 IPD24 3138WKRH0	8,442.650	.00	8,827.47 104.558	7,881.89 93.358	- 945.58	.00	28.14	337.00 0.04000	4.28%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AU2412 3.000% Dtd 01/01/2015 Due 12/01/2044 IPD24 3138X1VE3	3,837.380	.00	3,822.97 99.624	3,387.14 88.267	- 435.83	.00	9.59	115.00 0.03000	3.40%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AU3735 3.000% Dtd 08/01/2013 Due 08/01/2043 IPD24 3138X3EH1	32,885.940	.01	32,703.19 99.444	29,217.84 88.846	- 3,485.35	.00	82.21	986.00 0.03000	3.38%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AY2773 4.500% Dtd 02/01/2015 Due 01/01/2045 IPD24 3138YGCK6	8,559.510	.00	9,223.74 107.760	8,280.04 96.735	- 943.70	.00	32.09	385.00 0.04500	4.65%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2009 74b CI TX 5.00% Dtd 08/01/2009 Due 09/25/2039 IPD24 31396Q3B3	65,292.630	.02	65,772.11 100.734	66,304.84 101.550	532.73	.00	272.05	3,264.00 0.05000	4.92%
AF	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 3293 CI MP 5.50% Dtd 03/01/2007 Due 03/15/2037 IPD14 31397FT93	3,234.140	.00	3,553.07 109.861	3,336.48 103.164	- 216.59	.00	14.82	177.00 0.05500	5.33%
AF	- Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2009 19 CI TD 5.00% Dtd 03/01/2009 Due 08/25/2036 IPD24 31397NUG8	82,778.930	.03	82,365.02 99.500	83,343.80 100.682	978.78	.00	344.91	4,138.00 0.05000	4.97%
AF	- Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2011 63 CI Ja 4.00% Dtd 06/01/2011 Due 07/25/2041 IPD24 31397URV3	34,354.550	.01	33,442.01 97.344	33,000.57 96.058	- 441.44	.00	114.51	1,374.00 0.04000	4.16%
AF	- Federal Natl Mtg Assn Gtd REMIC Passthru Tr REMIC Tr Ser 2010 139 CI Kt 4.50% Dtd 11/01/2010 Due 07/25/2040 IPD24 31398SXE8	101,767.620	.03	100,368.32 98.625	101,283.68 99.524	915.36	.01	381.62	4,579.00 0.04500	4.52%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AZ7347 3.000% Dtd 11/01/2015 Due 11/01/2045 IPD24 3140E0EV3	9,080.650	.00	8,877.15 97.759	7,951.20 87.562	- 925.95	.00	22.70	272.00 0.03000	3.43%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #BE2369 4.000% Dtd 03/01/2017 Due 03/01/2047 IPD24 3140FMT30	13,323.410	.00	13,885.39 104.218	12,326.69 92.519	- 1,558.70	.00	44.41	532.00 0.04000	4.32%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #BN7466 2.000% Dtd 09/01/2020 Due 10/01/2050 IPD24 3140JQJL8	107,308.680	.03	113,110.04 105.406	84,153.61 78.422	- 28,956.43	.01	178.84	2,146.00 0.02000	2.55%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #BM4703 3.500% Dtd 10/01/2018 Due 02/01/2048 IPD24 3140J9GM7	37,230.850	.01	37,824.20 101.594	33,587.07 90.213	- 4,237.13	.00	108.59	1,303.00 0.03500	3.88%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #BP8820 2.500% Dtd 07/01/2020 Due 07/01/2035 IPD24 3140KGYS6	43,506.140	.01	45,817.39 105.312	40,453.75 92.984	- 5,363.64	.00	90.63	1,087.00 0.02500	2.69%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #BT1311 2.000% Dtd 06/01/2021 Due 07/01/2051 IPD24 3140LPN57	137,886.460	.03	114,171.06 82.801	108,046.45 78.359	- 6,124.61	.01	229.81	2,757.00 0.02000	2.55%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #BT9772 2.000% Dtd 10/01/2021 Due 10/01/2036 IPD24 3140LY2E2	100,766.450	.03	103,616.24 102.828	91,242.01 90.548	- 12,374.23	.01	167.94	2,015.00 0.02000	2.21%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #BU1789 3.000% Dtd 11/01/2021 Due 10/01/2051 IPD24 3140M27B2	52,396.060	.01	53,059.20 101.266	45,405.38 86.658	- 7,653.82	.00	130.99	1,571.00 0.03000	3.46%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #CA4693 5.000% Dtd 11/01/2019 Due 03/01/2049 IPD24 3140QCGB6	39,649.230	.01	45,200.11 114.000	39,606.01 99.891	- 5,594.10	.00	165.20	1,982.00 0.05000	5.01%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #CA9443 2.500% Dtd 03/01/2021 Due 03/01/2036 IPD24 3140QHP58	124,771.120	.03	132,179.43 105.938	115,620.41 92.666	- 16,559.02	.01	259.93	3,119.00 0.02500	2.70%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #FM1737 3.000% Dtd 10/01/2019 Due 10/01/2049 IPD24 3140X44X1	58,271.720	.02	58,936.38 101.141	50,093.87 85.966	- 8,842.51	.00	145.67	1,748.00 0.03000	3.49%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #FM5037 2.000% Dtd 11/01/2020 Due 12/01/2035 IPD24 3140X8S32	129,112.420	.04	134,599.69 104.250	117,851.23 91.278	- 16,748.46	.01	215.18	2,582.00 0.02000	2.19%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #FM5733 2.000% Dtd 01/01/2021 Due 01/01/2051 IPD24 3140X9LP8	130,677.150	.03	135,618.38 103.781	103,327.73 79.071	- 32,290.65	.01	217.79	2,613.00 0.02000	2.53%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA2771 3.000% Dtd 09/01/2016 Due 10/01/2046 IPD24 31418CCH5	15,150.390	.00	14,473.31 95.531	13,234.47 87.354	- 1,238.84	.00	37.87	454.00 0.03000	3.43%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA4122 1.500% Dtd 08/01/2020 Due 09/01/2035 IPD24 31418DSL7	39,929.850	.01	34,826.32 87.219	35,208.54 88.176	382.22	.00	49.91	598.00 0.01500	1.70%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA4154 1.500% Dtd 09/01/2020 Due 10/01/2035 IPD24 31418DTL6	51,127.280	.01	43,793.72 85.656	45,049.78 88.113	1,256.06	.00	63.90	766.00 0.01500	1.70%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA4387 2.000% Dtd 06/01/2021 Due 07/01/2041 IPD24 31418D2V3	94,818.610	.02	88,462.79 93.297	80,026.91 84.400	- 8,435.88	.00	158.03	1,896.00 0.02000	2.37%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA5166 6.000% Dtd 09/01/2023 Due 10/01/2053 IPD24 31418EW48	98,184.340	.03	97,171.82 98.969	99,277.13 101.113	2,105.31	.01	490.92	5,891.00 0.06000	5.93%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA5539 5.000% Dtd 10/01/2024 Due 11/01/2044 IPD24 <i>31418FEM5</i>	105,641.580	.03	104,477.87 <i>98.898</i>	104,081.25 <i>98.523</i>	- 396.62	.01	440.17	5,282.00 <i>0.05000</i>	5.07%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA5622 5.000% Dtd 01/01/2025 Due 02/01/2045 IPD24 <i>31418FG84</i>	97,556.490	.03	96,077.91 <i>98.484</i>	96,395.57 <i>98.810</i>	317.66	.01	406.48	4,877.00 <i>0.05000</i>	5.06%
