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 10/01/2024 and ending 09/30/2025

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 & FITTERS LOCAL 101 RESTATED PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1960

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN

8 PREMIER DRIVE
BELLEVILLE, IL 62220-3421

2b Employer Identification Number (EIN) 37-6025801

2c Plan Sponsor's telephone number 618-234-5504

2d Business code (see instructions) 238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/06/2026	DAN MCKENNA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/10/2026	JAMES LUGGE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN

8 PREMIER DRIVE
BELLEVILLE, IL 62220-3421

3b Administrator's EIN: 37-6025801

3c Administrator's telephone number: 618-234-5504

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**	404
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)**	196
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	194
b	Retired or separated participants receiving benefits	**6b**	100
c	Other retired or separated participants entitled to future benefits	**6c**	87
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	381
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	26
f	Total. Add lines **6d** and **6e**.	**6f**	407
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	41

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) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1) ☒ **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 0
- (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_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 10/01/2024 and ending 09/30/2025

▶ **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 & FITTERS LOCAL 101 RESTATED PENSION PLAN

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 OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN

D Employer Identification Number (EIN)
37-6025801

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

1a Enter the valuation date: Month 10 Day 01 Year 2024

b	Assets		
(1)	Current value of assets	**1b(1)**	80441294
(2)	Actuarial value of assets for funding standard account	**1b(2)**	80441294
c (1)	Accrued liability for plan using immediate gain methods	**1c(1)**	
(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)**	72477993
(c)	Normal cost under entry age normal method	**1c(2)(c)**	949821
(3)	Accrued liability under unit credit cost method	**1c(3)**	64360491
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)**	95189663
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	2797565
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	2879052
(3)	Expected plan disbursements for the plan year	**1d(3)**	2879052

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	07/06/2026 Date
KEITH KOWALCZYK Type or print name of actuary	26-02812 Most recent enrollment number
EKON BENEFITS Firm name	314-367-6555 Telephone number (including area code)
4940 WASHINGTON BLVD. ST. LOUIS, MO 63108 Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	80441294
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		120	35874699
(2) For terminated vested participants		88	10895952
(3) For active participants:			
(a) Non-vested benefits			211405
(b) Vested benefits			48207607
(c) Total active		196	48419012
(4) Total		404	95189663
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	%

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
05/15/2025	2991255	0			

	Totals ►	**3(b)**	2991255	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	124.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

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

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

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

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	3.85 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P21	9P21
(2) Females	**6c(2)**	9FP21	9FP21
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**		5.09 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**		22.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**		22.1 %
i Expense load included in normal cost reported in line 9b	**6i**		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**		135000
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**		☐

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit

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**	
b Employer's normal cost for plan year as of valuation date	**9b**	1185314

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)**			
(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**	82972
e Total charges. Add lines 9a through 9d			**9e**	1268286
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	10142799
g Employer contributions. Total from column (b) of line 3			**9g**	2991255
		Outstanding balance		
h Amortization credits as of valuation date	**9h**			
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	789735
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**			
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	41286376		
(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**	13923789
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	12655503
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☐ Yes ☒ No

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN

D Employer Identification Number (EIN)
37-6025801

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NEWTOWER TRUST COMPANY
7315 WISCONSIN AVENUE
SUITE 350W
BETHESDA, MD 20814

30-0872552

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

RBC GLOBAL ASSET MANAGEMENT (US)
100 SOUTH FIFTH STREET
SUITE 2350
MINNEAPOLIS, MN 55402

41-1460668

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

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

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

THE COMMERCE TRUST COMPANY

922 WALNUT STREET
KANSAS CITY, MO 64106

48-0962626

(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	67477	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARINER INSTITUTIONAL LLC

531 W MORSE BLVD
SUITE 200
WINTER PARK, FL 32789

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 70	NONE	33083	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PLUMBERS LOCAL 25 BENEFIT FUND LLC

4600 46TH AVENUE
ROCK ISLAND, IL 61201

47-1064332

(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?
38 50 15 16 13	UNION LOCAL	31500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EKON BENEFITS

4940 WASHINGTON BLVD
ST. LOUIS, MO 63108

43-1317863

(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 17 50	NONE	29710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT

7501 WISCONSIN AVENUE
14TH FLOOR
BETHESDA, MD 20814

80-0618452

(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	26936	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHEFFEL BOYLE

222 EAST MAIN STREET
BELLEVILLE, IL 62220

37-1206530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	17300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARLES L. CRANE AGENCY COMPANY

400 CHESTERFIELD CENTER
SUITE 100
CHESTERFIELD, MO 63017

43-1394059

(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?
23	NONE	16615	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RBC GLOBAL ASSET MANAGEMENT (US)INC

100 SOUTH FIFTH STREET
SUITE 2350
MINNEAPOLIS, MN 55402

41-1460668

(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	15798	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

HAMMOND AND SHINNERS PC

7730 CARONDELET
SUITE 200
ST LOUIS, MO 63105

43-1429257

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	11432	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN

D Employer Identification Number (EIN)
37-6025801

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: ASB ALLEGIANCE REAL ESTATE FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6257033-006	C	2677873

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6218800-001	C	3099237

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN

D Employer Identification Number (EIN)
37-6025801

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	306701	463121
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	139224	185762
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1415711	946657
(2) U.S. Government securities	1c(2)	4507813	4976696
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8283557	9405921
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	5785577	5777110
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	2580650	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	52618853	60377365
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4897374	6377108

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	80535460	88509740
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	56265	53299
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	56265	53299
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	80479195	88456441

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)	2992826	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2992826
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	36140	
(B) U.S. Government securities	2b(1)(B)	353444	
(C) Corporate debt instruments	2b(1)(C)	405853	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		795437
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	766137	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		766137
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	258664	
(B) Other	2b(5)(B)	2092962	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2351626

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-61125
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		1261351
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4199246
c Other income	2c		9672
d Total income. Add all **income** amounts in column (b) and enter total	2d		12315170
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4037421	
(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)		4037421
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)	1969	
(2) Contract administrator fees	2i(2)	31500	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17300	
(5) Investment advisory and investment management fees	2i(5)	170708	
(6) Bank or trust company trustee/custodial fees	2i(6)	2533	
(7) Actuarial fees	2i(7)	29710	
(8) Legal fees	2i(8)	11432	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	18736	
(11) Other expenses	2i(11)	16615	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		300503
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4337924
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7977246
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: SCHEFFEL BOYLE **(2)** EIN: 37-1206530

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 576429.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
PLUMBERS & FITTERS LOCAL 101 RESTATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN

D Employer Identification Number (EIN)
37-6025801

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** 0

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): 39-6436442

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer HAYES PMC

b EIN 37-1346786 **c** Dollar amount contributed by employer 423707

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 06 Day 30 Year 2029

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) 8.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer HAIER PLUMBING

b EIN 37-1032594 **c** Dollar amount contributed by employer 251275

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 06 Day 30 Year 2029

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) 8.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer BEL-O-SALES & SERVICE

b EIN 37-0841756 **c** Dollar amount contributed by employer 406746

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 06 Day 30 Year 2029

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) 8.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer EHRET, INC.

b EIN 37-0711195 **c** Dollar amount contributed by employer 313000

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 06 Day 30 Year 2029

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) 8.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer LITTEKEN PLUMBING

b EIN 46-4966277 **c** Dollar amount contributed by employer 186156

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 06 Day 30 Year 2029

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) 8.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	1.02
b The corresponding number for the second preceding plan year	**15b**	1.08

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? [ ] Yes [X] 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

[X] 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_____.

EIN: 37-6025801
Plan #001

PLUMBERS & PIPEFITTERS LOCAL 101 PENSION PLAN

ANNUAL FINANCIAL REPORT

SEPTEMBER 30, 2025 AND 2024

SCHEFFEL BOYLE
Certified Public Accountants

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
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SCHEFFEL BOYLE
Certified Public Accountants

ALTON EDWARDSVILLE BELLEVILLE HIGHLAND
JERSEYVILLE COLUMBIA CARROLLTON

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Plumbers & Pipefitters Local 101
Pension Plan

Opinion

We have audited the accompanying financial statements of Plumbers & Pipefitters Local 101 Pension 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 September 30, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Plumbers & Pipefitters Local 101 Pension Plan as of September 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers & Pipefitters Local 101 Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers & Pipefitters Local 101 Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers & Pipefitters Local 101 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers & Pipefitters Local 101 Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules 1 through 10, together referred to as "supplemental information", are presented for purposes of additional analysis and are not a required part of the basic financial statements. The Schedules of Investments Held in Schedules 2 through 8 and Schedule of Reportable Transactions in Schedule 9 are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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.

Scheffel Boyle

SCHEFFEL BOYLE
Belleville, Illinois

July 9, 2026

EXHIBIT "A"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2025 AND 2024

	2025	2024
ASSETS:		
Investments at Fair Value		
Mutual Funds	$ 60,377,365	$ 52,618,853
U. S. Government Securities	4,976,696	4,507,813
Mortgages	5,198,962	3,725,565
Municipal Bonds	1,170,896	1,159,112
Common/Collective Trust Funds	5,777,110	5,785,577
Corporate Bonds	9,405,921	8,283,557
103-12 Investment Entity	-	2,580,650
Money Markets	657,665	1,085,001
Total Investments	87,564,615	79,746,128
Receivables		
Accrued Interest and Dividends	185,762	139,224
Employer Contributions	463,121	306,701
Due From Other Funds	200	200
Total Receivables	649,083	446,125
Cash and Cash Equivalents		
Checking Accounts	288,892	330,610
Petty Cash	100	100
Total Cash	288,992	330,710
Property and Equipment	28,716	28,716
Less Accumulated Depreciation	(28,716)	(28,716)
Net Property and Equipment	-	-
Prepaid Expense	7,050	12,497
Total Assets	88,509,740	80,535,460
LIABILITIES:		
Accounts Payable	52,843	55,983
Due to Other Funds	456	282
Total Liabilities	53,299	56,265
NET ASSETS AVAILABLE FOR BENEFITS	$ 88,456,441	$ 80,479,195

The accompanying notes are an integral part of these financial statements.

EXHIBIT "B"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED SEPTEMBER 30, 2025 AND 2024

	2025	2024
ADDITIONS:		
Investment Income		
Net Appreciation in Fair Value of Investments	$ 7,760,770	$ 13,487,364
Interest Income - Money Market	36,140	45,756
Interest Income - Investments	759,297	558,895
Dividend Income	766,137	793,672
Total Investment Income	9,322,344	14,885,687
Less Investment Expenses	170,708	169,827
Net Investment Income	9,151,636	14,715,860
Employer Contributions	3,293,133	2,943,615
Total Additions	12,444,769	17,659,475
DEDUCTIONS:		
Benefits Paid Directly to Participants	4,037,421	3,655,279
General and Administrative Expenses	129,795	127,443
Reciprocity Paid	300,307	215,160
	430,102	342,603
Total Deductions	4,467,523	3,997,882
Net Increase	7,977,246	13,661,593
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	80,479,195	66,817,602
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 88,456,441	$ 80,479,195

The accompanying notes are an integral part of these financial statements.