AF	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA5706 5.500% Dtd 04/01/2025 Due 05/01/2045 IPD24 <i>31418FKU0</i>	88,556.900	.03	88,418.53 <i>99.844</i>	89,192.74 <i>100.718</i>	774.21	.01	405.88	4,870.00 <i>0.05500</i>	5.46%
AF	- GNMA Gtd Passthru CTF Pool #CO1900 6.00% Dtd 07/01/2022 Due 07/15/2052 IPD14 <i>3617FDDD2</i>	28,880.580	.01	31,118.84 <i>107.750</i>	30,630.17 <i>106.058</i>	- 488.67	.00	144.40	1,732.00 <i>0.06000</i>	5.66%
AF	- GNMA Gtd Passthru CTF Pool #BG5666 4.00% Dtd 06/01/2018 Due 06/15/2048 IPD14 <i>3617GQJK0</i>	118,662.790	.03	126,375.85 <i>106.500</i>	110,828.67 <i>93.398</i>	- 15,547.18	.01	395.54	4,746.00 <i>0.04000</i>	4.28%
AF	- GNMA Gtd Passthru CTF Pool #BJ9883 3.00% Dtd 12/01/2018 Due 12/15/2048 IPD14 <i>3617HX6U6</i>	54,041.180	.01	55,637.12 <i>102.953</i>	47,467.07 <i>87.835</i>	- 8,170.05	.00	135.10	1,621.00 <i>0.03000</i>	3.42%
AF	- GNMA II Passthru CTF Pool #BL0123 5.00% Dtd 03/01/2019 Due 03/20/2049 IPD19 <i>3617JCD40</i>	43,245.470	.01	48,137.60 <i>111.312</i>	41,557.60 <i>96.097</i>	- 6,580.00	.00	180.18	2,162.00 <i>0.05000</i>	5.20%
AF	- GNMA Gtd Passthru CTF Pool #BN0298 2.50% Dtd 08/01/2019 Due 08/15/2049 IPD14 <i>3617K3KK4</i>	179,806.530	.05	183,206.00 <i>101.891</i>	151,704.57 <i>84.371</i>	- 31,501.43	.01	374.59	4,495.00 <i>0.02500</i>	2.96%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- GNMA Gtd Passthr CTF Pool #BN2663 3.00% Dtd 11/01/2019 Due 11/15/2049 IPD14 3617K55Y6	89,222.860	.02	91,676.48 102.750	78,279.68 87.735	- 13,396.80	.00	223.05	2,676.00 0.03000	3.42%
AF	- GNMA II Passthr CTF Pool #BQ3224 4.50% Dtd 10/01/2019 Due 09/20/2049 IPD19 3617LMSM9	30,897.620	.01	33,581.84 108.687	29,415.77 95.204	- 4,166.07	.00	115.86	1,390.00 0.04500	4.73%
AF	- GNMA II Passthr CTF Pool #BT8093 3.50% Dtd 04/01/2020 Due 04/20/2050 IPD19 3617MW7E7	94,324.290	.03	98,922.59 104.875	83,691.11 88.727	- 15,231.48	.01	275.11	3,301.00 0.03500	3.94%
AF	- GNMA II Passthr CTF Pool #BZ1768 3.00% Dtd 12/01/2020 Due 11/20/2050 IPD19 3617QV6D8	73,756.360	.02	79,195.89 107.375	64,284.57 87.158	- 14,911.32	.00	184.39	2,212.00 0.03000	3.44%
AF	- GNMA II Passthr CTF Pool #CI1513 3.00% Dtd 03/01/2022 Due 03/20/2052 IPD19 3617X5VE7	129,847.836	.03	113,738.58 87.594	110,381.05 85.008	- 3,357.53	.01	324.61	3,895.00 0.03000	3.53%
AF	- GNMA II Passthr CTF Pool #CI2267 3.50% Dtd 10/01/2021 Due 10/20/2051 IPD19 3617X6QU5	78,633.840	.02	85,170.25 108.312	70,831.79 90.078	- 14,338.46	.00	229.34	2,752.00 0.03500	3.89%
AF	- GNMA II Passthr CTF Pool #MA7391 2.00% Dtd 06/01/2021 Due 06/20/2036 IPD19 36179WF86	68,211.270	.02	61,304.88 89.875	62,271.43 91.292	966.55	.00	113.68	1,364.00 0.02000	2.19%
AF	- GNMA II Passthr CTF Pool #MA8260 4.00% Dtd 09/01/2022 Due 09/20/2052 IPD19 36179XE93	69,814.450	.02	66,040.11 94.594	63,105.98 90.391	- 2,934.13	.00	232.71	2,792.00 0.04000	4.43%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- GNMA II Passthru CTF Pool #MA9107 6.00% Dtd 08/01/2023 Due 08/20/2053 IPD19 36179YDL5	41,035.540	.01	41,009.89 99.937	41,663.79 101.531	653.90	.00	205.17	2,462.00 0.06000	5.91%
AF	- GNMA II Passthru CTF Pool #MA9158 5.00% Dtd 09/01/2023 Due 09/20/2053 IPD19 36179YE75	61,454.050	.02	61,415.63 99.937	59,341.87 96.563	- 2,073.76	.00	256.05	3,072.00 0.05000	5.18%
AF	- GNMA II Passthru CTF Pool #MA9228 5.50% Dtd 10/01/2023 Due 10/20/2053 IPD19 36179YHD9	86,523.420	.03	86,280.07 99.719	85,537.92 98.861	- 742.15	.01	396.56	4,758.00 0.05500	5.56%
AF	- GNMA II Passthru CTF Pool #CR6801 5.00% Dtd 02/01/2023 Due 02/20/2053 IPD19 3618AMRW8	134,048.880	.04	131,074.67 97.781	130,725.81 97.521	- 348.86	.01	558.53	6,702.00 0.05000	5.13%
AF	- GNMA II Passthru CTF Pool #AD0022 3.50% Dtd 03/01/2013 Due 03/20/2038 IPD19 36180BAX9	47,133.910	.01	51,037.61 108.282	42,749.51 90.698	- 8,288.10	.00	137.47	1,649.00 0.03500	3.86%
AF	- GNMA Gtd Passthru CTF Pool #784714 3.00% Dtd 04/01/2019 Due 01/15/2044 IPD14 3622AADT8	44,281.480	.01	46,883.01 105.875	39,564.62 89.348	- 7,318.39	.00	110.70	1,328.00 0.03000	3.36%
AF	- GNMA II Passthru CTF Pool #785305 3.00% Dtd 02/01/2021 Due 06/20/2050 IPD19 3622AAYA6	69,111.740	.02	73,668.79 106.594	60,135.51 87.012	- 13,533.28	.00	172.77	2,073.00 0.03000	3.45%
AF	- GNMA Gtd Passthru CTF Pool #785782 3.00% Dtd 12/01/2021 Due 02/15/2050 IPD14 3622ABJ37	44,274.510	.01	39,563.43 89.359	38,669.80 87.341	- 893.63	.00	110.68	1,328.00 0.03000	3.43%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- GNMA II Passthru CTF Pool #786134 3.00% Dtd 05/01/2022 Due 04/20/2052 IPD19 3622ABV33	66,275.660	.02	58,033.77 87.564	57,043.46 86.070	- 990.31	.00	165.68	1,988.00 0.03000	3.49%
AF	- GNMA II Passthru CTF Pool #784110 5.00% Dtd 02/01/2016 Due 11/20/2045 IPD19 3622A2R79	82,382.250	.02	96,258.51 116.844	82,608.80 100.275	- 13,649.71	.00	343.25	4,119.00 0.05000	4.99%
AF	- GNMA Gtd Passthru CTF Pool #626978 3.50% Dtd 09/01/2015 Due 03/15/2040 IPD14 36291FQ76	132,226.460	.04	138,011.38 104.375	121,242.41 91.693	- 16,768.97	.01	385.66	4,627.00 0.03500	3.82%
AF	- GNMA Gtd Passthru CTF Pool #635091 4.00% Dtd 06/01/2016 Due 06/15/2046 IPD14 36291QRL0	49,164.140	.01	56,093.61 114.095	46,711.34 95.011	- 9,382.27	.00	163.88	1,966.00 0.04000	4.21%
AF	- GNMA Gtd Passthru CTF Pool #711443 4.50% Dtd 08/01/2009 Due 08/15/2039 IPD14 36297GLY4	50,872.470	.02	59,616.16 117.187	50,258.44 98.793	- 9,357.72	.00	190.77	2,289.00 0.04500	4.55%
AF	- Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2002 83 CI Z Fltg Rate Dtd 11/01/2002 Due 10/16/2042 IPD15 38373VT83	5,032.170	.00	4,969.27 98.750	5,018.45 99.727	49.18	.00	28.51	342.00 0.06799	6.82%
AF	- Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2009 32 CI AB 4.00% Dtd 05/01/2009 Due 05/16/2039 IPD15 38374UBP5	46,466.100	.01	48,683.05 104.771	45,702.57 98.356	- 2,980.48	.00	154.88	1,858.00 0.04000	4.07%