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2025 AND 2024

NOTE 1. DESCRIPTION OF PLAN

The following brief description of the Plumbers & Pipefitters Local 101 Pension Plan (Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description (SPD) for more complete information.

A. General

The Plan is a defined benefit pension plan covering all qualifying members of the Plumbers & Pipefitters Local 101. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Pension Benefits

The Plan provides the following three types of pension benefits: (1) normal retirement, (2) early retirement, and (3) disability retirement. Members with 1) 10 or more years of service (year of service is 870 or more hours worked during the fiscal year) or 2) 5,000 hours worked within 5 consecutive years of service, become 100% vested. Pension benefits at normal retirement age of 62 for 2025 are equal to .088 times the hours worked from October 1, 1960 and for 2024 are equal to .080 times the hours worked from October 1, 1960. The Plan permits early retirement for active participants after October 1, 2021 at age 60 with the accrued benefit reduced by 4% per year, and for active participants between January 1, 1998 and September 30, 2021 with accrued benefit reduced by 2% per year until age 63 and then $1/180^{th}$ for the next 36 months. Members can receive their pension benefits in the form of a joint survivor annuity, ten year or life annuity, or a lump sum payment, upon retirement, becoming totally or permanently disabled or death.

C. Death and Disability Benefits

If an active member dies before retirement, a death benefit equal to the member's present value of accrued benefits is paid to the member's beneficiary. If a member becomes totally and permanently disabled, benefits are paid based on a formula similar to that used for early retirement calculations.

D. Funding Policy

The Plan is funded by contributions made by participating employers in amounts such that all employees' benefits will be fully provided for by the time they retire. Employers contributed monthly at the rate of $7.00 per regular hour for the period October 1, 2023 through June 30, 2024, $7.25 per regular hour for the period July 1, 2024 through June 30, 2025 and then $8.00 per hour for the period July 1, 2025 through September 30, 2025. No employee contributions to the Plan are permitted.

NOTE 1. DESCRIPTION OF PLAN (CONT'D)

D. Funding Policy (cont'd)

The employers' contributions for the years ended September 30, 2025 and 2024 did exceed the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Plan has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

A. Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

B. Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

C. Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 3 for discussion of fair value measurement.

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

D. Cash and Cash Equivalents

Cash and cash equivalents consist of all demand deposits and petty cash.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

E. Employer Contributions Receivable

The Plan's policy is to recognize contributions based on when hours were worked by the participants. Employer contributions receivable represents contributions received from employers within 90 days of the Plan year end for work performed during the Plan year. Management evaluates participating employers' contribution receivable for potential uncollectible amounts based on the likelihood of collection. As of September 30, 2025 and 2024, no allowance was considered necessary.

F. Property and Equipment

The Plan owns certain office equipment, valued at cost. The Plan shares the cost of some office equipment with the Local 101 General Fund, which is represented by the percentages noted. The percentage is the portion this Plan is responsible for. Depreciation has been calculated to-date, per management, on the straight-line method with estimated lives ranging from three (3) to ten (10) years. On September 30, 2025 and 2024 they consisted of the following:

	Cost	Accumulated Depreciation	Net Book
Safe	$ 700	$ 700	$ -
Blinds @ 20%	113	113	-
Chairs and Tables @ 20%	800	800	-
Carpeting @ 20%	1,438	1,438	-
A/C @ 50%	950	950	-
Office Credenza @ 20%	279	279	-
Copier @ 20%	1,078	1,078	-
Phone System @ 25%	2,138	2,138	-
Office Furniture	11,140	11,140	-
Computer Software @ 30%	10,080	10,080	-
	$ 28,716	$ 28,716	$ -

G. Actuarial Present Value of Accumulated Plan Benefits

As of October 1, 2025 and 2024 (the most recent actuarial valuation available), the Plan actuaries determined the following according to respective actuarial assumptions. The following information is from their most recent report.

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service participants have rendered.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

G. Actuarial Present Value of Accumulated Plan Benefits (cont'd)

Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated members or their beneficiaries, (b) beneficiaries of members who have died, and (c) present members or their beneficiaries. Benefits under the Plan are based on members' hours of service since October 1, 1960, calculated at a rate of .0880 for a normal pension starting January 1, 2025. For September 30, 2024 benefits under the Plan are based on members' hours of service since October 1, 1960, calculated a rate of .0800 for a normal pension. Early retirement, disability and termination pensions are available, and the plan document should be consulted for the requirements.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of September 30, 2025 and September 30, 2024 were (a) life expectancy of post retirement participants (the PRI-12 Annuitant Blue Collar Table for Females, with projected mortality improvement based on most recent improvement scale (Scale MP 2021) and the PRI-12 Annuitant Blue Collar Table for Males, with projected mortality improvement based on most recent improvement scale (Scale MP 2021), (b) retirement age assumptions (the assumed average retirement age was 62 for both years), and (c) investment return. The 2025 and 2024 valuations included assumed average rates of return of 7.00% and administrative expenses of $135,000. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

H. Administrative Expenses

The Plan pays all administrative expenses. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with a related plan. See Note 7 for further information. Certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

I. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE 3. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used 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 framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the assets or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The Plan has no Level 3 investments.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at September 30, 2025 and 2024.

The Plan administrator determines the fair value measurement policies and procedures, subject to oversight by the Board of Trustees. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used, if applicable, in the fair value measurements are evaluated and adjusted as necessary, based on current market conditions and other third-party information.

NOTE 3. FAIR VALUE MEASUREMENTS (CONT'D)

In accordance with Subtopic 820-10, 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 tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2025 and 2024.

U. S. government securities, municipal bonds and mortgages: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

Mutual funds and money markets: Valued at the daily closing price as reported by the fund. The money market and mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/Collective Trust and 103-12 Investment Entity: Valued at net asset (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value 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 Plan will sell the investment for an amount different than the reported NAV.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2025 and 2024:

NOTE 3. FAIR VALUE MEASUREMENTS (CONT'D)

	Assets at Fair Value		
	Total	(Level 1)	(Level 2)
September 30, 2025			
Mutual Funds	$ 60,377,365	$ 60,377,365	$ -
U. S. Government Securities	4,976,696	4,976,696	-
Mortgages	5,198,962	-	5,198,962
Municipal Bonds	1,170,896	-	1,170,896
Corporate Bonds	9,405,921	-	9,405,921
Money Market	657,665	657,665	-
Total Assets in the Fair Value Hierarchy	81,787,505	$ 66,011,726	$ 15,775,779
Investment Measured at NAV			
Common/Collective Trust Funds	5,777,110		
Total Investments Measured at NAV	5,777,110		
Total Investments at Fair Value	$ 87,564,615		
September 30, 2024			
Mutual Funds	$ 52,618,853	$ 52,618,853	$ -
U. S. Government Securities	4,507,813	4,507,813	-
Mortgages	3,725,565	-	3,725,565
Municipal Bonds	1,159,112	-	1,159,112
Corporate Bonds	8,283,557	-	8,283,557
Money Market	1,085,001	1,085,001	-
Total Assets in the Fair Value Hierarchy	71,379,901	$ 58,211,667	$ 13,168,234
Investment Measured at NAV			
103-12 Investment Entity	2,580,650		
Common/Collective Trust Funds	5,785,577		
Total Investments Measured at NAV	8,366,227		
Total Investments at Fair Value	$ 79,746,128		

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or

NOTE 3. FAIR VALUE MEASUREMENTS (CONT'D)

Transfers Between Levels (cont'd)

model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended September 30, 2025 and 2024, there were no transfers in or out of Levels 1, 2 or 3.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of September 30, 2025 and 2024, respectively:

	September 30			Redemption	Redemption
	2025	2024	Unfunded	Frequency, if	Notice
	Fair Value	Fair Value	Commitments	Eligible	Period
103-12 Investment Entity					
RBC International Fund	$ -	$ 2,580,560	$ -	Varies	Varies
Common/Collective Trust Funds					
ASB Allegiance Real Estate Fund	$ 2,677,873	$ 2,752,936	$ -	Varies	Varies
Multi-Employer Property Trust	3,099,237	3,032,641	-	Quarterly	Varies

103-12 Investment Entity

RBC International Fund is a 103-12 investment entity whose assets are held by two or more unrelated employee benefit plans. The RBC GAM International Fund's objective is to seek long-term growth of capital primarily through a diversified portfolio of foreign equity securities that the subadvisor believes to be undervalued. The net asset value of the Fund is determined as of the last business day of the month and any other day agreed to by the Trustee and investment manager ("valuation date"). Redemptions of the Fund's units are made based upon the value of the Fund as of the valuation date. The Plan redeemed this investment in 2025.

Common/Collective Trust Funds

ASB Allegiance Real Estate Fund - The investment objectives of the Fund are to provide real estate and/or real estate related investment opportunities to Eligible Participants that provide a

NOTE 3. FAIR VALUE MEASUREMENTS (CONT'D)

Common/Collective Trust Funds (cont'd)

competitive market rate of return, stable and reasonably predictable income, increasing cash flows, potential for appreciation in value, a hedge against inflation and portfolio diversification. The Trust strives to maintain diversification by geographic location and by property type. The Trust's investment policy shall be set by the Board of Trustees or the Management Committee and may be modified from time to time by either entity. Shares of this investment may be redeemed as soon as practicable on a valuation date following the Trustees' receipt of written notice. The Plan has requested to redeem this investment as of September 30, 2025.

Multi-Employer Property Trust (MEPT) - The investment objective of the Fund is to invest in a diversified portfolio of institutional quality real estate assets and 100 percent union-built new construction properties. The Fund invests in office buildings, bulk distribution and research and development facilities, retail centers, apartments and hotels in order to maintain a diversified, institutional-grade "core" portfolio that produces strong and stable current income. MEPT's primary investment strategy is to create top-quality, core, income-producing assets through development, rehabilitation, or acquisition and repositioning of undervalued assets. Shares of this investment may be redeemed quarterly, after a one-year redemption notice period.