Plumbers Pen Fd Local 130 Roll-Up

 Account Number:
 Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
 05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2009 23 Cl Bc 4.50% Dtd 04/01/2009 Due 04/20/2039 IPD19 38374XTY1	73,054.700	.02	71,547.95 97.938	73,177.18 100.167	1,629.23	.00	273.95	3,287.00 0.04500	4.49%
AF	- Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2007 54 Cl Z 4.625% Dtd 09/01/2007 Due 09/16/2037 IPD15 38375LJJ0	83,760.840	.03	82,701.23 98.735	83,539.18 99.735	837.95	.00	322.82	3,873.00 0.04625	4.64%
AF	- Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2013 67 Cl TV 3.00% Dtd 04/01/2013 Due 02/20/2042 IPD19 38378MXD2	82,485.480	.02	72,458.25 87.844	77,915.23 94.459	5,456.98	.00	206.21	2,474.00 0.03000	3.18%
AF	- Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2013 113 Cl Ly 3.00% Dtd 08/01/2013 Due 05/20/2043 IPD19 38378WRW5	87,613.090	.02	80,056.46 91.375	80,537.31 91.923	480.85	.00	219.03	2,628.00 0.03000	3.26%
AF	- Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2015 42 Cl EY 2.00% Dtd 03/01/2015 Due 11/20/2042 IPD19 38379LBS4	130,000.000	.03	130,771.88 100.594	105,355.17 81.042	- 25,416.71	.01	216.66	2,600.00 0.02000	2.47%
AF	- Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2021 223 Cl P 2.00% Dtd 12/01/2021 Due 06/20/2051 IPD19 38383FHR7	158,718.320	.04	135,902.56 85.625	136,768.78 86.170	866.22	.01	264.53	3,174.00 0.02000	2.32%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2022 034 Cl Dn 3.50% Dtd 02/01/2022 Due 09/20/2041 IPD19 <i>38383MFU7</i>	62,506.270	.02	58,961.00 <i>94.328</i>	58,341.22 <i>93.336</i>	- 619.78	.00	182.30	2,187.00 <i>0.03500</i>	3.75%
AF	- Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2023 019 Cl Ad 5.00% Dtd 02/01/2023 Due 02/20/2050 IPD19 <i>38383V5C8</i>	27,018.780	.01	26,917.46 <i>99.625</i>	27,168.72 <i>100.554</i>	251.26	.00	112.57	1,350.00 <i>0.05000</i>	4.97%
AF	- Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2023 103 Cl LT 6.00% Dtd 07/01/2023 Due 07/20/2053 IPD19 <i>38384CDV8</i>	115,000.000	.04	113,598.44 <i>98.781</i>	117,136.44 <i>101.857</i>	3,538.00	.01	575.00	6,900.00 <i>0.06000</i>	5.89%
AF	- Government Natl Mtg Assn Gtd REMIC Passthru Secs Ser 2023 141 Cl Ld 6.00% Dtd 09/01/2023 Due 01/20/2043 IPD19 <i>38384EF75</i>	80,513.760	.02	80,682.15 <i>100.209</i>	81,207.65 <i>100.861</i>	525.50	.00	402.56	4,830.00 <i>0.06000</i>	5.95%
AF	- US Treasury Bond 4.375% Dtd 02/15/08 Due 02/15/2038 <i>912810PW2</i>	20,000.000	.01	25,066.41 <i>125.332</i>	19,665.80 <i>98.329</i>	- 5,400.61	.00	256.21	875.00 <i>0.04375</i>	4.45%
AF	- US Treasury Bond 4.25% Dtd 05/15/2009 Due 05/15/2039 <i>912810QB7</i>	320,000.000	.09	404,316.22 <i>126.349</i>	306,227.20 <i>95.696</i>	- 98,089.02	.02	628.26	13,600.00 <i>0.04250</i>	4.44%
AF	- US Treasury Bond 2.75% Dtd 11/15/2012 Due 11/15/2042 <i>912810QY7</i>	100,000.000	.02	89,595.76 <i>89.596</i>	74,641.00 <i>74.641</i>	- 14,954.76	.00	127.04	2,750.00 <i>0.02750</i>	3.68%
AF	- US Treasury Bond 2.875% Dtd 05/15/2013 Due 05/15/2043 <i>912810RB6</i>	75,000.000	.02	65,967.77 <i>87.957</i>	56,672.25 <i>75.563</i>	- 9,295.52	.00	99.60	2,156.00 <i>0.02875</i>	3.80%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- US Treasury Bond 3.00% Dtd 11/15/2014 Due 11/15/2044 912810RJ9	100,000.000	.02	85,968.75 85.969	75,367.00 75.367	- 10,601.75	.00	138.58	3,000.00 0.03000	3.98%
AF	- US Treasury Bond 2.50% Dtd 02/15/2015 Due 02/15/2045 912810RK6	150,000.000	.03	129,913.82 86.609	103,266.00 68.844	- 26,647.82	.01	1,098.06	3,750.00 0.02500	3.63%
AF	- US Treasury Bond 2.25% Dtd 08/15/2016 Due 08/15/2046 912810RT7	380,000.000	.07	328,761.14 86.516	243,302.60 64.027	- 85,458.54	.01	2,503.59	8,550.00 0.02250	3.51%
AF	- US Treasury Bond 3.00% Dtd 02/15/2017 Due 02/15/2047 912810RV2	100,000.000	.02	86,960.94 86.961	73,537.00 73.537	- 13,423.94	.00	878.45	3,000.00 0.03000	4.08%
AF	- US Treasury Bond 2.75% Dtd 11/15/2017 Due 11/15/2047 912810RZ3	50,000.000	.01	47,601.56 95.203	34,758.00 69.516	- 12,843.56	.00	63.51	1,375.00 0.02750	3.96%
AF	- US Treasury Bond 3.00% Dtd 02/15/2018 Due 02/15/2048 912810SA7	80,000.000	.02	58,453.12 73.066	58,129.60 72.662	- 323.52	.00	702.76	2,400.00 0.03000	4.13%
AF	- US Treasury Bond 3.125% Dtd 05/15/2018 Due 05/15/2048 912810SC3	120,000.000	.03	120,763.48 100.636	89,053.20 74.211	- 31,710.28	.01	173.23	3,750.00 0.03125	4.21%
AF	- US Treasury Bond 3.00% Dtd 08/15/2018 Due 08/15/2048 912810SD1	10,000.000	.00	8,216.41 82.164	7,231.30 72.313	- 985.11	.00	87.84	300.00 0.03000	4.15%
AF	- US Treasury Bond 2.25% Dtd 08/15/2019 Due 08/15/2049 912810SJ8	305,000.000	.06	322,968.59 105.891	186,693.55 61.211	- 136,275.04	.01	2,009.46	6,862.00 0.02250	3.68%
AF	- US Treasury Bond 1.25% Dtd 05/15/2020 Due 05/15/2050 912810SN9	550,000.000	.08	385,269.52 70.049	257,086.50 46.743	- 128,183.02	.02	317.59	6,875.00 0.01250	2.67%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- US Treasury Bond 1.125% Dtd 05/15/2020 Due 05/15/2040 912810SR0	100,000.000	.02	70,500.00 70.500	60,797.00 60.797	- 9,703.00	.00	51.97	1,125.00 0.01125	1.85%
AF	- US Treasury Bond 1.875% Dtd 02/15/2021 Due 02/15/2041 912810SW9	110,000.000	.02	83,118.75 75.563	74,134.50 67.395	- 8,984.25	.00	603.93	2,062.00 0.01875	2.78%
AF	- US Treasury Bond 1.875% Dtd 11/15/2021 Due 11/15/2051 912810TB4	887,000.000	.15	698,364.54 78.733	480,833.83 54.209	- 217,530.71	.03	768.29	16,631.00 0.01875	3.46%
AF	- US Treasury Bond 2.00% Dtd 11/15/2021 Due 11/15/2041 912810TC2	825,000.000	.17	793,476.37 96.179	556,330.50 67.434	- 237,145.87	.03	762.22	16,500.00 0.02000	2.97%
AF	- US Treasury Bond 4.25% Dtd 02/15/2024 Due 02/15/2054 912810TX6	35,000.000	.01	33,241.80 94.977	31,269.70 89.342	- 1,972.10	.00	435.56	1,487.00 0.04250	4.76%
AF	- US Treasury Bond 4.25% Dtd 08/15/2024 Due 08/15/2054 912810UC0	45,000.000	.01	43,182.42 95.961	40,253.85 89.453	- 2,928.57	.00	560.01	1,912.00 0.04250	4.75%
AF	- US Treasury Bond 4.125% Dtd 08/15/2024 Due 08/15/2044 912810UD8	210,000.000	.06	197,766.02 94.174	188,779.50 89.895	- 8,986.52	.01	2,536.53	8,662.00 0.04125	4.59%
Total Long (Over 10 Years)			3.02	11,520,071.58	10,001,491.27	- 1,518,580.31	.60	39,571.74	378,547.00	3.79%
Total Treasury and Federal Agencies			4.29	15,841,308.58	14,183,272.97	- 1,658,035.61	.85	62,484.49	524,789.00	3.70%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
State and Municipal Short (Less Than 5 Years)										
AF	- Cicero III Taxable GO Ref Bds 2021 B Taxable 1.30% Dtd 05/26/2021 Due 01/01/2026 Non-Callable <i>171646SY9</i>	140,000.000	.04	140,000.00 <i>100.000</i>	137,481.40 <i>98.201</i>	- 2,518.60	.01	758.33	1,820.00 <i>0.01300</i>	1.32%
AF	- New York N Y Taxable GO Bds Fiscal Taxable 0.982% Dtd 01/06/2021 Due 08/01/2025 Callable <i>64966QZX1</i>	40,000.000	.01	40,000.00 <i>100.000</i>	39,772.00 <i>99.430</i>	- 228.00	.00	130.93	392.00 <i>0.00982</i>	.99%
Total Short (Less Than 5 Years)			.05	180,000.00	177,253.40	- 2,746.60	.01	889.26	2,212.00	1.25%
Total State and Municipal			.05	180,000.00	177,253.40	- 2,746.60	.01	889.26	2,212.00	1.25%
Non-Government Obligations Short (Less Than 5 Years)										
AF	- Allstate Corp Sr Glbl NT 0.75% Dtd 11/24/2020 Due 12/15/2025 Callable <i>020002BH3</i>	125,000.000	.04	124,981.25 <i>99.985</i>	122,510.00 <i>98.008</i>	- 2,471.25	.01	432.29	937.00 <i>0.00750</i>	.77%
AF	- Allstate Corp Sr Glbl NT 5.05% Dtd 06/24/2024 Due 06/24/2029 Callable <i>020002BL4</i>	130,000.000	.04	131,612.00 <i>101.240</i>	132,780.70 <i>102.139</i>	1,168.70	.01	2,863.06	6,565.00 <i>0.05050</i>	4.94%
AF	- Aon Corp Sr Glbl 4.50% Dtd 12/03/2018 Due 12/15/2028 Callable <i>037389BB8</i>	103,000.000	.03	96,776.74 <i>93.958</i>	103,289.43 <i>100.281</i>	6,512.69	.01	2,137.25	4,635.00 <i>0.04500</i>	4.49%

Plumbers Pen Fd Local 130 Roll-Up

 Account Number:
 Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
 05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Applied Matls Inc Sr NT 3.30% Dtd 03/31/2017 Due 04/01/2027 Callable 038222AL9	119,000.000	.04	121,707.19 102.275	117,203.10 98.490	- 4,504.09	.01	654.49	3,927.00 0.03300	3.35%
AF	- Ares Capital Corp Sr NT 5.95% Dtd 05/13/2024 Due 07/15/2029 Callable 04010LBG7	130,000.000	.04	128,826.70 99.097	132,317.90 101.783	3,491.20	.01	2,922.11	7,735.00 0.05950	5.85%
AF	- Bank Amer Corp Med Term NT 4.25% Dtd 10/22/2014 Due 10/22/2026 06051GFL8	100,000.000	.03	116,965.20 116.965	99,573.00 99.573	- 17,392.20	.01	460.41	4,250.00 0.04250	4.27%
AF	- Biogen Inc Sr NT 4.05% Dtd 09/15/2015 Due 09/15/2025 Callable 09062XAF0	130,000.000	.04	138,558.30 106.583	129,925.90 99.943	- 8,632.40	.01	1,111.50	5,265.00 0.04050	4.05%
AF	- Boeing Co Sr NT 5.15% Dtd 05/04/2020 Due 05/01/2030 Callable 097023CY9	120,000.000	.04	143,360.40 119.467	121,052.40 100.877	- 22,308.00	.01	515.00	6,180.00 0.05150	5.11%
AF	- Carmax Auto Owner Tr Ser 2022 1 Cl A 4 1.70% Dtd 01/26/2022 Due 08/16/2027 14317CAD4	60,000.000	.02	56,100.00 93.500	58,812.80 98.021	2,712.80	.00	45.33	1,020.00 0.01700	1.73%
AF	- Clorox Co Del Sr NT 1.80% Dtd 05/08/2020 Due 05/15/2030 Callable 189054AX7	125,000.000	.03	123,290.00 98.632	109,118.75 87.295	- 14,171.25	.01	100.00	2,250.00 0.01800	2.06%
AF	- D R Horton Inc Sr Gbl 2.60% Dtd 05/05/2020 Due 10/15/2025 Callable 23331ABN8	130,000.000	.04	139,763.00 107.510	128,992.50 99.225	- 10,770.50	.01	431.88	3,380.00 0.02600	2.62%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Devon Energy Corp New Sr Gbl NT 5.85% Dtd 12/15/2015 Due 12/15/2025 Callable 25179MAV5	50,000.000	.02	57,563.00 115.126	50,153.00 100.306	- 7,410.00	.00	1,348.75	2,925.00 0.05850	5.83%
AF	- Discovery Communications LLC Sr NT 4.125% Dtd 05/21/2019 Due 05/15/2029 Callable 25470DBF5	0.000	.00	0.00	0.00 93.112	0.00	.00	183.33	0.04125	
AF	- Discover Finl Svcs Sr NT 4.10% Dtd 02/09/2017 Due 02/09/2027 Callable 254709AM0	60,000.000	.02	57,638.40 96.064	59,527.20 99.212	1,888.80	.00	765.33	2,460.00 0.04100	4.13%
AF	- Drive Auto Receiva Tr Ser 2024 1 Cl A 3 5.35% Dtd 02/21/2024 Due 02/15/2028 26208WAC8	65,501.800	.02	65,926.54 100.648	65,575.31 100.112	- 351.23	.00	155.74	3,504.00 0.05350	5.34%
AF	- Edwards Lifesciences Corp 4.30% Dtd 06/15/2018 Due 06/15/2028 Callable 28176EAD0	157,000.000	.05	187,310.40 119.306	156,475.62 99.666	- 30,834.78	.01	3,112.96	6,751.00 0.04300	4.31%
AF	- Energy Transfer Ptnrs L P Fr 4.20% Dtd 01/17/2017 Due 04/15/2027 Callable 29273RBK4	150,000.000	.04	153,024.60 102.016	148,774.50 99.183	- 4,250.10	.01	805.00	6,300.00 0.04200	4.23%
AF	- Energy Transfer L P Sr Gbl 6.10% Dtd 10/13/2023 Due 12/01/2028 Callable 29273VAS9	80,000.000	.03	79,590.40 99.488	83,534.40 104.418	3,944.00	.00	2,440.00	4,880.00 0.06100	5.84%
AF	- Fifth Third Bancorp Sr Gbl NT 3.95% Dtd 03/14/2018 Due 03/14/2028 Callable 316773CV0	100,000.000	.03	91,743.00 91.743	98,701.00 98.701	6,958.00	.01	844.86	3,950.00 0.03950	4.00%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- General Mtrs Finl Co Inc Sr Gbl NT 4.00% Dtd 10/06/2016 Due 10/06/2026 Callable 37045XBQ8	150,000.000	.04	166,017.00 110.678	148,245.00 98.830	- 17,772.00	.01	916.66	6,000.00 0.04000	4.05%
AF	- Goldman Sachs Group Inc Sr Gbl NT 3.85% Dtd 01/26/2017 Due 01/26/2027 Callable 38141GWB6	120,000.000	.04	127,384.80 106.154	118,945.20 99.121	- 8,439.60	.01	1,604.16	4,620.00 0.03850	3.88%
AF	- Goldman Sachs Group Inc Sr NT Var Rate Dtd 03/08/2021 Due 03/09/2027 Callable 38141GYA6	85,000.000	.03	79,110.35 93.071	82,860.55 97.483	3,750.20	.00	277.05	1,216.00 0.01431	1.47%
AF	- HCA Sr Gbl 5.20% Dtd 05/04/2023 Due 06/01/2028 Callable 404119CP2	110,000.000	.03	109,457.70 99.507	111,577.40 101.434	2,119.70	.01	2,860.00	5,720.00 0.05200	5.13%
AF	- Humana Inc Sr Gbl NT 3.95% Dtd 03/16/2017 Due 03/15/2027 Callable 444859BF8	135,000.000	.04	152,282.70 112.802	134,046.90 99.294	- 18,235.80	.01	1,125.75	5,332.00 0.03950	3.98%
AF	- Huntington Bancshares Inc Sr NT 2.55% Dtd 02/04/2020 Due 02/04/2030 Callable 446150AS3	135,000.000	.04	106,569.00 78.940	122,013.00 90.380	15,444.00	.01	1,118.81	3,442.00 0.02550	2.82%
AF	- Hyundai Auto Rec Tr Ser 2024 B CI A 3 5.38% Dtd 07/24/2024 Due 03/15/2029 44934QAD3	100,000.000	.03	101,148.44 101.148	100,805.03 100.805	- 343.41	.01	215.11	4,840.00 0.04840	4.80%
AF	- JPMorgan Chase & Co NT 3.90% Dtd 07/21/2015 Due 07/15/2025 Callable 46625HMN7	125,000.000	.04	131,174.75 104.940	124,905.00 99.924	- 6,269.75	.01	1,841.66	4,875.00 0.03900	3.90%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Jefferies Group Inc New Sr NT 6.45% Dtd 06/08/2007 Due 06/08/2027 Callable 472319AE2	225,000.000	.07	264,121.25 117.387	231,914.25 103.073	- 32,207.00	.01	6,974.06	14,512.00 0.06450	6.26%
AF	- Lam Research Corp Sr NT 4.00% Dtd 03/04/2019 Due 03/15/2029 Callable 512807AU2	125,000.000	.04	124,160.00 99.328	123,247.50 98.598	- 912.50	.01	1,055.55	5,000.00 0.04000	4.06%
AF	- Lazard LLC 4.50% Dtd 09/19/2018 Due 09/19/2028 Callable 52107QAJ4	195,000.000	.06	217,468.15 111.522	193,020.75 98.985	- 24,447.40	.01	1,755.00	8,775.00 0.04500	4.55%
AF	- Lazard LLC Sr Gbl NT 4.375% Dtd 03/11/2019 Due 03/11/2029 Callable 52107QAK1	135,000.000	.04	130,068.65 96.347	132,194.70 97.922	2,126.05	.01	1,312.50	5,906.00 0.04375	4.47%
AF	- Leggett & Platt Inc Sr NT 3.50% Dtd 11/16/2017 Due 11/15/2027 Callable 524660AY3	130,000.000	.04	129,286.55 99.451	125,238.10 96.337	- 4,048.45	.01	202.22	4,550.00 0.03500	3.63%
AF	- Legg Mason Inc Sr Gbl NT 4.75% Dtd 03/22/2016 Due 03/15/2026 Callable 524901AV7	50,000.000	.02	49,975.00 99.950	50,087.00 100.174	112.00	.00	501.38	2,375.00 0.04750	4.74%
AF	- Mplx LP Sr NT 4.00% Dtd 02/08/2018 Due 03/15/2028 Callable 55336VAR1	100,000.000	.03	105,905.26 105.905	98,589.00 98.589	- 7,316.26	.01	844.44	4,000.00 0.04000	4.06%
AF	- Microsoft Corp Sr Gbl 144a 3.40% Dtd 06/15/2023 Due 09/15/2026 Callable 594918CG7	140,000.000	.04	159,581.80 113.987	138,811.40 99.151	- 20,770.40	.01	1,004.88	4,760.00 0.03400	3.43%

Plumbers Pen Fd Local 130 Roll-Up

 Account Number:
 Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
 05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Micron Technology Inc Sr Gbl NT 4.663% Dtd 07/12/2019 Due 02/15/2030 Callable 595112BQ5	150,000.000	.04	177,169.75 118.113	147,994.50 98.663	- 29,175.25	.01	2,059.49	6,994.00 0.04663	4.73%
AF	- Molson Coors Brewing Co Sr Gbl NT 3.00% Dtd 07/07/2016 Due 07/15/2026 Callable 60871RAG5	135,000.000	.04	145,264.05 107.603	132,734.70 98.322	- 12,529.35	.01	1,530.00	4,050.00 0.03000	3.05%
AF	- Morgan Stanley Bk Amer Merrill Lynch Tr 2015-C22 Coml Mtg Pass Thru CTF Cl A-4 3.306% Dtd 04/01/2015 Due 05/15/2046 IPD14 61690FAM5	42,496.110	.01	43,269.67 101.820	41,752.43 98.250	- 1,517.24	.00		1,404.00 0.03306	3.36%
AF	- Morgan Stanley Fr 4.35% Dtd 09/08/2014 Due 09/08/2026 Non-Callable 6174467Y9	130,000.000	.04	142,077.00 109.290	129,472.20 99.594	- 12,604.80	.01	1,303.79	5,655.00 0.04350	4.37%
AF	- Nasdaq Inc Sr NT 3.85% Dtd 06/07/2016 Due 06/30/2026 Callable 631103AG3	68,000.000	.02	78,176.88 114.966	67,621.24 99.443	- 10,555.64	.00	1,098.10	2,618.00 0.03850	3.87%
AF	- Nextera Energy Cap Hldgs Inc Sr NT 3.55% Dtd 04/28/2017 Due 05/01/2027 Callable 65339KAT7	105,000.000	.03	115,569.03 110.066	103,118.40 98.208	- 12,450.63	.01	310.62	3,727.00 0.03550	3.61%
AF	- Onemain Direct Auto Rcv Ser 2019 1 Cl C 4.19% Dtd 03/14/2019 Due 11/14/2028 68267EAC8	100,000.000	.03	91,531.25 91.531	99,310.97 99.310	7,779.72	.01	186.22	4,190.00 0.04190	4.22%

Plumbers Pen Fd Local 130 Roll-Up

 Account Number:
 Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
 05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Owens Corning New Sr Gbl 3.40% Dtd 08/08/2016 Due 08/15/2026 Callable 690742AF8	25,000.000	.01	24,020.75 96.083	24,627.00 98.508	606.25	.00	250.27	850.00 0.03400	3.45%
AF	- Owl Rock Capital Corporation Sr NT 2.625% Dtd 04/26/2021 Due 01/15/2027 Callable 69121KAF1	85,000.000	.02	77,338.95 90.987	81,262.55 95.603	3,923.60	.00	842.91	2,231.00 0.02625	2.75%
AF	- PNC Finl Svcs Group Inc Sr Gbl NT 3.45% Dtd 04/22/2019 Due 04/23/2029 Callable 693475AW5	165,000.000	.05	178,062.70 107.917	159,150.75 96.455	- 18,911.95	.01	600.87	5,692.00 0.03450	3.58%
AF	- Perkinelmer Inc Sr NT 3.30% Dtd 09/12/2019 Due 09/15/2029 Callable 714046AG4	110,000.000	.03	121,886.60 110.806	103,416.50 94.015	- 18,470.10	.01	766.33	3,630.00 0.03300	3.51%
AF	- Priceline Grp Inc Sr Gbl 3.60% Dtd 05/23/2016 Due 06/01/2026 Callable 741503AZ9	105,000.000	.03	105,897.70 100.855	104,204.10 99.242	- 1,693.60	.01	1,890.00	3,780.00 0.03600	3.63%
AF	- Prudential Finl Inc Fr 2.10% Dtd 03/10/2020 Due 03/10/2030 Callable 74432QCG8	125,000.000	.03	104,111.25 83.289	112,825.00 90.260	8,713.75	.01	590.62	2,625.00 0.02100	2.33%
AF	- Pulte Group Inc Sr Gbl 5.50% Dtd 03/01/2016 Due 03/01/2026 Callable 745867AW1	100,000.000	.03	117,528.00 117.528	100,360.00 100.360	- 17,168.00	.01	1,375.00	5,500.00 0.05500	5.48%
AF	- Quest Diagnostics Inc Sr Gbl NT 3.45% Dtd 05/26/2016 Due 06/01/2026 Callable 74834LAZ3	70,000.000	.02	76,689.90 109.557	69,281.10 98.973	- 7,408.80	.00	1,207.49	2,415.00 0.03450	3.49%