NOTE 4. ACTUARIAL VALUATION

The actuarial present value of accumulated plan benefits as of the current valuation date is shown below:

	Benefit Information Date	
	9/30/25	9/30/24
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits		
Participants Currently Receiving Payment	$ 34,148,350	$ 27,940,914
Other Participants	38,683,219	36,343,691
	72,831,569	64,284,605
Nonvested Benefits	71,366	75,886
Total Actuarial Present Value of Accumulated Plan Benefits	$ 72,902,935	$ 64,360,491

NOTE 4. ACTUARIAL VALUATION (CONT'D)

The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

	9/30/25	9/30/24
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	$ 64,360,491	$ 62,189,621
Increase (Decrease) During the Year Attributable to:		
Benefits Accruing and Actuarial Loss	2,197,302	1,600,810
Benefits Paid	(4,037,421)	(3,655,279)
Interest	4,363,925	4,225,339
Plan Amendment	6,018,638	-
Assumption Change (Mortality Table)	-	-
Net Increase	8,542,444	2,170,870
Actuarial Present Value of Accumulated Plan Benefits, End of Year	$ 72,902,935	$ 64,360,491

NOTE 5. PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue or terminate the Plan is reserved by the Trustees. During termination, the Plan's assets should not be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits to participants who began receiving benefits at least three years before the Plan termination based upon Plan provisions in effect five years prior to termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U. S. government agency) up to the applicable limitations.

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All other nonvested benefits under the plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types

NOTE 5. PLAN TERMINATION (CONT'D)

of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some point in the future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC. For multi-employer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

The plan document should be consulted for the allocation procedures and other details relating to termination.

NOTE 6. TAX STATUS

The Internal Revenue Service has determined and informed the Plumbers & Pipefitters Local 101 Pension Plan by a letter dated February 2, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2022.

NOTE 7. RELATED PARTIES

In accordance with an agreement between the Plan and the Plumbers & Pipefitters Local 101, certain common expenses relating to the operation of the office are allocated to each plan according to square footage and quarterly time studies. Currently shared expenses are insurance, maintenance, taxes and utilities for which this Plan paid $16 and $13, $76 and $33, $53 and $60, and $82 and $78, for 2025 and 2024, respectively.

The Plan is also related to the Plumbers & Pipefitters Local 101 Health & Welfare Plan. The Health & Welfare Plan employs a bookkeeper to assist with plan administration of all the benefit funds and the Union. This individual is to be paid out of the Health & Welfare Plan and a cost sharing allocation agreement has been implemented where the salary is shared among all the benefit plans and the Union based on quarterly time studies. During 2025 and 2024, this Plan reimbursed the Health & Welfare Plan $1,969 and $2,139, respectively.

NOTE 7. RELATED PARTIES (CONT'D)

Various interfunds have been recorded in these financial statements to reflect the sharing of the above expenses. These interfunds are the result of prior reconciliations of expenses and amounts due between Funds for the last quarter of the year that were reimbursed subsequent to year end.

	Due To	
	2025	2024
Local	$ 83	$ 39
Health & Welfare	373	243
	$ 456	$ 282

NOTE 8. CONCENTRATIONS

As of September 30, 2025, the Plan had a concentration of approximately 1% of its investments in money market accounts, 69% in mutual funds, 7% in common/collective trust funds, 6% in mortgages, 11% in corporate bonds, 5% in U. S. Government securities and 1% in municipal bonds.

Also, there were five (5) contractors whose contributions into the Plan exceeded 5% of total contributions. The contractors were Bel-O Sales & Service, Inc., Ehret, Inc., Haier Plumbing, Hayes Mechanical, and Litteken Plumbing.

As of September 30, 2024, the Plan had a concentration of approximately 1% of its investments in money market accounts, 66% in mutual funds, 3% in 103-12 investment entities, 7% in common/collective trust funds, 5% in mortgages, 10% in corporate bonds, 6% in U. S. Government securities, 1% in mutual fund money market funds, and 1% in municipal bonds.

Also, there were six (6) contractors whose contributions into the Plan exceeded 5% of total contributions. The contractors were Bel-O Sales & Service, Inc., Ehret, Inc., Haier Plumbing, Hayes Mechanical, Litteken Plumbing, and Local Union 553.

NOTE 9. 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 statement of net assets available for benefits.

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

NOTE 9. RISKS AND UNCERTAINTIES (CONT'D)

which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

NOTE 10. PLAN AMENDMENTS

The Plan was amended to:

Increase the pension benefit rate from $.0800 to $.0880 for new retires effective January 1, 2025.

NOTE 11. FORM 5500 REPORTING

The following is a reconciliation of certain amounts per the financial statements to Form 5500 at September 30, 2025 and 2024:

	2025	2024
Total Additions:		
Total Additions Per the Financial Statements	$12,444,769	$ 17,659,475
Add Investment Expenses	170,708	169,827
Less Reciprocity Paid	(300,307)	(215,160)
Total Additions Per the Form 5500	$12,315,170	$ 17,614,142

The following is a reconciliation of certain amounts per the financial statements to Form 5500 at September 30, 2025 and 2024:

	2025	2024
Total Deductions:		
Total Deductions Per the Financial Statements	$ 4,467,523	$ 3,997,882
Add Investment Expenses	170,708	169,827
Less Reciprocity Paid	(300,307)	(215,160)
Total Deductions Per the Form 5500	$ 4,337,924	$ 3,952,549

NOTE 12. PARTIES IN INTEREST

The Plan paid certain expenses related to Plan operations and investments activity to various service providers. These transactions are parties in interest transactions under ERISA.

NOTE 12. PARTIES IN INTEREST (CONT'D)

Services Provided	2025	2024
Auditing and Tax Services	$ 17,300	$ 16,800
Legal Services	11,432	10,861
Actuary and Related Services	29,710	27,190
Investment Managers	170,708	169,827
Administration Fees	31,500	31,500

NOTE 13. PLAN STATUS

As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan's actuary has completed the Plan's actuarial funding status certification as of October 1, 2024, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of October 1, 2025 and audited financial information as of September 30, 2024, as well as other financial information, including estimated cash flows for the year ended September 30, 2025 and the rate of market value return as reported by the investment consultant. The funded zone status provides an indication of the financial health of the Plan.

The Plan was certified to be in the green zone for plans whose funding status is neither critical nor endangered. The funded percentage is 121% and 125% for years ended September 30, 2025 and 2024, respectively.

NOTE 14. SUBSEQUENT EVENTS

Management has evaluated subsequent events through July 9, 2026, the date on which the financial statements were available to be issued.

SCHEDULE "1-A"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION FUND
SCHEDULES OF CASH BALANCES - DETAILED
SEPTEMBER 30, 2025 AND 2024

	2025	2024
Petty Cash	$ 100	$ 100
Checking Account		
Commerce Bank - Contributions	$ 288,892	$ 330,610
Total Checking Account	$ 288,892	$ 330,610

SCHEDULE "1-B"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION FUND
SCHEDULES OF INVESTMENT EXPENSES
YEARS ENDED SEPTEMBER 30, 2025 AND 2024

	2025	2024
INVESTMENT FEES:		
AndCo Consulting	$ -	$ 14,500
Mariner Institutional	33,083	14,500
Multi-Employer Property Trust	27,414	27,334
ASB Capital Management	26,936	29,808
RBC Global Asset Management	15,798	22,647
	103,231	108,789
TRUST/BANK FEES:		
BMO		
Contribution Account	-	3,895
Commerce Trust		
Core Account	67,477	57,143
	67,477	61,038
TOTAL INVESTMENT EXPENSES	$ 170,708	$ 169,827

SCHEDULE "1-C"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
SCHEDULES OF GENERAL AND ADMINISTRATIVE EXPENSES
YEARS ENDED SEPTEMBER 30, 2025 AND 2024

	2025	2024
Insurance Expense	$ 16,615	$ 15,589
Legal Fees	11,432	10,861
Accounting Fees	17,300	16,800
Actuarial Fees	29,710	27,190
Administration Fees - Fund Office	1,969	2,139
Administration Fees - Local 25	31,500	31,500
Office and Postage	1,160	2,116
PBGC Fee	14,948	13,965
Dues	1,330	4,000
Meeting Expense	451	438
Maintenance	76	33
Real Estate Taxes	53	60
Utilities	82	78
UARS Fees	636	536
Bank Fees	2,533	2,138
TOTAL	$ 129,795	$ 127,443

SCHEDULE "2"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MUTUAL FUNDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE (c)	COST (d)	CURRENT VALUE (e)
	Vanguard Small Cap Index Shares 49,793.358	Mutual Fund	$ 3,174,016	$ 6,065,329
	Vanguard Mid Cap Index Shares 21,439.406	Mutual Fund	4,200,750	7,798,584
	Vanguard Value Index Shares 240,639.597	Mutual Fund	10,169,503	17,504,124
	Vanguard Growth Index Shares 78,752.918	Mutual Fund	4,454,557	19,455,121
	American Europacific Growth Shares 51,889.749	Mutual Fund	2,946,220	3,348,446
	Transamerica International Shares 138,487.978	Mutual Fund	2,542,037	3,478,818
	Vanguard Total International Shares 69,054.01	Mutual Fund	2,530,593	2,726,943
	TOTAL		$ 30,017,676	$ 60,377,365

Note: There were no parties in interest.

SCHEDULE "3"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF U. S. GOVERNMENT SECURITIES HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE (c)	COST (d)	CURRENT VALUE (e)
	Commerce Core:			
	United States Treasury Bond	5.250%, Due 2/15/29	$ 32,927	$ 26,318
	United States Treasury Bond	2.750%, Due 8/15/42	44,446	35,035
	United States Treasury Bond	3.625%, Due 2/15/44	177,555	173,664
	United States Treasury Bond	2.500%, Due 2/15/45	134,683	89,575
	United States Treasury Bond	2.875%, Due 8/15/45	501,682	342,063
	United States Treasury Bond	2.750%, Due 11/15/47	337,788	303,698
	United States Treasury Bond	3.125%, Due 5/15/48	140,173	127,276
	United States Treasury Bond	2.250%, Due 8/15/49	198,008	118,126
	United States Treasury Bond	2.000%, Due 2/15/50	140,052	80,761
	United States Treasury Bond	2.375%, Due 5/15/51	277,647	283,184
	United States Treasury Bond	1.750%, Due 8/15/41	227,063	203,643
	United States Treasury Bond	3.625%, Due 2/15/53	177,373	169,527
	United States Treasury Note	1.500%, Due 11/30/28	220,068	234,128
	United States Treasury Note	2.875%, Due 5/15/32	485,830	488,977
	United States Treasury Note	3.500%, Due 4/30/30	308,257	312,048
	United States Treasury Note	3.375%, Due 5/15/33	321,852	336,248
	United States Treasury Note	4.875%, Due 10/31/30	314,988	315,405
	United States Treasury Note	4.500%, Due 11/15/33	173,513	175,802
	United States Treasury Note	4.375%, Due 5/15/34	173,797	179,086
	United States Treasury Note	2.250%, Due 11/15/25	62,353	59,875
	United States Treasury Note	2.250%, Due 2/15/27	142,066	132,446
	United States Treasury Note	1.750%, Due 12/31/26	404,766	390,628
	United States Treasury Note	2.375%, Due 5/15/29	341,790	315,694
	United States Treasury Note	2.125%, Due 5/31/26	53,771	49,445
	United States Treasury Inflationary	.750%, Due 2/15/42	43,367	34,044
	TOTAL		$ 5,435,815	$ 4,976,696

Note: There were no parties in interest.

SCHEDULE "4"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MORTGAGES HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE (c)	COST (d)	CURRENT VALUE (e)
	Commerce Core:			
	Bear Stearns	Variable Interest, Due 10/25/33	$ 1,086	$ 1,322
	Fed Home Loan Mortgage	4.500%, Due 2/1/26	114	107
	Fed Home Loan Mortgage	3.500%, Due 8/1/52	71,562	72,247
	Fed Home Loan Mortgage	3.000%, Due 6/1/45	3,949	3,435
	Fed Home Loan Mortgage	3.000%, Due 10/25/51	132,363	134,897
	Fed Home Loan Mortgage	3.000%, Due 3/1/40	31,934	28,943
	Fed Home Loan Mortgage	5.000%, Due 3/1/54	137,150	140,193
	Fed Home Loan Mortgage	4.000%, Due 4/1/47	2,538	2,321
	Fed Home Loan Mortgage	Variable Interest, Due 11/1/46	9,284	8,950
	Fed Home Loan Mortgage	5.000%, Due 2/1/54	147,728	153,318
	Fed Home Loan Mortgage	3.000%, Due 10/15/41	2,571	2,469
	Fed Home Loan Mortgage	3.000%, Due 6/15/27	18,043	17,093
	Fed Home Loan Mortgage	3.000%, Due 12/15/43	405	392
	Fed Home Loan Mortgage	2.250%, Due 6/15/44	2,705	2,518
	Fed Home Loan Mortgage	3.000%, Due 8/15/45	5,074	4,955
	Fed Home Loan Mortgage	2.500%, Due 10/15/42	7,156	6,896
	Fed Home Loan Mortgage	2.500%, Due 9/25/49	144,040	146,652
	Fed Home Loan Mortgage	2.000%, Due 9/25/45	150,245	125,938
	Fed Home Loan Mortgage	2.000%, Due 12/25/50	94,038	73,202
	Fed Home Loan Mortgage	3.000%, Due 7/15/47	4,480	4,002
	Fed Home Loan Mortgage	2.000%, Due 3/25/50	158,850	122,699
	Fed Home Loan Mortgage	1.500%, Due 3/25/51	109,547	94,233
	Fed Home Loan Mortgage	3.000%, Due 6/25/48	101,297	91,547
	Fed Home Loan Mortgage	4.000%, Due 2/25/50	139,707	140,011
	FNMA	1.750%, Due 12/25/46	10,221	9,759
	FNMA	3.000%, Due 10/1/26	786	756
	FNMA	4.000%, Due 8/1/32	1,705	1,577
	FNMA	2.500%, Due 8/1/28	2,568	2,480
	FNMA	2.500%, Due 5/1/28	1,857	1,767
	FNMA	5.500%, Due 2/25/55	207,141	209,248

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MORTGAGES HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE (c)	COST (d)	CURRENT VALUE (e)
	Commerce Core (cont'd):			
	FNMA	3.500%, Due 3/1/47	5,641	5,120
	FNMA	5.000%, Due 8/1/48	2,192	2,127
	FNMA	4.000%, Due 12/1/47	4,442	4,129
	FNMA	Variable Interest, Due 11/1/48	4,382	4,234
	FNMA	3.000%, Due 3/1/50	26,793	23,215
	FNMA	6.000%, Due 4/25/53	69,611	70,539
	FNMA	4.500%, Due 7/25/52	143,467	146,663
	FNMA	4.500%, Due 5/25/53	117,988	121,700
	FNMA	5.500%, Due 12/25/54	164,994	169,061
	FNMA	4.500%, Due 9/25/54	186,330	193,294
	FNMA	4.000%, Due 8/25/52	204,048	203,201
	FNMA	2.000%, Due 8/1/51	115,283	92,234
	FNMA	3.000%, Due 6/1/52	134,402	137,294
	FNMA	5.500%, Due 2/25/54	143,802	147,252
	FNMA	3.500%, Due 12/1/44	7,969	7,184
	FNMA	2.000%, Due 6/1/36	96,742	86,053
	FNMA	3.000%, Due 5/25/52	70,255	71,721
	FNMA	5.000%, Due 12/1/52	148,881	151,735
	FNMA	5.500%, Due 6/25/53	376,627	380,162
	FNMA	5.500%, Due 8/1/53	117,241	119,103
	FNMA	5.500%, Due 2/25/54	169,368	172,817
	FNMA	5.500%, Due 3/25/54	167,865	171,339
	FNMA	4.500%, Due 3/1/38	4,593	4,451
	FNMA	4.000%, Due 7/25/53	135,081	137,705
	FNMA	3.000%, Due 4/1/28	2,460	2,370
	FNMA	2.500%, Due 2/1/32	4,559	4,384
	FNMA	2.000%, Due 2/25/43	28,388	24,625
	FNMA	2.250%, Due 3/25/44	5,870	5,563
	FNMA	1.750%, Due 11/25/45	8,307	7,898

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MORTGAGES HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	Commerce Core (cont'd):			
	FNMA	2.500%, Due 12/25/41	64,979	55,953
	FNMA	3.000%, Due 6/25/48	106,707	96,527
	FNMA	3.000%, Due 12/25/48	138,420	141,435
	FNMA	4.000%, Due 5/25/49	204,693	204,235
	Freddie Mac	3.500%, Due 11/25/28	21,750	21,587
	GNMA	2.500%, Due 6/20/31	1,696	1,604
	GNMA	4.000%, Due 5/16/26	5	4
	GNMA	2.250%, Due 5/20/45	16,182	14,882
	GNMA	2.500%, Due 7/20/46	8,195	7,285
	GNMA	2.400%, Due 7/16/53	110,982	90,250
	GNMA	2.350%, Due 9/16/61	128,274	102,427
	GNMA	Variable Interest, Due 8/20/74	178,264	178,194
	Gsr Mortgage	Variable Interest, Due 3/25/33	4,119	4,537
	Impac Secured Assets Corp	Variable Interest, Due 5/25/36	1,483	1,544
	Master Alternative	5.500%, Due 5/25/34	2,110	2,037
	Residential Asset Sec	Variable Interest, Due 12/25/34	5,423	5,361
	TOTAL		$ 5,361,007	$ 5,198,962

Note: There were no parties in interest.

SCHEDULE "5"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MUNICIPAL BONDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	Commerce Core:			
	Baltimore MD Revenue	3.711%, Due 7/1/26	$ 30,000	$ 29,909
	Bexar County TX	2.134%, Due 8/15/31	150,000	133,655
	Bi State Development Agency MO IL	2.020%, Due 10/1/30	190,432	194,644
	CA State Public Works Board	4.995%, Due 4/1/26	175,000	175,812
	Cameron County TX Taxable	2.493%, Due 2/15/27	50,000	49,108
	Commonwealth Financing Authority	3.864%, Due 6/1/38	25,000	23,183
	Davidson County NC	5.500%, Due 6/1/26	20,000	20,160
	HI State Dept Business	3.242%, Due 1/1/31	36,867	36,252
	MA State Development Finance Agency	1.392%, Due 7/1/26	150,000	147,038
	MA State Educational Financing	3.272%, Due 7/1/26	50,000	49,744
	MA State Housing Finance Agency	3.100%, Due 6/1/26	110,000	109,397
	Montgomery County PA Higher	2.080%, Due 5/1/29	160,000	149,142
	NC State University	4.000%, Due 10/1/41	25,000	22,914
	Tulare County CA	3.859%, Due 6/1/26	30,000	29,938
	TOTAL		$ 1,202,299	$ 1,170,896

Note: There were no parties in interest.

SCHEDULE "6"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	ASB Allegiance Real Estate Fund	Commingled Trust Fund	$ 1,432,783	$ 2,677,873
	Multi-Employer Property Trust	Commingled Trust Fund	2,901,711	3,099,237
	TOTAL		$ 4,334,494	$ 5,777,110

Note: There were no parties in interest.

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF CORPORATE BONDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE (c)	COST (d)	CURRENT VALUE (e)
	Commerce Core:			
	Air Lease Corp	3.625%, Due 4/1/27	$ 14,214	$ 14,771
	Air Lease Corp	3.250%, Due 10/1/29	34,609	33,237
	Alexandria Real Estate	2.950%, Due 3/15/34	79,757	69,092
	Alleghany Corp	4.900%, Due 9/15/44	14,897	14,042
	American Financial Group	4.500%, Due 6/15/47	91,665	92,085
	American Water Capital	3.000%, Due 12/1/26	28,062	29,618
	Amgen Inc	5.650%, Due 3/2/53	69,899	69,821
	Aon Corp	5.350%, Due 2/28/33	142,124	146,164
	Aon North America Inc	5.450%, Due 3/1/34	84,871	88,545
	Applied Materials Inc	3.300%, Due 4/1/27	49,823	49,622
	Avalonbay Communities Inc	5.300%, Due 12/7/33	126,105	130,016
	Baltimore Gas & Electric	2.400%, Due 8/15/26	69,790	69,080
	Banco Santander	6.607%, Due 11/7/28	63,078	64,151
	Bank of America Corp	Variable Rate, Due 4/23/27	65,000	64,741
	Bank of New York Mellon	Variable Rate, Due 10/25/34	150,000	167,187
	Bank of Nova Scotia	2.951%, Due 3/11/27	30,000	29,543
	Baptist Health South Florida	4.342%, Due 11/15/41	20,160	17,460
	Bell Canada	4.464%, Due 4/1/48	15,000	12,533
	BHP Billiton Finance	6.420%, Due 3/1/26	17,504	15,139
	Black Hills Corp	4.350%, Due 5/1/33	14,931	14,454
	Blackrock Funding, Inc	5.000%, Due 3/14/34	169,735	175,153
	Boardwalk Pipelines LP	3.600%, Due 9/1/32	79,922	74,042
	Borgwarner Inc	4.375%, Due 3/15/45	67,401	59,259
	Boston University	5.200%, Due 10/1/45	14,930	14,527
	BP Capital Markets America	4.234%, Due 11/6/28	48,009	45,213
	Brookfield Finance Inc	4.250%, Due 6/2/26	55,164	54,982
	Burlington North Sante Fe	5.400%, Due 6/1/41	134,630	148,122
	Canadian Nat'l Railway	6.250%, Due 8/1/34	154,761	122,095
	Canadian Pacific Railway	3.125%, Due 6/1/26	33,593	34,708
	Centerpoint Energy Resources	4.400%, Due 7/1/32	69,936	69,109
	Ch Robinson Worldwide	4.200%, Due 4/15/28	61,274	60,043
	Chevron USA Inc	4.475%, Due 2/26/28	200,000	202,792