Plumbers Pen Fd Local 130 Roll-Up

 Account Number:
 Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
 05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Regions Financial Corp New Sr NT 1.80% Dtd 08/12/2021 Due 08/12/2028 Callable 7591EPAT7	170,000.000	.05	136,589.05 80.347	155,417.40 91.422	18,828.35	.01	926.50	3,060.00 0.01800	1.97%
AF	- Santander Drv Auto Rev Tr Ser 2023 1 CI C 6.60% Dtd 01/25/2023 Due 05/15/2030 80287GAE0	25,000.000	.01	24,934.57 99.738	25,115.71 100.462	181.14	.00	56.55	1,272.00 0.05090	5.07%
AF	- Santander Drive Auto Ser 2024 5 CI B 4.63% Dtd 10/29/2024 Due 08/15/2029 802920AE8	100,000.000	.03	99,500.00 99.500	99,979.62 99.979	479.62	.01	205.77	4,630.00 0.04630	4.63%
AF	- Schwab Charles Corp New Sr NT 3.20% Dtd 12/07/2017 Due 01/25/2028 Callable 808513AU9	185,000.000	.05	185,433.83 100.235	180,177.05 97.393	- 5,256.78	.01	2,071.99	5,920.00 0.03200	3.29%
AF	- Simon Ppty Group LP Sr Gbl NT 3.375% Dtd 06/01/2017 Due 06/15/2027 Callable 828807DC8	85,000.000	.03	81,324.60 95.676	83,467.45 98.197	2,142.85	.00	1,322.81	2,868.00 0.03375	3.44%
AF	- Smucker J M Co Sr NT 2.375% Dtd 03/09/2020 Due 03/15/2030 Callable 832696AS7	140,000.000	.04	141,178.80 100.842	126,089.60 90.064	- 15,089.20	.01	701.94	3,325.00 0.02375	2.64%
AF	- Suntrust Bk Atlanta Mdtmsbntbe Fr 3.30% Dtd 05/16/2016 Due 05/15/2026 Callable 86787GAJ1	120,000.000	.04	135,673.20 113.061	118,460.40 98.717	- 17,212.80	.01	176.00	3,960.00 0.03300	3.34%
AF	- TD Ameritrade Hldg Corp Jr Gbl 3.30% Dtd 04/27/2017 Due 04/01/2027 Callable 87236YAF5	175,000.000	.05	177,540.95 101.452	169,410.50 96.806	- 8,130.45	.01	962.50	5,775.00 0.03300	3.41%

Plumbers Pen Fd Local 130 Roll-Up

 Account Number:
 Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
 05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
Total Short (Less Than 5 Years)			1.93	6,749,217.00	6,390,067.46	- 359,149.54	.38	65,374.29	249,008.00	3.90%
Intermediate (5-10 Years)										
AF	- Amphenol Corp NT 2.20% Dtd 09/14/2021 Due 09/15/2031 Callable <i>032095AL5</i>	150,000.000	.04	149,451.00 <i>99.634</i>	129,988.50 <i>86.659</i>	- 19,462.50	.01	696.66	3,300.00 <i>0.02200</i>	2.54%
AF	- Apollo Global Mgmt Inc Sr NT 6.375% Dtd 11/13/2023 Due 11/15/2033 Non-Callable <i>03769MAA4</i>	75,000.000	.02	79,305.00 <i>105.740</i>	80,490.00 <i>107.320</i>	1,185.00	.00	212.50	4,781.00 <i>0.06375</i>	5.94%
AF	- Bk of America Corp Sr NT Var Rate Dtd 07/21/2021 Due 07/21/2032 Callable <i>06051GKA6</i>	65,000.000	.02	52,978.25 <i>81.505</i>	55,768.70 <i>85.798</i>	2,790.45	.00	539.62	1,494.00 <i>0.02299</i>	2.68%
AF	- BP Cap Mkts Amer Inc NT 2.721% Dtd 01/12/2022 Due 01/12/2032 Callable <i>10373QBT6</i>	160,000.000	.04	161,190.40 <i>100.744</i>	140,611.20 <i>87.882</i>	- 20,579.20	.01	1,680.97	4,353.00 <i>0.02721</i>	3.10%
AF	- Citigroup Inc Sub NT 6.625% Dtd 06/06/2002 Due 06/15/2032 <i>172967BL4</i>	61,000.000	.02	66,083.74 <i>108.334</i>	65,639.66 <i>107.606</i>	- 444.08	.00	1,863.46	4,041.00 <i>0.06625</i>	6.16%
AF	- Citigroup Inc Sr Gbl NT Var Rate Dtd 05/07/2025 Due 05/07/2031 Callable <i>172967QA2</i>	100,000.000	.03	99,659.00 <i>99.659</i>	99,932.00 <i>99.932</i>	273.00	.01	330.13	4,952.00 <i>0.04952</i>	4.96%
AF	- Eaton Corp Ohio Sr NT 4.00% Dtd 11/02/2013 Due 11/02/2032 <i>278062AD6</i>	155,000.000	.04	160,580.55 <i>103.600</i>	147,321.30 <i>95.046</i>	- 13,259.25	.01	499.44	6,200.00 <i>0.04000</i>	4.21%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Ally Finl Inc Sr NT 8.00% Dtd 11/01/2009 Due 11/01/2031 Non-Callable 36186CBY8	100,000.000	.03	129,114.10 129.114	111,895.00 111.895	- 17,219.10	.01	666.66	8,000.00 0.08000	7.15%
AF	- Kemper Corp Sr Gbl 2.40% Dtd 09/29/2020 Due 09/30/2030 Callable 488401AC4	310,000.000	.08	276,095.75 89.063	268,918.80 86.748	- 7,176.95	.02	1,260.66	7,440.00 0.02400	2.77%
AF	- Marsh & McLennan Cos Inc Sr Gbl NT 5.875% Dtd 07/30/2003 Due 08/01/2033 Non-Callable 571748AK8	85,000.000	.03	89,131.00 104.860	89,496.50 105.290	365.50	.01	1,664.58	4,993.00 0.05875	5.58%
AF	- Marsh & McLennan Cos Inc Sr NT 5.15% Dtd 02/20/2024 Due 03/15/2034 Callable 571748BW1	60,000.000	.02	59,987.40 99.979	60,382.20 100.637	394.80	.00	652.33	3,090.00 0.05150	5.12%
AF	- McDonalds Corp Med Term NT Fr 3.60% Dtd 03/27/2020 Due 07/01/2030 Callable 58013MFQ2	140,000.000	.04	164,459.40 117.471	134,359.40 95.971	- 30,100.00	.01	2,100.00	5,040.00 0.03600	3.75%
AF	- Norfolk Southn Corp Sr Gbl 2.30% Dtd 05/12/2021 Due 05/15/2031 Callable 655844CK2	100,000.000	.03	103,102.00 103.102	87,613.00 87.613	- 15,489.00	.01	102.22	2,300.00 0.02300	2.63%
AF	- Servicenow Inc NT 1.40% Dtd 08/11/2020 Due 09/01/2030 Callable 81762PAE2	200,000.000	.05	182,178.00 91.089	171,124.00 85.562	- 11,054.00	.01	700.00	2,800.00 0.01400	1.64%
AF	- Viacomcbs Inc Sr NT 4.95% Dtd 04/01/2020 Due 01/15/2031 Callable 92556HAB3	50,000.000	.01	59,431.00 118.862	48,410.00 96.820	- 11,021.00	.00	935.00	2,475.00 0.04950	5.11%

Plumbers Pen Fd Local 130 Roll-Up

 Account Number:
 Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
 05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Wells Fargo & Co New 5.325% Dtd 02/07/2005 Due 02/07/2035 949746JM4	140,000.000	.04	145,765.20 104.118	143,271.80 102.337	- 2,493.40	.01	2,382.91	7,525.00 0.05375	5.25%
AF	- Wells Fargo & Co Fr Var Rate Dtd 03/30/2020 Due 04/04/2031 Callable 95000U2L6	140,000.000	.04	172,902.80 123.502	137,662.00 98.330	- 35,240.80	.01	992.62	6,269.00 0.04478	4.55%
Total Intermediate (5-10 Years)			.60	2,151,414.59	1,972,884.06	- 178,530.53	.12	17,279.76	79,053.00	4.01%
Long (Over 10 Years)										
AF	- AT&T Inc Sr Gbl 3.50% Dtd 03/15/2021 Due 09/15/2053 Callable 00206RKJ0	150,000.000	.03	136,382.58 90.922	99,672.00 66.448	- 36,710.58	.01	1,108.33	5,250.00 0.03500	5.27%
AF	- Boeing Co CR Sen Sr NT Step Cpn Dtd 05/04/2020 Due 05/01/2040 Callable 097023CV5	105,000.000	.03	95,201.40 90.668	101,325.00 96.500	6,123.60	.01	499.18	5,990.00 0.05705	5.91%
AF	- Cigna Corp New Sr NT 3.20% Dtd 03/16/2020 Due 03/15/2040 Callable 125523CJ7	60,000.000	.01	62,280.18 103.800	44,642.40 74.404	- 17,637.78	.00	405.33	1,920.00 0.03200	4.30%
AF	- Citigroup Inc Sr NT 4.65% Dtd 07/30/2015 Due 07/30/2045 Non-Callable 172967JU6	150,000.000	.04	165,477.25 110.318	128,406.00 85.604	- 37,071.25	.01	2,344.37	6,975.00 0.04650	5.43%
AF	- Devon Energy Corp New Sr NT 5.60% Dtd 07/12/2011 Due 07/15/2041 Callable 25179MAL7	75,000.000	.02	83,743.89 111.659	67,278.00 89.704	- 16,465.89	.00	1,586.66	4,200.00 0.05600	6.24%