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF CORPORATE BONDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	Commerce Core (cont'd):			
	Chevron USA Inc	4.687%, Due 4/15/30	199,982	204,660
	Citigroup Inc	Variable Rate, Due 6/9/27	80,000	78,478
	Cleco Securitization	4.680%, Due 12/1/36	209,965	210,649
	Comcast Corp	3.450%, Due 2/1/50	44,892	31,458
	Comerica Inc	3.800%, Due 7/22/26	26,518	24,858
	Comerica Inc	4.000%, Due 2/1/29	37,580	34,558
	Commonwealth Edison Co	3.000%, Due 3/1/50	129,821	86,481
	Connecticut Light & Power	2.050%, Due 7/1/31	171,320	176,660
	Conocophillips Canada Note	5.950%, Due 10/15/36	25,952	21,504
	Conocophillips Company	5.050%, Due 9/15/33	99,807	103,047
	Cons Edison Co of NY	5.850%, Due 3/15/36	24,111	21,355
	Constellation Brands Inc	3.500%, Due 5/9/27	34,918	34,645
	Consumers Energy Co	3.800%, Due 11/15/28	133,631	139,210
	Cummins Inc	7.125%, Due 3/1/28	149,893	123,103
	Duke Energy Ohio Inc	5.550%, Due 3/15/54	149,609	149,841
	Eaton Vance Corp	3.500%, Due 4/6/27	59,779	59,581
	Elevance Health Inc	5.700%, Due 2/15/55	84,535	84,129
	Emerson Electric Co	2.750%, Due 10/15/50	144,823	94,257
	Energy Transfer LP	5.550%, Due 2/15/28	69,982	72,055
	Entergy Arkansas Inc	3.500%, Due 4/1/26	24,918	24,897
	Essential Utilities Inc.	5.375%, Due 1/15/34	79,002	81,894
	Evergy Kansas Central Inc	5.250%, Due 3/15/35	199,246	203,680
	Fedex Corp	4.900%, Due 1/15/34	9,986	9,872
	Fidelity Natl Info Serv	4.700%, Due 7/15/27	74,881	75,471
	Florida Power Co	5.650%, Due 4/1/40	21,598	20,868
	Fortive Corporation	4.300%, Due 6/15/46	83,343	58,788
	Gatx Corp	4.700%, Due 4/1/29	34,943	35,440
	General Motors Financial	5.800%, Due 6/23/28	29,994	31,088
	Goldman Sachs Group Inc	Variable Rate, Due 6/5/28	15,000	14,892
	Goldman Sachs Group Inc	Variable Rate, Due 3/9/27	29,964	29,614
	Gonzaga University	4.158%, Due 4/1/46	15,000	11,673

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF CORPORATE BONDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	Commerce Core (cont'd):			
	Henry J Kaiser Family	3.356%, Due 12/1/25	85,037	84,770
	Horace Mann Educators Corp	7.250%, Due 9/15/28	102,492	101,764
	Idaho Power Co	4.200%, Due 3/1/48	130,183	82,751
	Illinois Tool Works Inc	4.875%, Due 9/15/41	19,708	19,408
	John Deere Capital Corp	3.450%, Due 3/7/29	59,814	58,962
	JpMorgan Chase & Co	Variable Rate, Due 4/26/33	100,000	100,311
	Laclede Group Inc	4.700%, Due 8/15/44	94,784	72,332
	Lockheed Martin Corp	4.750%, Due 2/15/34	139,544	141,292
	Loews Corp	4.125%, Due 5/15/43	131,239	93,474
	Louisville Gas & Electric	4.650%, Due 11/15/43	43,804	35,320
	Marathon Petroleum Corp	6.500%, Due 3/1/41	10,739	10,779
	Mid-America Apartments	2.750%, Due 3/15/30	184,941	188,206
	Morgan Stanley	Variable Rate, Due 4/20/28	65,000	65,071
	Mplx LP	5.950%, Due 4/1/55	108,164	107,535
	National Rural Utility Coop	4.150%, Due 12/15/32	139,495	136,528
	Nike Inc	2.375%, Due 11/1/26	59,915	59,021
	Northwestern University	4.643%, Due 12/1/44	25,000	23,771
	Nutrien LTD	5.875%, Due 12/1/36	68,402	57,799
	Pacificorp	3.500%, Due 6/15/29	29,945	29,147
	Paypal Holdings Inc	5.150%, Due 6/1/34	148,621	149,507
	Pepsico Inc	4.650%, Due 2/15/53	139,910	125,629
	Phillips 66 Company	4.680%, Due 2/15/45	89,362	85,569
	PNC Financial Service	3.150%, Due 5/19/27	24,949	24,672
	PNC Financial Service	1.150%, Due 8/13/26	59,887	58,587
	Praxair Inc	3.200%, Due 1/30/26	61,276	59,809
	Precision Castparts Corp	4.200%, Due 6/15/35	149,292	128,132
	Procter & Gamble Co	1.900%, Due 2/1/27	159,773	156,102
	Prologis LP	2.250%, Due 1/15/32	204,074	198,050
	Prudential Financial Inc	5.200%, Due 3/14/35	204,383	210,724
	Public Service Electric & Gas	3.950%, Due 5/1/42	24,839	21,016
	Public Storage	3.094%, Due 9/15/27	90,924	93,506

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF CORPORATE BONDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	Commerce Core (cont'd):			
	Puget Sound Energy Inc	5.483%, Due 6/1/35	28,834	25,995
	Reinsurance Group of America	3.900%, Due 5/15/29	39,902	39,532
	Rio Tinto Financing USA	5.750%, Due 3/14/55	177,946	185,249
	Rio Tinto Financing USA	7.125%, Due 7/15/28	27,139	21,609
	Roper Technologies Inc	4.500%, Due 10/15/29	98,294	100,952
	RTX Corporation	5.150%, Due 2/27/33	69,794	72,502
	Santander Holdings USA	3.244%, Due 10/5/26	84,586	79,211
	Shell International Finance	2.875%, Due 5/10/26	59,803	59,594
	State Street Corp	Variable Rate, Due 8/4/33	150,000	146,385
	Steel Dynamics Inc	5.250%, Due 5/15/35	103,925	107,291
	Sunco Logistics Partner	4.000%, Due 10/1/27	29,765	29,893
	Tennessee Gas Pipeline	8.375%, Due 6/15/32	12,715	11,798
	Texas Instruments Inc	2.250%, Due 9/4/29	49,845	46,827
	Torchmark Corp	4.550%, Due 9/15/28	81,003	70,620
	Toronto-Dominion Bank	5.298%, Due 1/30/32	170,000	177,545
	Toyota Motor Credit Corp	4.550%, Due 9/20/27	139,864	141,616
	Transcont Gas Pipeline	7.850%, Due 2/1/26	32,325	25,052
	Truist Financial Corp	Variable Rate, Due 8/5/32	140,000	144,082
	Trustees of Union College	4.877%, Due 7/1/35	25,000	22,958
	Udr Inc	3.200%, Due 1/15/30	142,173	143,421
	Unilever Capital Corp	1.750%, Due 8/12/31	148,521	131,552
	Verizon Communications	2.355%, Due 3/15/32	76,372	87,694
	Wells Fargo & Company	Variable Rate, Due 6/17/27	80,000	79,435
	Ww Grainger Inc	4.200%, Due 5/15/47	105,867	75,512
	TOTAL		$ 9,795,006	$ 9,405,921

Note: There were no parties in interest.

SCHEDULE "8"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MONEY MARKETS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	SEI Daily Income	Money Market	$ 18,777	$ 18,777
	Commerce - Cash	Money Market	297,694	297,694
	Commerce - Mutual Funds	Money Market	13,597	13,597
	Commerce - Core	Money Market	327,597	327,597
	TOTAL		$ 657,665	$ 657,665

Money market accounts are held in Commerce Trust and various real estate investments for 2025 and 2024. All values are quoted at $1 per share and, therefore, are not subject to any market adjustments and earn interest, paid monthly, at current rates.

Note: There were no parties in interest.

SCHEDULE "9"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, PAGE 4 LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
SEPTEMBER 30, 2025

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET (INCLUDE INTEREST RATE AND MATURITY IN CASE OF A LOAN)	PURCHASE PRICE	SELLING PRICE	LEASE RENTAL	EXPENSE INCURRED WITH TRANSACTION	COST OF ASSET	CURRENT VALUE OF ASSET ON TRANSACTION DATE	NET GAIN OR (LOSS)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Category 1 - Single Transaction Exceeds 5% of Value:								
No Transactions	N/A	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Category 2 - Series of Transactions with Same Person, Involving Property Other Than Securities Exceeds 5% of Value:								
No Transactions	N/A	-	-	-	-	-	-	-
Category 3 - Series of Transactions with Same Security Exceeds 5% of Value:								
Commerce Bank	Financial Square Tr Government	16,394,745	-	-	-	16,394,745	16,394,745	-
Commerce Bank	Financial Square Tr Government	-	19,092,589	-	-	19,092,589	19,092,589	-
Category 4 - Single Transaction with One Broker Exceeds 5% of Value:								
No Transactions	N/A	-	-	-	-	-	-	-

The above transactions or series of transactions represent more than 5% of plan assets.

SCHEDULE "10"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF INVESTMENTS REPRESENTING
5% OR MORE OF PLAN NET ASSETS
SEPTEMBER 30, 2025

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE (c)	COST (d)	CURRENT VALUE (e)
	Vanguard Small Cap Index Shares 49,793.358	Mutual Fund	$ 3,174,016	$ 6,065,329
	Vanguard Mid Cap Index Shares 21,439.406	Mutual Fund	4,200,750	7,798,584
	Vanguard Value Index Shares 240,639.597	Mutual Fund	10,169,503	17,504,124
	Vanguard Growth Index Shares 78,752.918	Mutual Fund	4,454,557	19,455,121

PLUMBERS & FITTERS LOCAL 101
PENSION PLAN

EIN: 37-6025801 PN: 001

Schedule MB, Line 8b(2) - Schedule of Active Participant Data

Years of Credited Service

	Age	< 1		0-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40+		Total	
		No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben
0	Under 25	1	57	16	318	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17	303
1	25 - 29	-	-	9	419	11	969	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20	721
2	30 - 34	-	-	6	364	4	1,155	5	1,687.56	2	2,449	-	-	-	-	-	-	-	-	-	-	17	1,185
3	35 - 39	1	91	2	504	3	1,186	5	1,849.82	13	2,677	1	3,295	-	-	-	-	-	-	-	-	25	2,080
4	40 - 44	1	39	5	437	3	1,154	2	2,046.18	11	2,575	9	3,234	1	4,237	-	-	-	-	-	-	32	2,233
5	45 - 49	-	-	1	226	-	-	-	-	8	2,471	8	3,432	4	3,789	-	-	-	-	-	-	21	2,981
6	50 - 54	-	-	-	-	2	1,068	1	1,110.02	6	2,908	7	3,525	3	4,571	1	5,439	-	-	-	-	20	3,226
7	55 - 59	-	-	-	-	-	-	2	1,779.38	6	2,848	6	3,279	4	4,070	3	4,947	-	-	-	-	21	3,402
8	60 - 64	-	-	-	-	-	-	-	-	2	2,353	7	3,233	2	4,591	-	-	5	5,812	4	6,366	20	4,552
9	65 - 69	-	-	-	-	-	-	-	-	1	2,526	1	4,789	-	-	-	-	-	-	1	6,590	3	4,635
10	70 +	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		3	62	39	371	23	1,062	15	1,763	49	2,644	39	3,375	14	4,184	4	5,070	5	5,812	5	6,410	196	2,381

PLUMBERS & FITTERS LOCAL 101
PENSION PLAN

EIN: 37 – 6025801 PN: 001

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Funding Method:

Aggregate Funding Method - Under this method, the Present Value of Future Normal Costs equals the Present Value of Benefits reduced by Plan Assets. These future costs are spread as a level percentage over current and future expected years of service. The portion attributable to expected years of service is the current year Normal Cost.

Experience gains and losses are included in the Present Value of Future Normal Costs, and therefore are spread over future expected years of service.

Valuation of Assets

All Assets are valued at Market Value

Mortality Rates

Pre-Retirement:	Males: PRI-12 Employee Blue Collar Table for males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).
	Females: PRI-12 Employee Blue Collar Table for females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).
Post-Retirement:	Males: PRI-12 Annuitant Blue Collar Table for males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).
	Females: PRI-12 Annuitant Blue Collar Table for females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Investment Earnings

7.00% per annum: compounded annually

Current Liability

Interest Rate: 3.85% per annum: compounded annually

PLUMBERS & FITTERS LOCAL 101
PENSION PLAN

Statement of Actuarial Methods and Assumptions (continued)

Assumed Retirement Age

Age	Probability
60	0.30
61	0.15
62	0.50
63	0.35
64	0.20
65	0.40
66	1.00

Termination prior to Retirement other than Death

T-1 Actuaries Table

Age	Probability of Termination
20	0.05441
30	0.03705
40	0.01130
50 & over	0.00000

Expense

$135,000 added to Normal Cost

1/3 Lump Sum Optional Payment Form Load

3% liability load based on

- 45% assumed optional form take rate
- Lump sum interest rates as of October 2024 (4.42% / 5.04% / 5.46%)

Amortization Methods for Contribution Alternatives

The Minimum Required Contribution and the Maximum Deductible Contribution are based on IRS regulations and the Frozen Initial Liability Cost Method. The Recommended Contribution is based on the Aggregate Cost Method. Any other contribution alternatives are based on an open amortization period which is reset each year under the Frozen Initial Liability Cost Method.

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 10/01/2024 and ending 09/30/2025

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 & FITTERS LOCAL 101 RESTATED PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1960

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

BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN

8 PREMIER DRIVE

BELLEVILLE IL 62220-3421

2b Employer Identification Number (EIN) 37-6025801

2c Plan Sponsor's telephone number 618-234-5504

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	Daniel C. McKenna	7/6/26	DAN MCKENNA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	7/10/26	JAMES LUGGE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN

8 PREMIER DRIVE

BELLEVILLE IL 62220-3421

3b Administrator's EIN: 37-6025801

3c Administrator's telephone number: 618-234-5504

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**	404
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)**	196
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	194
b	Retired or separated participants receiving benefits	**6b**	100
c	Other retired or separated participants entitled to future benefits	**6c**	87
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	381
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	26
f	Total. Add lines **6d** and **6e**.	**6f**	407
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	41

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) ☐ Insurance

(2) ☐ Code section 412(e)(3) insurance contracts

(3) ☒ Trust

(4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1) ☐ Insurance

(2) ☐ Code section 412(e)(3) insurance contracts

(3) ☒ Trust

(4) ☐ General assets of the sponsor

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

a Pension Schedules

(1) ☒ **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 _____

(4) ☒ **C** (Service Provider Information)

(5) ☒ **D** (DFE/Participating Plan Information)

(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE "9"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, PAGE 4 LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
SEPTEMBER 30, 2025

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET (INCLUDE INTEREST RATE AND MATURITY IN CASE OF A LOAN)	PURCHASE PRICE	SELLING PRICE	LEASE RENTAL	EXPENSE INCURRED WITH TRANSACTION	COST OF ASSET	CURRENT VALUE OF ASSET ON TRANSACTION DATE	NET GAIN OR (LOSS)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Category 1 - Single Transaction Exceeds 5% of Value:								
No Transactions	N/A	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Category 2 - Series of Transactions with Same Person, Involving Property Other Than Securities Exceeds 5% of Value:								
No Transactions	N/A	-	-	-	-	-	-	-
Category 3 - Series of Transactions with Same Security Exceeds 5% of Value:								
Commerce Bank	Financial Square Tr Government	16,394,745	-	-	-	16,394,745	16,394,745	-
Commerce Bank	Financial Square Tr Government	-	19,092,589	-	-	19,092,589	19,092,589	-
Category 4 - Single Transaction with One Broker Exceeds 5% of Value:								
No Transactions	N/A	-	-	-	-	-	-	-

The above transactions or series of transactions represent more than 5% of plan assets.

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 10/01/2024 and ending 09/30/2025

▶ **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 & FITTERS LOCAL 101 RESTATED PENSION PLAN

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 OF PLUMBERS & FITTERS LOCAL 101 PENSION PLAN

D Employer Identification Number (EIN)
37-6025801

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

1a Enter the valuation date: Month 10 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	80,441,294
(2) Actuarial value of assets for funding standard account	1b(2)	80,441,294
c (1) Accrued liability for plan using immediate gain methods	1c(1)	
(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)	72,477,993
(c) Normal cost under entry age normal method	1c(2)(c)	949,821
(3) Accrued liability under unit credit cost method	1c(3)	64,360,491
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)	95,189,663
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2,797,565
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	2,879,052
(3) Expected plan disbursements for the plan year	1d(3)	2,879,052

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

Keith Kowalczyk

Signature of actuary

07/06/2026

Date

KEITH KOWALCZYK

Type or print name of actuary

2602812

Most recent enrollment number

EKON BENEFITS

Firm name

314-367-6555

Telephone number (including area code)

4940 WASHINGTON BLVD.
ST. LOUIS MO 63108

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		2a	80,441,294
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		120	35,874,699
(2) For terminated vested participants		88	10,895,952
(3) For active participants:			
(a) Non-vested benefits			211,405
(b) Vested benefits			48,207,607
(c) Total active		196	48,419,012
(4) Total		404	95,189,663
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
05/15/2025	2,991,255	0			
			Totals ▶ 3(b)	2,991,255	3(c) 0

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	124.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N

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

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

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability | 6a | 3.85 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P21	9P21
(2) Females	6c(2)	9FP21	9FP21
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	5.09 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	22.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	22.1 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	135,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

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	
b	Employer's normal cost for plan year as of valuation date	9b	1,185,314
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)	
	(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	82,972
e	Total charges. Add lines 9a through 9d	9e	1,268,286
	Credits to funding standard account:		
f	Prior year credit balance, if any	9f	10,142,799
g	Employer contributions. Total from column (b) of line 3	9g	2,991,255
			Outstanding balance
h	Amortization credits as of valuation date	9h	
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	789,735
j	Full funding limitation (FFL) and credits:		
	(1) ERISA FFL (accrued liability FFL)	9j(1)	
	(2) "RPA '94" override (90% current liability FFL)	9j(2)	41,286,376
	(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	13,923,789
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	12,655,503
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
	(3) Total as of valuation date	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		☐ Yes ☒ No

PLUMBERS & FITTERS LOCAL 101
PENSION PLAN

EIN: 37 – 6025801 PN: 001

Schedule MB, Line 6 – Summary of Plan Provisions

Year of Service	One Year of Service is credited if Employee works more than 870 Hours of Service
Normal Pension	a) Eligibility requirements: Age 62 b) Benefit: $0.0800 multiplied by total hours worked from October 1, 1960
Early Pension	a) Eligibility requirements: Age 60 b) Benefit: • Active participants after October 1, 2021 - Accrued Benefit reduced by 4.0% per year until age 60 • Active participants between January 1, 1998 and September 30, 2021 - Accrued Benefit reduced by 2.0% per year until age 63 and then 1/180th for the next 36 months • For all other participants - Accrued Benefit reduced by 1/180th for each month early
Disability Pension	a) Eligibility requirements: Total and permanent disability b) Benefit: Accrued Benefit reduced by 1/600th per month for first 24 months, 1/180th per month for next 36 months, and 1/450th for each of the next 120 months prior to age 62 payable at Disability Retirement Date
Normal Form of Benefit	The Normal Form of payment of the Normal and Early Pension Benefit is a Life Only Annuity
Termination Pension	a) Eligibility requirements: 5,000 hours worked within 5 consecutive Years of Service or 5 Years of Service b) Benefit: 100% of Accrued Benefit due and payable commencing at Normal Retirement Date
Death Benefit	Present Value of Accrued Benefit payable to his spouse or designated beneficiary

SCHEDULE "2"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MUTUAL FUNDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE (c)	COST (d)	CURRENT VALUE (e)
	Vanguard Small Cap Index Shares 49,793.358	Mutual Fund	$ 3,174,016	$ 6,065,329
	Vanguard Mid Cap Index Shares 21,439.406	Mutual Fund	4,200,750	7,798,584
	Vanguard Value Index Shares 240,639.597	Mutual Fund	10,169,503	17,504,124
	Vanguard Growth Index Shares 78,752.918	Mutual Fund	4,454,557	19,455,121
	American Europacific Growth Shares 51,889.749	Mutual Fund	2,946,220	3,348,446
	Transamerica International Shares 138,487.978	Mutual Fund	2,542,037	3,478,818
	Vanguard Total International Shares 69,054.01	Mutual Fund	2,530,593	2,726,943
	TOTAL		$ 30,017,676	$ 60,377,365

Note: There were no parties in interest.