Plumbers Pen Fd Local 130 Roll-Up

 Account Number:
 Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
 05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Duke Energy Corp New Sr Gbl NT 3.75% Dtd 08/12/2016 Due 09/01/2046 Callable 26441CAT2	100,000.000	.02	109,035.00 109.035	71,904.00 71.904	- 37,131.00	.00	937.50	3,750.00 0.03750	5.22%
AF	- Duke Energy Carolinas LLC 1st Mtg 5.30% Dtd 11/19/2009 Due 02/15/2040 Callable 26442CAH7	105,000.000	.03	130,017.25 123.826	102,890.55 97.991	- 27,126.70	.01	1,638.58	5,565.00 0.05300	5.41%
AF	- JP Morgan Chase Bank NA Sr NT Var Rate Dtd 02/22/2017 Due 02/22/2048 Callable 46647PAA4	95,000.000	.02	101,844.79 107.205	77,780.30 81.874	- 24,064.49	.00	1,112.92	4,047.00 0.04260	5.20%
AF	- Juniper Networks Inc Sr NT 5.95% Dtd 03/03/2011 Due 03/15/2041 Callable 48203RAD6	75,000.000	.02	102,363.75 136.485	72,466.50 96.622	- 29,897.25	.00	942.08	4,462.00 0.05950	6.16%
AF	- Mplx LP Sr Gbl 4.50% Dtd 02/08/2018 Due 04/15/2038 Callable 55336VAM2	85,000.000	.02	75,677.20 89.032	73,295.50 86.230	- 2,381.70	.00	488.75	3,825.00 0.04500	5.22%
AF	- Mars Inc Del 4.20% Dtd 03/29/2019 Due 04/01/2059 Callable 571676AH8	130,000.000	.03	165,971.80 127.671	97,645.60 75.112	- 68,326.20	.01	910.00	5,460.00 0.04200	5.59%
AF	- Merck & Co Inc New NT 3.70% Dtd 02/10/2015 Due 02/10/2045 Callable 58933YAT2	45,000.000	.01	44,453.82 98.786	34,684.65 77.077	- 9,769.17	.00	513.37	1,665.00 0.03700	4.80%
AF	- Metlife Inc Sr NT 5.70% Dtd 06/23/2005 Due 06/15/2035 Callable 59156RAM0	125,000.000	.04	158,353.40 126.683	130,401.25 104.321	- 27,952.15	.01	3,285.41	7,125.00 0.05700	5.46%

Plumbers Pen Fd Local 130 Roll-Up

Account Number:
Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AF	- Morgan Stan Cap I Ser 2016 UBS11 CI A 4 2.782% Dtd 08/01/2016 Due 08/17/2049 IPD15 61767FBA8	150,000.000	.04	146,343.75 97.563	146,066.39 97.377	- 277.36	.01	347.75	4,173.00 0.02782	2.86%
AF	- Southern Copper Corp Del NT 7.50% Dtd 07/27/2005 Due 07/27/2035 Callable 84265VAA3	34,000.000	.01	42,821.64 125.946	38,126.24 112.136	- 4,695.40	.00	878.33	2,550.00 0.07500	6.69%
AF	- 3M Co Fr 3.125% Dtd 09/19/2016 Due 09/19/2046 Callable 88579YAW1	102,000.000	.02	93,539.81 91.706	68,095.20 66.760	- 25,444.61	.00	637.50	3,187.00 0.03125	4.68%
AF	- Trinity Rail Leas Ser 2021 1 CI A 2.50% Dtd 06/30/2021 Due 07/19/2051 89656GAA2	160,202.000	.04	156,039.76 97.402	147,359.92 91.983	- 8,679.84	.01	133.50	4,005.00 0.02500	2.72%
AF	- Walgreens Boots Alliance Inc Sr NT 4.10% Dtd 04/15/2020 Due 04/15/2050 Callable 931427AT5	75,000.000	.02	77,886.41 103.849	63,723.00 84.964	- 14,163.41	.00	392.91	3,075.00 0.04100	4.83%
AF	- Wells Fargo Coml Tr Ser 2016 LC25 CI A 4 3.64% Dtd 12/01/2016 Due 12/17/2059 IPD17 95000JAV0	45,000.000	.01	46,799.90 104.000	44,129.92 98.066	- 2,669.98	.00	136.50	1,638.00 0.03640	3.71%
AF	- Wepco Envrnmntal Tr Fin Ser 2021 1 CI A 1.578% Dtd 05/12/2021 Due 12/15/2035 950739AA0	74,073.960	.02	64,102.92 86.539	65,333.20 88.199	1,230.28	.00	539.15	1,168.00 0.01578	1.79%
Total Long (Over 10 Years)			.51	2,058,336.50	1,675,225.62	- 383,110.88	.10	18,838.12	80,030.00	4.78%
Total Non-Government Obligations			3.03	10,958,968.09	10,038,177.14	- 920,790.95	.60	101,492.17	408,091.00	4.07%

①

Σ ① 10,481,777

Plumbers Pen Fd Local 130 Roll-Up

 Account Number:
 Statement Period: 06/01/24 through 05/31/25

**Asset and Liability Positions
 05/31/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
Foreign Obligations										
Short (Less Than 5 Years)										
AF	- Sumitomo Mitsui Finl Group Inc Sr Gbl Bd 2.632% Dtd 07/14/2016 Due 07/14/2026 Non-Callable 86562MAF7	145,000.000	.04	152,996.75 105.515	142,078.25 97.985	- 10,918.50	.01	1,452.35	3,816.00 0.02632	2.69%
Total Short (Less Than 5 Years)			.04	152,996.75	142,078.25	- 10,918.50	.01	1,452.35	3,816.00	2.69%
Long (Over 10 Years)										
AF	- Aon PLC Sr NT 4.45% Dtd 05/24/2013 Due 05/24/2043 Callable 00185AAC8	105,000.000	.03	105,589.35 100.561	85,430.10 81.362	- 20,159.25	.01	90.85	4,672.00 0.04450	5.47%
AF	- Barrick Gold Corp Sr NT 5.25% Dtd 04/03/2012 Due 04/01/2042 Callable 067901AH1	125,000.000	.04	166,137.50 132.910	116,593.75 93.275	- 49,543.75	.01	1,093.75	6,562.00 0.05250	5.63%
AF	- Shell International Fin Bv Gtd Sr NT 5.50% Dtd 03/25/2010 Due 03/25/2040 Callable 822582AN2	100,000.000	.03	123,448.00 123.448	99,497.00 99.497	- 23,951.00	.01	1,008.33	5,500.00 0.05500	5.53%
Total Long (Over 10 Years)			.09	395,174.85	301,520.85	- 93,654.00	.02	2,192.93	16,734.00	5.55%
Total Foreign Obligations			.13	548,171.60	443,599.10	- 104,572.50	.03	3,645.28	20,550.00	4.63%

Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended May 31, 2024.

Pension Credits/Average Accrued Benefits

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	130	118	12	—	—	—	—	—	—	—
	\$367	\$311	—	—	—	—	—	—	—	—
25 - 29	262	127	134	1	—	—	—	—	—	—
	\$768	\$412	\$1,098	—	—	—	—	—	—	—
30 - 34	306	95	160	49	2	—	—	—	—	—
	\$1,047	\$409	\$1,188	\$1,778	—	—	—	—	—	—
35 - 39	392	75	140	71	97	9	—	—	—	—
	\$1,536	\$453	\$1,213	\$1,823	\$2,499	—	—	—	—	—
40 - 44	450	44	96	67	151	81	11	—	—	—
	\$2,198	\$526	\$1,303	\$1,917	\$2,630	\$3,372	—	—	—	—
45 - 49	484	19	66	55	113	147	82	2	—	—
	\$2,839	—	\$1,700	\$1,884	\$2,526	\$3,417	\$4,243	—	—	—
50 - 54	419	8	38	19	78	101	122	48	5	—
	\$3,479	—	\$1,830	—	\$2,600	\$3,518	\$4,433	\$4,506	—	—
55 - 59	364	14	30	25	41	55	84	66	38	11
	\$3,716	—	\$2,173	\$2,343	\$2,601	\$3,629	\$4,429	\$4,981	\$4,488	—
60 - 64	144	6	12	4	15	24	28	29	22	4
	\$3,725	—	—	—	—	\$3,258	\$4,005	\$5,347	\$4,516	—
65 - 69	25	1	—	1	1	2	3	1	4	12
	\$4,670	—	—	—	—	—	—	—	—	—
Totals	2,976	507	688	292	498	419	330	146	69	27
	\$2,351	\$483	\$1,333	\$1,928	\$2,566	\$3,442	\$4,312	\$4,907	\$4,386	\$4,100

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	06/01/1995	\$690,430	1	\$690,430
Plan Amendment**	07/01/1995	97,584	1	97,584
Plan Amendment*	06/01/1996	12,903	1	12,903
Change in Assumptions	06/01/1996	189,286	2	97,843
Plan Amendment	06/01/1996	902,350	2	466,432
Change in Assumptions**	06/01/1996	31,055	2	16,053
Change in Assumptions****	06/01/1996	91,060	2	47,070
Plan Amendment****	06/01/1996	335,200	2	173,268
Plan Amendment**	07/01/1996	251,783	2	130,149
Plan Amendment*	06/01/1997	35,693	2	18,450
Plan Amendment	06/01/1997	6,077,465	3	2,164,325
Plan Amendment****	06/01/1997	127,095	3	45,261
Change in Assumptions****	06/01/1997	154,285	3	54,944
Plan Amendment**	07/01/1997	308,486	3	109,859
Plan Amendment*	06/01/1998	106,838	3	38,047
Change in Assumptions	06/01/1998	259,723	4	71,661
Plan Amendment	06/01/1998	4,750,690	4	1,310,782
Plan Amendment*	06/01/1998	238,844	4	65,900
Plan Amendment****	06/01/1998	760,343	4	209,789
Plan Amendment**	07/01/1998	2,636,574	4	727,469
Plan Amendment***	12/01/1998	497,260	4.5	123,937
Change in Assumptions*	06/01/1999	30,207	4	8,335
Change in Assumptions	06/01/1999	367,102	5	83,675
Plan Amendment	06/01/1999	12,389,759	5	2,824,064

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment*	06/01/1999	\$198,313	5	\$45,203
Change in Assumptions****	06/01/1999	498,029	5	113,518
Change in Assumptions***	12/01/1999	467,520	5.5	98,431
Plan Amendment	06/01/2000	9,061,748	6	1,776,746
Plan Amendment*	06/01/2000	1,913,446	6	375,171
Change in Assumptions****	06/01/2000	34,164	6	6,699
Plan Amendment****	06/01/2000	461,417	6	90,470
Plan Amendment****	01/01/2001	123,878	6.58	22,555
Plan Amendment	06/01/2001	8,482,767	7	1,471,032
Plan Amendment*	06/01/2001	723,963	7	125,545
Change in Assumptions****	06/01/2001	39,152	7	6,790
Plan Amendment****	06/01/2001	41,709	7	7,233
Plan Amendment**	07/01/2001	1,462,063	7	253,543
Plan Amendment	06/01/2002	6,409,272	8	1,003,128
Change in Assumptions*	06/01/2002	507,843	8	79,483
Plan Amendment*	06/01/2002	993,815	8	155,544
Plan Amendment**	07/01/2002	87,038	8	13,622
Plan Amendment***	12/01/2002	34,743	8.5	5,197
Plan Amendment	06/01/2003	3,923,974	9	562,876
Plan Amendment*	06/01/2003	976,083	9	140,015
Plan Amendment	06/01/2004	6,056,053	10	805,837
Change in Assumptions*	06/01/2004	648,380	10	86,275
Plan Amendment*	06/01/2004	940,836	10	125,191
Plan Amendment****	06/01/2004	361,186	10	48,061
Plan Amendment	06/01/2005	7,853,101	11	978,753
Plan Amendment*	06/01/2005	864,962	11	107,802