SCHEDULE "3"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF U. S. GOVERNMENT SECURITIES HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE (c)	COST (d)	CURRENT VALUE (e)
	Commerce Core:			
	United States Treasury Bond	5.250%, Due 2/15/29	$ 32,927	$ 26,318
	United States Treasury Bond	2.750%, Due 8/15/42	44,446	35,035
	United States Treasury Bond	3.625%, Due 2/15/44	177,555	173,664
	United States Treasury Bond	2.500%, Due 2/15/45	134,683	89,575
	United States Treasury Bond	2.875%, Due 8/15/45	501,682	342,063
	United States Treasury Bond	2.750%, Due 11/15/47	337,788	303,698
	United States Treasury Bond	3.125%, Due 5/15/48	140,173	127,276
	United States Treasury Bond	2.250%, Due 8/15/49	198,008	118,126
	United States Treasury Bond	2.000%, Due 2/15/50	140,052	80,761
	United States Treasury Bond	2.375%, Due 5/15/51	277,647	283,184
	United States Treasury Bond	1.750%, Due 8/15/41	227,063	203,643
	United States Treasury Bond	3.625%, Due 2/15/53	177,373	169,527
	United States Treasury Note	1.500%, Due 11/30/28	220,068	234,128
	United States Treasury Note	2.875%, Due 5/15/32	485,830	488,977
	United States Treasury Note	3.500%, Due 4/30/30	308,257	312,048
	United States Treasury Note	3.375%, Due 5/15/33	321,852	336,248
	United States Treasury Note	4.875%, Due 10/31/30	314,988	315,405
	United States Treasury Note	4.500%, Due 11/15/33	173,513	175,802
	United States Treasury Note	4.375%, Due 5/15/34	173,797	179,086
	United States Treasury Note	2.250%, Due 11/15/25	62,353	59,875
	United States Treasury Note	2.250%, Due 2/15/27	142,066	132,446
	United States Treasury Note	1.750%, Due 12/31/26	404,766	390,628
	United States Treasury Note	2.375%, Due 5/15/29	341,790	315,694
	United States Treasury Note	2.125%, Due 5/31/26	53,771	49,445
	United States Treasury Inflationary	.750%, Due 2/15/42	43,367	34,044
	TOTAL		$ 5,435,815	$ 4,976,696

Note: There were no parties in interest.

SCHEDULE "4"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MORTGAGES HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	Commerce Core:			
	Bear Stearns	Variable Interest, Due 10/25/33	$ 1,086	$ 1,322
	Fed Home Loan Mortgage	4.500%, Due 2/1/26	114	107
	Fed Home Loan Mortgage	3.500%, Due 8/1/52	71,562	72,247
	Fed Home Loan Mortgage	3.000%, Due 6/1/45	3,949	3,435
	Fed Home Loan Mortgage	3.000%, Due 10/25/51	132,363	134,897
	Fed Home Loan Mortgage	3.000%, Due 3/1/40	31,934	28,943
	Fed Home Loan Mortgage	5.000%, Due 3/1/54	137,150	140,193
	Fed Home Loan Mortgage	4.000%, Due 4/1/47	2,538	2,321
	Fed Home Loan Mortgage	Variable Interest, Due 11/1/46	9,284	8,950
	Fed Home Loan Mortgage	5.000%, Due 2/1/54	147,728	153,318
	Fed Home Loan Mortgage	3.000%, Due 10/15/41	2,571	2,469
	Fed Home Loan Mortgage	3.000%, Due 6/15/27	18,043	17,093
	Fed Home Loan Mortgage	3.000%, Due 12/15/43	405	392
	Fed Home Loan Mortgage	2.250%, Due 6/15/44	2,705	2,518
	Fed Home Loan Mortgage	3.000%, Due 8/15/45	5,074	4,955
	Fed Home Loan Mortgage	2.500%, Due 10/15/42	7,156	6,896
	Fed Home Loan Mortgage	2.500%, Due 9/25/49	144,040	146,652
	Fed Home Loan Mortgage	2.000%, Due 9/25/45	150,245	125,938
	Fed Home Loan Mortgage	2.000%, Due 12/25/50	94,038	73,202
	Fed Home Loan Mortgage	3.000%, Due 7/15/47	4,480	4,002
	Fed Home Loan Mortgage	2.000%, Due 3/25/50	158,850	122,699
	Fed Home Loan Mortgage	1.500%, Due 3/25/51	109,547	94,233
	Fed Home Loan Mortgage	3.000%, Due 6/25/48	101,297	91,547
	Fed Home Loan Mortgage	4.000%, Due 2/25/50	139,707	140,011
	FNMA	1.750%, Due 12/25/46	10,221	9,759
	FNMA	3.000%, Due 10/1/26	786	756
	FNMA	4.000%, Due 8/1/32	1,705	1,577
	FNMA	2.500%, Due 8/1/28	2,568	2,480
	FNMA	2.500%, Due 5/1/28	1,857	1,767
	FNMA	5.500%, Due 2/25/55	207,141	209,248

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MORTGAGES HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE (c)	COST (d)	CURRENT VALUE (e)
	Commerce Core (cont'd):			
	FNMA	3.500%, Due 3/1/47	5,641	5,120
	FNMA	5.000%, Due 8/1/48	2,192	2,127
	FNMA	4.000%, Due 12/1/47	4,442	4,129
	FNMA	Variable Interest, Due 11/1/48	4,382	4,234
	FNMA	3.000%, Due 3/1/50	26,793	23,215
	FNMA	6.000%, Due 4/25/53	69,611	70,539
	FNMA	4.500%, Due 7/25/52	143,467	146,663
	FNMA	4.500%, Due 5/25/53	117,988	121,700
	FNMA	5.500%, Due 12/25/54	164,994	169,061
	FNMA	4.500%, Due 9/25/54	186,330	193,294
	FNMA	4.000%, Due 8/25/52	204,048	203,201
	FNMA	2.000%, Due 8/1/51	115,283	92,234
	FNMA	3.000%, Due 6/1/52	134,402	137,294
	FNMA	5.500%, Due 2/25/54	143,802	147,252
	FNMA	3.500%, Due 12/1/44	7,969	7,184
	FNMA	2.000%, Due 6/1/36	96,742	86,053
	FNMA	3.000%, Due 5/25/52	70,255	71,721
	FNMA	5.000%, Due 12/1/52	148,881	151,735
	FNMA	5.500%, Due 6/25/53	376,627	380,162
	FNMA	5.500%, Due 8/1/53	117,241	119,103
	FNMA	5.500%, Due 2/25/54	169,368	172,817
	FNMA	5.500%, Due 3/25/54	167,865	171,339
	FNMA	4.500%, Due 3/1/38	4,593	4,451
	FNMA	4.000%, Due 7/25/53	135,081	137,705
	FNMA	3.000%, Due 4/1/28	2,460	2,370
	FNMA	2.500%, Due 2/1/32	4,559	4,384
	FNMA	2.000%, Due 2/25/43	28,388	24,625
	FNMA	2.250%, Due 3/25/44	5,870	5,563
	FNMA	1.750%, Due 11/25/45	8,307	7,898

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MORTGAGES HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a) (b)	(c)	(d)	(e)
Commerce Core (cont'd):			
FNMA	2.500%, Due 12/25/41	64,979	55,953
FNMA	3.000%, Due 6/25/48	106,707	96,527
FNMA	3.000%, Due 12/25/48	138,420	141,435
FNMA	4.000%, Due 5/25/49	204,693	204,235
Freddie Mac	3.500%, Due 11/25/28	21,750	21,587
GNMA	2.500%, Due 6/20/31	1,696	1,604
GNMA	4.000%, Due 5/16/26	5	4
GNMA	2.250%, Due 5/20/45	16,182	14,882
GNMA	2.500%, Due 7/20/46	8,195	7,285
GNMA	2.400%, Due 7/16/53	110,982	90,250
GNMA	2.350%, Due 9/16/61	128,274	102,427
GNMA	Variable Interest, Due 8/20/74	178,264	178,194
Gsr Mortgage	Variable Interest, Due 3/25/33	4,119	4,537
Impac Secured Assets Corp	Variable Interest, Due 5/25/36	1,483	1,544
Master Alternative	5.500%, Due 5/25/34	2,110	2,037
Residential Asset Sec	Variable Interest, Due 12/25/34	5,423	5,361
TOTAL		$ 5,361,007	$ 5,198,962

Note: There were no parties in interest.

SCHEDULE "5"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MUNICIPAL BONDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	Commerce Core:			
	Baltimore MD Revenue	3.711%, Due 7/1/26	$ 30,000	$ 29,909
	Bexar County TX	2.134%, Due 8/15/31	150,000	133,655
	Bi State Development Agency MO IL	2.020%, Due 10/1/30	190,432	194,644
	CA State Public Works Board	4.995%, Due 4/1/26	175,000	175,812
	Cameron County TX Taxable	2.493%, Due 2/15/27	50,000	49,108
	Commonwealth Financing Authority	3.864%, Due 6/1/38	25,000	23,183
	Davidson County NC	5.500%, Due 6/1/26	20,000	20,160
	HI State Dept Business	3.242%, Due 1/1/31	36,867	36,252
	MA State Development Finance Agency	1.392%, Due 7/1/26	150,000	147,038
	MA State Educational Financing	3.272%, Due 7/1/26	50,000	49,744
	MA State Housing Finance Agency	3.100%, Due 6/1/26	110,000	109,397
	Montgomery County PA Higher	2.080%, Due 5/1/29	160,000	149,142
	NC State University	4.000%, Due 10/1/41	25,000	22,914
	Tulare County CA	3.859%, Due 6/1/26	30,000	29,938
	TOTAL		$ 1,202,299	$ 1,170,896

Note: There were no parties in interest.

SCHEDULE "6"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE (c)	COST (d)	CURRENT VALUE (e)
	ASB Allegiance Real Estate Fund	Commingled Trust Fund	$ 1,432,783	$ 2,677,873
	Multi-Employer Property Trust	Commingled Trust Fund	2,901,711	3,099,237
	TOTAL		$ 4,334,494	$ 5,777,110

Note: There were no parties in interest.

SCHEDULE "7"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF CORPORATE BONDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE (c)	COST (d)	CURRENT VALUE (e)
	Commerce Core:			
	Air Lease Corp	3.625%, Due 4/1/27	$ 14,214	$ 14,771
	Air Lease Corp	3.250%, Due 10/1/29	34,609	33,237
	Alexandria Real Estate	2.950%, Due 3/15/34	79,757	69,092
	Alleghany Corp	4.900%, Due 9/15/44	14,897	14,042
	American Financial Group	4.500%, Due 6/15/47	91,665	92,085
	American Water Capital	3.000%, Due 12/1/26	28,062	29,618
	Amgen Inc	5.650%, Due 3/2/53	69,899	69,821
	Aon Corp	5.350%, Due 2/28/33	142,124	146,164
	Aon North America Inc	5.450%, Due 3/1/34	84,871	88,545
	Applied Materials Inc	3.300%, Due 4/1/27	49,823	49,622
	Avalonbay Communities Inc	5.300%, Due 12/7/33	126,105	130,016
	Baltimore Gas & Electric	2.400%, Due 8/15/26	69,790	69,080
	Banco Santander	6.607%, Due 11/7/28	63,078	64,151
	Bank of America Corp	Variable Rate, Due 4/23/27	65,000	64,741
	Bank of New York Mellon	Variable Rate, Due 10/25/34	150,000	167,187
	Bank of Nova Scotia	2.951%, Due 3/11/27	30,000	29,543
	Baptist Health South Florida	4.342%, Due 11/15/41	20,160	17,460
	Bell Canada	4.464%, Due 4/1/48	15,000	12,533
	BHP Billiton Finance	6.420%, Due 3/1/26	17,504	15,139
	Black Hills Corp	4.350%, Due 5/1/33	14,931	14,454
	Blackrock Funding, Inc	5.000%, Due 3/14/34	169,735	175,153
	Boardwalk Pipelines LP	3.600%, Due 9/1/32	79,922	74,042
	Borgwarner Inc	4.375%, Due 3/15/45	67,401	59,259
	Boston University	5.200%, Due 10/1/45	14,930	14,527
	BP Capital Markets America	4.234%, Due 11/6/28	48,009	45,213
	Brookfield Finance Inc	4.250%, Due 6/2/26	55,164	54,982
	Burlington North Sante Fe	5.400%, Due 6/1/41	134,630	148,122
	Canadian Nat'l Railway	6.250%, Due 8/1/34	154,761	122,095
	Canadian Pacific Railway	3.125%, Due 6/1/26	33,593	34,708
	Centerpoint Energy Resources	4.400%, Due 7/1/32	69,936	69,109
	Ch Robinson Worldwide	4.200%, Due 4/15/28	61,274	60,043
	Chevron USA Inc	4.475%, Due 2/26/28	200,000	202,792

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF CORPORATE BONDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE (c)	COST (d)	CURRENT VALUE (e)
	Commerce Core (cont'd):			
	Chevron USA Inc	4.687%, Due 4/15/30	199,982	204,660
	Citigroup Inc	Variable Rate, Due 6/9/27	80,000	78,478
	Cleco Securitization	4.680%, Due 12/1/36	209,965	210,649
	Comcast Corp	3.450%, Due 2/1/50	44,892	31,458
	Comerica Inc	3.800%, Due 7/22/26	26,518	24,858
	Comerica Inc	4.000%, Due 2/1/29	37,580	34,558
	Commonwealth Edison Co	3.000%, Due 3/1/50	129,821	86,481
	Connecticut Light & Power	2.050%, Due 7/1/31	171,320	176,660
	Conocophillips Canada Note	5.950%, Due 10/15/36	25,952	21,504
	Conocophillips Company	5.050%, Due 9/15/33	99,807	103,047
	Cons Edison Co of NY	5.850%, Due 3/15/36	24,111	21,355
	Constellation Brands Inc	3.500%, Due 5/9/27	34,918	34,645
	Consumers Energy Co	3.800%, Due 11/15/28	133,631	139,210
	Cummins Inc	7.125%, Due 3/1/28	149,893	123,103
	Duke Energy Ohio Inc	5.550%, Due 3/15/54	149,609	149,841
	Eaton Vance Corp	3.500%, Due 4/6/27	59,779	59,581
	Elevance Health Inc	5.700%, Due 2/15/55	84,535	84,129
	Emerson Electric Co	2.750%, Due 10/15/50	144,823	94,257
	Energy Transfer LP	5.550%, Due 2/15/28	69,982	72,055
	Entergy Arkansas Inc	3.500%, Due 4/1/26	24,918	24,897
	Essential Utilities Inc.	5.375%, Due 1/15/34	79,002	81,894
	Evergy Kansas Central Inc	5.250%, Due 3/15/35	199,246	203,680
	Fedex Corp	4.900%, Due 1/15/34	9,986	9,872
	Fidelity Natl Info Serv	4.700%, Due 7/15/27	74,881	75,471
	Florida Power Co	5.650%, Due 4/1/40	21,598	20,868
	Fortive Corporation	4.300%, Due 6/15/46	83,343	58,788
	Gatx Corp	4.700%, Due 4/1/29	34,943	35,440
	General Motors Financial	5.800%, Due 6/23/28	29,994	31,088
	Goldman Sachs Group Inc	Variable Rate, Due 6/5/28	15,000	14,892
	Goldman Sachs Group Inc	Variable Rate, Due 3/9/27	29,964	29,614
	Gonzaga University	4.158%, Due 4/1/46	15,000	11,673

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF CORPORATE BONDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE (c)	COST (d)	CURRENT VALUE (e)
	Commerce Core (cont'd):			
	Henry J Kaiser Family	3.356%, Due 12/1/25	85,037	84,770
	Horace Mann Educators Corp	7.250%, Due 9/15/28	102,492	101,764
	Idaho Power Co	4.200%, Due 3/1/48	130,183	82,751
	Illinois Tool Works Inc	4.875%, Due 9/15/41	19,708	19,408
	John Deere Capital Corp	3.450%, Due 3/7/29	59,814	58,962
	JpMorgan Chase & Co	Variable Rate, Due 4/26/33	100,000	100,311
	Laclede Group Inc	4.700%, Due 8/15/44	94,784	72,332
	Lockheed Martin Corp	4.750%, Due 2/15/34	139,544	141,292
	Loews Corp	4.125%, Due 5/15/43	131,239	93,474
	Louisville Gas & Electric	4.650%, Due 11/15/43	43,804	35,320
	Marathon Petroleum Corp	6.500%, Due 3/1/41	10,739	10,779
	Mid-America Apartments	2.750%, Due 3/15/30	184,941	188,206
	Morgan Stanley	Variable Rate, Due 4/20/28	65,000	65,071
	Mplx LP	5.950%, Due 4/1/55	108,164	107,535
	National Rural Utility Coop	4.150%, Due 12/15/32	139,495	136,528
	Nike Inc	2.375%, Due 11/1/26	59,915	59,021
	Northwestern University	4.643%, Due 12/1/44	25,000	23,771
	Nutrien LTD	5.875%, Due 12/1/36	68,402	57,799
	Pacificorp	3.500%, Due 6/15/29	29,945	29,147
	Paypal Holdings Inc	5.150%, Due 6/1/34	148,621	149,507
	Pepsico Inc	4.650%, Due 2/15/53	139,910	125,629
	Phillips 66 Company	4.680%, Due 2/15/45	89,362	85,569
	PNC Financial Service	3.150%, Due 5/19/27	24,949	24,672
	PNC Financial Service	1.150%, Due 8/13/26	59,887	58,587
	Praxair Inc	3.200%, Due 1/30/26	61,276	59,809
	Precision Castparts Corp	4.200%, Due 6/15/35	149,292	128,132
	Procter & Gamble Co	1.900%, Due 2/1/27	159,773	156,102
	Prologis LP	2.250%, Due 1/15/32	204,074	198,050
	Prudential Financial Inc	5.200%, Due 3/14/35	204,383	210,724
	Public Service Electric & Gas	3.950%, Due 5/1/42	24,839	21,016
	Public Storage	3.094%, Due 9/15/27	90,924	93,506

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF CORPORATE BONDS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
(a) (b)	(c)	(d)	(e)
Commerce Core (cont'd):			
Puget Sound Energy Inc	5.483%, Due 6/1/35	28,834	25,995
Reinsurance Group of America	3.900%, Due 5/15/29	39,902	39,532
Rio Tinto Financing USA	5.750%, Due 3/14/55	177,946	185,249
Rio Tinto Financing USA	7.125%, Due 7/15/28	27,139	21,609
Roper Technologies Inc	4.500%, Due 10/15/29	98,294	100,952
RTX Corporation	5.150%, Due 2/27/33	69,794	72,502
Santander Holdings USA	3.244%, Due 10/5/26	84,586	79,211
Shell International Finance	2.875%, Due 5/10/26	59,803	59,594
State Street Corp	Variable Rate, Due 8/4/33	150,000	146,385
Steel Dynamics Inc	5.250%, Due 5/15/35	103,925	107,291
Sunco Logistics Partner	4.000%, Due 10/1/27	29,765	29,893
Tennessee Gas Pipeline	8.375%, Due 6/15/32	12,715	11,798
Texas Instruments Inc	2.250%, Due 9/4/29	49,845	46,827
Torchmark Corp	4.550%, Due 9/15/28	81,003	70,620
Toronto-Dominion Bank	5.298%, Due 1/30/32	170,000	177,545
Toyota Motor Credit Corp	4.550%, Due 9/20/27	139,864	141,616
Transcont Gas Pipeline	7.850%, Due 2/1/26	32,325	25,052
Truist Financial Corp	Variable Rate, Due 8/5/32	140,000	144,082
Trustees of Union College	4.877%, Due 7/1/35	25,000	22,958
Udr Inc	3.200%, Due 1/15/30	142,173	143,421
Unilever Capital Corp	1.750%, Due 8/12/31	148,521	131,552
Verizon Communications	2.355%, Due 3/15/32	76,372	87,694
Wells Fargo & Company	Variable Rate, Due 6/17/27	80,000	79,435
Ww Grainger Inc	4.200%, Due 5/15/47	105,867	75,512
TOTAL		$ 9,795,006	$ 9,405,921

Note: There were no parties in interest.

SCHEDULE "8"

PLUMBERS & PIPEFITTERS LOCAL 101
PENSION PLAN
EIN 37-6025801, PLAN NUMBER 001
SCHEDULE OF MONEY MARKETS HELD
SCHEDULE H, PAGE 4 LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY (b)	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST COLLATERAL, PAR OR MATURITY VALUE (c)	COST (d)	CURRENT VALUE (e)
	SEI Daily Income	Money Market	$ 18,777	$ 18,777
	Commerce - Cash	Money Market	297,694	297,694
	Commerce - Mutual Funds	Money Market	13,597	13,597
	Commerce - Core	Money Market	327,597	327,597
	TOTAL		$ 657,665	$ 657,665

Money market accounts are held in Commerce Trust and various real estate investments for 2025 and 2024. All values are quoted at $1 per share and, therefore, are not subject to any market adjustments and earn interest, paid monthly, at current rates.

Note: There were no parties in interest.