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment****	06/01/2005	\$670,014	11	\$83,506
Change in Assumptions***	12/01/2005	12,901	11.5	1,561
Plan Amendment***	12/01/2005	4,466,480	11.5	540,399
Plan Amendment	06/01/2006	8,607,070	12	1,012,754
Plan Amendment*	06/01/2006	988,876	12	116,356
Change in Assumptions*	06/01/2006	277,785	12	32,686
Plan Amendment****	06/01/2006	392,872	12	46,227
Change in Assumptions***	12/01/2006	1,057,284	12.5	121,187
Plan Amendment***	12/01/2006	1,585,540	12.5	181,736
Plan Amendment	06/01/2007	8,651,204	13	967,406
Change in Assumptions	06/01/2007	2,570,974	13	287,495
Plan Amendment*	06/01/2007	95,297	13	10,656
Plan Amendment****	06/01/2007	909,860	13	101,744
Funding Relief*	06/01/2009	5,592,969	14	597,689
Funding Relief **	07/01/2009	7,327,449	14	783,043
Experience Loss***	12/01/2009	4,390	0.5	4,390
Change in Assumptions**	07/01/2010	1,131,149	1	1,131,149
Funding Relief **	07/01/2010	5,750,999	14	614,577
Experience Loss*	06/01/2011	251,088	2	129,789
Change in Assumptions and Plan Provisions**	06/01/2011	757,634	2	391,627
Experience Loss****	06/01/2011	193,488	2	100,016
Experience Loss**	07/01/2011	3,486	2	1,802
Funding Relief **	07/01/2011	7,706,834	14	823,586
Experience Loss***	12/01/2011	59,657	2.5	25,080
Experience Loss	06/01/2012	4,283,641	3	1,525,503
Plan Amendment	06/01/2012	2,343,554	3	834,594

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Loss****	06/01/2012	\$549,887	3	\$195,827
Change in Assumptions**	07/01/2012	3,870,690	3	1,378,442
Experience Loss**	07/01/2012	594,419	3	211,686
Funding Relief **	07/01/2012	7,520,561	14	803,680
Change in Assumptions	06/01/2013	5,717,817	4	1,577,626
Experience Loss****	06/01/2013	75,373	4	20,796
Plan Amendment****	06/01/2013	424,227	4	117,050
Experience Loss**	07/01/2013	3,529,789	4	973,919
Plan Amendment***	12/01/2013	390,414	4.5	97,306
Change in Assumptions	06/01/2014	16,370,268	5	3,731,361
Experience Loss	06/01/2014	4,046,951	5	922,443
Plan Amendment****	06/01/2015	182,706	6	35,823
Change in Assumptions****	06/01/2016	1,611,780	7	279,506
Plan Amendment	06/01/2017	5,202,827	8	814,304
Experience Loss	06/01/2017	9,033,366	8	1,413,830
Change in Assumptions	06/01/2017	20,320,609	8	3,180,418
Plan Amendment****	06/01/2017	641,685	8	100,431
Plan Amendment	06/01/2018	1,725,568	9	247,525
Experience Loss	06/01/2018	12,419,664	9	1,781,542
Plan Amendment****	06/01/2018	1,336,618	9	191,732
Experience Loss	06/01/2019	34,502,582	10	4,591,020
Plan Amendment****	06/01/2019	784,752	10	104,422
Experience Loss	06/01/2020	12,450,186	11	1,551,699
Plan Amendment****	06/01/2020	360,020	11	44,870
Experience Loss****	06/01/2020	887,870	11	110,658
Plan Amendment	06/01/2022	9,468,691	13	1,058,820

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	06/01/2023	\$11,752,168	14	\$1,255,889
Experience Loss	06/01/2023	29,480,279	14	3,150,393
Bonus Payment	06/01/2024	7,074,662	1	7,074,662
Experience Loss	06/01/2024	15,079,870	15	1,547,373
Total		\$367,606,264		\$67,124,561

- * Base resulting from a merger with a portion of Pension Plan of Plumbers and Steamfitters Local Union No. 422
- ** Base resulting from a merger with a portion of Northern Illinois Pension Fund (Local Union No. 501)
- *** Base resulting from a merger with Plumbers Local Union No. 93 U.A. Pension Fund
- **** Base resulting from a merger with Pension Fund – Technical Engineering Division, Local Union 130 U.A., AFL-CIO

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change In Assumptions*	06/01/1996	\$32,043	2	\$16,563
Change in Assumptions**	07/01/1998	1,993,290	4	549,977
Change in Assumptions**	07/01/2000	1,930,389	6	378,493
Plan Amendment*	06/01/2006	285,262	12	33,565
Change in Assumptions**	07/01/2006	1,754,216	12	206,411
Change In Assumptions*	06/01/2007	445,806	13	49,851
Plan Amendment*	06/01/2007	118,173	13	13,214
Change in Assumptions****	06/01/2007	779,369	13	87,152
Change In Asset Method*	06/01/2009	3,004,822	15	308,330
Experience Gain	06/01/2010	807,104	1	807,104
Experience Gain*	06/01/2010	260,252	1	260,252
Experience Gain****	06/01/2010	303,599	1	303,599
Experience Gain**	07/01/2010	477,728	1	477,728
Change in Method**	07/01/2010	7,937,530	15	814,484
Experience Gain***	12/01/2010	295,076	1.5	200,025
Experience Gain	06/01/2011	1,174,502	2	607,110
Change In Assumptions***	12/01/2011	166,880	2.5	70,156
Change In Funding Method	06/01/2012	11,389,846	3	4,056,187
Experience Gain***	12/01/2012	559,478	3.5	173,585
Experience Gain	06/01/2013	1,975,286	4	545,009
Experience Gain***	12/01/2013	656,849	4.5	163,712
Experience Gain****	06/01/2014	1,595,340	5	363,634
Experience Gain	06/01/2015	3,543,900	6	694,855
Change in Assumptions	06/01/2015	1,843,642	6	361,484

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Gain****	06/01/2015	\$1,511,196	6	\$296,301
Experience Gain	06/01/2016	6,644,486	7	1,152,249
Experience Gain****	06/01/2016	747,220	7	129,579
Merger	06/01/2017	533,489	8	83,497
Experience Gain****	06/01/2017	1,382,959	8	216,450
Experience Gain****	06/01/2018	1,534,442	9	220,108
Experience Gain****	06/01/2019	300,910	10	40,040
Experience Gain	06/01/2021	35,655,813	12	4,195,456
Experience Gain****	06/01/2021	3,540,651	12	416,612
Experience Gain	06/01/2022	9,848,451	13	1,101,286
Merger with Tech Fund	06/01/2022	9,583,689	13	1,071,679
Change in Assumptions	06/01/2024	2,438,055	15	250,173
Total		\$117,051,743		\$20,715,910

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

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

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

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

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

- For purposes of determining current liability, the current liability interest rate was changed from 2.80% to 3.63% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumptions were changed as of June 1, 2024 for funding purposes and May 31, 2024 for withdrawal liability purposes:
 - Mortality for non-annuitants, previously RP-2014 Blue Collar Employee mortality tables (sex distinct), adjusted back to 2006 by removing scale MP-2014 improvements between 2006 and 2014, and projected from 2006 on a generational basis using scale MP-2017.
 - Mortality for healthy annuitants, previously RP-2014 Blue Collar Healthy Annuitant mortality tables (sex distinct), adjusted back to 2006 by removing scale MP-2014 improvements between 2006 and 2014, and projected from 2006 on a generational basis using scale MP-2017.
 - Mortality for disabled annuitants, previously RP-2014 Blue Collar Disabled Retiree mortality tables (sex distinct), adjusted back to 2006 by removing scale MP-2014 improvements between 2006 and 2014, and projected from 2006 on a generational basis using scale MP-2017.

Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

Non-annuitants: 95% of Pri-2012 Blue Collar Employee Amount-weighted Mortality Tables, sex distinct, projected generationally from 2012 with scale MP-2021.

Healthy annuitants: 95% of Pri-2012 Blue Collar Healthy Retiree Amount-weighted Mortality Tables, sex distinct, projected generationally from 2012 with scale MP-2021.

Disabled: 95% of Pri-2012 Disabled Retiree Amount-weighted Mortality Tables, sex distinct, projected generationally from 2012 with scale MP-2021.

Contingent Survivors: 95% of Pri-2012 Blue Collar Contingent Survivor Amount-weighted Mortality Tables, sex distinct, projected generationally from 2012 with scale MP-2021.

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

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

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

Termination rates before retirement (%)

Age	Mortality Male ¹	Mortality Female ¹	Disability	Withdrawal ²
20	0.06	0.02	0.06	5.98
25	0.06	0.02	0.09	5.82
30	0.06	0.03	0.11	5.57
35	0.07	0.04	0.15	5.17
40	0.08	0.06	0.22	3.85
45	0.11	0.08	0.36	1.95
50	0.17	0.13	0.61	0.45
55	0.27	0.19	1.01	0.00
60	0.42	0.29	1.63	0.00

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

¹ Mortality rates shown for base table with 95% adjustment.

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

Retirement rates

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

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

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

Description of weighted average retirement age

Age 62, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the June 1, 2024 actuarial valuation.

Retirement age for inactive vested participants

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

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

Future benefit accruals

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

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

Unknown data for participants

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

Definition of active participants

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

Percent married

80%

Sex and age of spouse

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

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

Benefit election

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

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

Partial lump sum

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

Net investment return

7.00%, net of investment fees

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

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

Annual administrative expenses

\$2,000,000 for the year beginning June 1, 2024 (equivalent to \$1,928,395 payable at the beginning of the year).

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

Actuarial value of assets

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

Actuarial cost method

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

Benefits valued

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

Current liability assumptions

- **Interest:** 3.63%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and retiree mortality tables, projected generationally using Scale 2024 Adjusted MP-2021.

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 6.4%, for the Plan Year ending May 31, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 12.1%, for the Plan Year ending May 31, 2024

FSA contribution timing (Schedule MB, line 3a)

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

Actuarial models

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

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 1

NAME	SERVICE CODES
GOLDMAN SACHS ASSET MGMT LP	21
GOLDMAN SACHS ASSET MGMT LP	28
GOLDMAN SACHS ASSET MGMT LP	52
GOLDMAN SACHS ASSET MGMT LP	56
NORTHERN TRUST COMPANY	19
NORTHERN TRUST COMPANY	52
NORTHERN TRUST COMPANY	51
NORTHERN TRUST COMPANY	62
BRIDGEWAY BENEFIT TECHNOLOGIES LLC	49
BRIDGEWAY BENEFIT TECHNOLOGIES LLC	15
BRIDGEWAY BENEFIT TECHNOLOGIES LLC	16
BRIDGEWAY BENEFIT TECHNOLOGIES LLC	64
JP MORGAN CHASE BANK N.A.	24
JP MORGAN CHASE BANK N.A.	27
JP MORGAN CHASE BANK N.A.	28
JP MORGAN CHASE BANK N.A.	50
JP MORGAN CHASE BANK N.A.	51
MIDWEST INST. TRUST COMPANY	52
MIDWEST INST. TRUST COMPANY	61
MIDWEST INST. TRUST COMPANY	63
MIDWEST INST. TRUST COMPANY	71

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	218,069.	174,333.
DUE FROM RELATED ORGANIZATIONS	511,251.	342,930.
PREPAID EXPENSES	37,415.	269,236.
DUE FROM BROKER	217,922.	0.
TOTAL TO SCHEDULE H, LINE 1B(3)	984,657.	786,499.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 3
DESCRIPTION	BEGINNING	ENDING
AQR GLOBAL RISK PREMIUM OFFSHORE FUN	38,603,757.	44,820,642.
MUNICIPAL OBLIGATIONS	168,685.	177,253.
TOTAL TO SCHEDULE H, LINE 1C(15)	38,772,442.	44,997,895.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 4
DESCRIPTION	BEGINNING	ENDING
DUE TO RELATED ORGANIZATIONS	121,641.	275,339.
DUE TO BROKER	0.	57,478.
TOTAL TO SCHEDULE H, LINE 1J	121,641.	332,817.

SCHEDULE H	OTHER INCOME	STATEMENT 5
DESCRIPTION	AMOUNT	
OTHER INCOME	22,006.	
TOTAL TO SCHEDULE H, LINE 2C	22,006.	

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 6
DESCRIPTION	AMOUNT	
COMPUTER EXPENSES	96,110.	
DEPRECIATION	23,562.	
INSURANCE	133,998.	
MEETING AND CONFERENCE	8,149.	
OFFICE	85,288.	
PAYROLL TAXES	25,668.	
PLAN TERMINATION INSURANCE	345,580.	
RENT	55,343.	
BUILDING EXPENSE	2,993.	
TOTAL TO SCHEDULE H, LINE 2I(11)	776,691.	

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$64,655,225	\$0	\$64,655,225
2025	64,655,225	0	64,655,225
2026	64,655,225	0	64,655,225
2027	64,655,225	0	64,655,225
2028	64,655,225	0	64,655,225
2029	64,655,225	0	64,655,225
2030	64,655,225	0	64,655,225
2031	64,655,225	0	64,655,225
2032	64,655,225	0	64,655,225
2033	64,655,225	0	64,655,225

Note: Projected employer contributions and withdrawal liability payments shown above are based on the assumptions used for the Funding Standard Account projection as described in the Actuarial Certification of Plan Status as of June 1, 2024, dated August 23, 2024.

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$3,591,667	\$5,233,866	\$91,632,005	\$100,457,538
2025	6,571,316	6,230,171	82,666,822	95,468,309
2026	9,621,091	7,816,543	80,672,508	98,110,142
2027	12,953,663	9,240,426	78,580,333	100,774,422
2028	16,355,829	12,154,142	76,358,505	104,868,476
2029	19,888,276	14,140,743	73,869,328	107,898,347
2030	23,354,463	16,120,838	71,536,564	111,011,865
2031	26,514,409	17,745,713	69,135,660	113,395,782
2032	29,945,803	19,716,507	66,671,173	116,333,483
2033	33,078,749	21,634,003	64,150,602	118,863,354
2034	35,892,798	23,215,638	61,576,171	120,684,607
2035	38,956,466	25,022,800	58,957,929	122,937,195
2036	41,539,632	26,523,320	56,300,811	124,363,763
2037	44,198,524	27,888,861	53,615,426	125,702,811
2038	46,632,241	29,318,553	50,901,888	126,852,682
2039	48,979,011	30,320,867	48,175,921	127,475,799
2040	51,315,578	31,423,347	45,440,591	128,179,516
2041	53,331,423	32,413,923	42,704,114	128,449,460

This assumes the following:

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

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$55,334,559	\$33,318,816	\$39,975,380	\$128,628,755
2043	56,825,237	33,933,404	37,263,621	128,022,262
2044	58,151,637	34,296,933	34,578,605	127,027,175
2045	59,173,675	34,286,427	31,930,877	125,390,979
2046	59,882,628	34,257,449	29,331,504	123,471,581
2047	60,441,574	34,066,722	26,792,254	121,300,550
2048	60,619,633	33,574,013	24,325,303	118,518,949
2049	60,595,842	33,050,025	21,943,000	115,588,867
2050	60,338,898	32,392,331	19,657,920	112,389,149
2051	59,837,425	31,679,568	17,482,456	108,999,449
2052	59,080,008	30,807,278	15,428,358	105,315,644
2053	58,212,623	29,864,565	13,506,507	101,583,695
2054	57,159,937	28,905,362	11,726,241	97,791,540
2055	56,032,344	27,862,808	10,094,703	93,989,855
2056	54,738,615	26,789,685	8,616,382	90,144,682
2057	53,289,654	25,663,845	7,292,522	86,246,021
2058	51,747,083	24,452,555	6,121,108	82,320,746
2059	49,939,358	23,212,833	5,097,078	78,249,269

This assumes the following:

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

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$48,067,918	\$21,938,299	\$4,212,619	\$74,218,836
2061	46,048,032	20,629,690	3,457,800	70,135,522
2062	43,911,401	19,315,473	2,821,136	66,048,010
2063	41,751,122	18,004,594	2,290,278	62,045,994
2064	39,502,187	16,705,374	1,852,522	58,060,083
2065	37,247,254	15,426,422	1,495,339	54,169,015
2066	34,981,817	14,175,855	1,206,720	50,364,392
2067	32,735,890	12,961,143	975,502	46,672,535
2068	30,530,344	11,789,177	791,614	43,111,135
2069	28,374,535	10,666,072	646,193	39,686,800
2070	26,279,810	9,597,173	531,629	36,408,612
2071	24,254,867	8,586,996	441,550	33,283,413
2072	22,307,001	7,639,169	370,697	30,316,867
2073	20,442,414	6,756,403	314,822	27,513,639

This assumes the following:

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

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>	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.	<small>OMB Nos. 1510-0110 1510-0089</small> 2024 This Form is Open to Public Inspection
---	--	--

Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>06/01/2024</u> and ending <u>05/31/2025</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>	

Part II Basic Plan Information - enter all requested information	
1a Name of plan PLUMBERS' PENSION FUND, LOCAL 130, U.A.	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 06/01/1953
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF THE PLUMBERS PENSION FUND, LOCAL 130, U 1340 WEST WASHINGTON BLVD. CHICAGO IL 60607-1936	2b Employer Identification Number (EIN) 36-6489579 2c Plan Sponsor's telephone number 312-757-4689 2d Business code (see instructions) 238220

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

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

SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>2/24/2024</u>	Michael J Kerrigan
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		<u>2/24/2024</u>	JAMES F. COYNE
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
SIGN HERE		<u>2/24/2024</u>	JAMES F. COYNE

For Paperwork Reduction Act Notice, see the instructions for Form 5500. Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

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	9,340
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	2,976
a (2) Total number of active participants at the end of the plan year	6a(2)	3,098
b Retired or separated participants receiving benefits	6b	2,710
c Other retired or separated participants entitled to future benefits	6c	2,595
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	8,403
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1,099
f Total. Add lines 6d and 6e	6f	9,502
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	362

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" 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
--	---

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 checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" 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 checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 1 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
--	--

Plumbers Pen Fd Local 130 Roll-Up

 Account Number:
 Statement Period: 06/01/24 through 05/31/25

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
- GS Fin Sq Gov #465 Purchases	217	.00	.00	1.000	101,820,087.92	101,820,087.92	.00
Sales	103	.00	.00	1.000	107,023,378.56	107,023,378.56	.00

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

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

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

1a Enter the valuation date: Month 06 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	1,593,421,118
(2) Actuarial value of assets for funding standard account	1b(2)	1,626,955,442
c (1) Accrued liability for plan using immediate gain methods	1c(1)	1,560,738,302
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	1,560,738,302
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	2,492,557,951
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	71,840,262
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	100,516,514
(3) Expected plan disbursements for the plan year	1d(3)	102,516,514

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

SIGN HERE	David W. Macfadden <i>DWM</i>	01/07/2026
	Signature of actuary	Date
	David W. Macfadden, MAAA, EA	2309067
	Type or print name of actuary	Most recent enrollment number
SEGAL		312-984-8500
	Firm name	Telephone number (including area code)
101 NORTH WACKER DRIVE, SUITE 1800		
CHICAGO IL 60606		
Address of the firm		

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability 6a 3.63 %

	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1) A	A
(2) Females	6c(2) A	A
d Valuation liability interest rate	6d 7.00 %	7.00 %
e Salary scale	6e % <input checked="" type="checkbox"/> N/A	
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1) <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.1 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	1,928,395
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	15,079,870	1,547,373
3	7,074,662	7,074,662
4	-2,438,055	-250,173

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).....	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	35,266,677
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	367,606,264 67,124,561
(2) Funding waivers.....	9c(2)	
(3) Certain bases for which the amortization period has been extended.....	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	7,167,387
e Total charges. Add lines 9a through 9d.....	9e	109,558,625
Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	316,771,661
g Employer contributions. Total from column (b) of line 3.....	9g	63,119,958
h Amortization credits as of valuation date:		
	Outstanding balance	
(1) ERISA FFL (accrued liability FFL).....	9h	117,051,743 20,715,910
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	665,042,478
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits.....	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	426,440,858
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	316,882,233
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No