

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PLUMBERS' RETIREMENT SAVINGS FUND, LOCAL 130, U.A.
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 01/01/1998
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 FOR THE PLUMBER'S RETIREMENT SAVINGS FUND, LOCAL 130 1340 W. WASHINGTON BLVD CHICAGO, IL 60607
2b	Employer Identification Number (EIN) 86-0928669
2c	Plan Sponsor's telephone number 312-226-5000
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.	07/07/2026	JAMES F. COYNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/06/2026	MICHAEL J. KERRIGAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 6158
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 5911 6a(2) 5901 6b 104 6c 220 6d 6225 6e 14 6f 6239 6g(1) 5268 6g(2) 5334 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 387

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

2E 2F 2G 2J 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan PLUMBERS' RETIREMENT SAVINGS FUND, LOCAL 130, U.A.	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES FOR THE PLUMBER'S RETIREMENT SAVINGS FUND, LOCAL 130	D Employer Identification Number (EIN) 86-0928669	

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

(a) Name of insurance carrier MASS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	780378-01	1217	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	20524888
5 Current value of plan's interest under this contract in separate accounts at year end	5	72423385

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	20784871
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c Additions: (1) Contributions deposited during the year	7c(1)	418937
	7c(2)	0
	7c(3)	657201
	7c(4)	2815788
	7c(5)	

(6) Total additions	7c(6)	3891926
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d Total of balance and additions (add lines 7b and 7c(6))	7d	24676797
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1877684
(2) Administration charge made by carrier	7e(2)	5349
(3) Transferred to separate account	7e(3)	2268876
(4) Other (specify below)	7e(4)	

(5) Total deductions	7e(5)	4151909
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	20524888
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan PLUMBERS' RETIREMENT SAVINGS FUND, LOCAL 130, U.A.	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES FOR THE PLUMBER'S RETIREMENT SAVINGS FUND, LOCAL 130	D Employer Identification Number (EIN) 86-0928669

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

☒ Yes ☐ No
- b

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

(b)

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

THE VANGUARD GROUP INC.

23-1945930

(b)

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

CAPITAL INTERNATIONAL, INC.

95-4154361

(b)

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

T. ROWE PRICE INV. SERVICES INC.

P.O. BOX 89000
BALTIMORE, MD 21289

(b)

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

ROBERT W. BAIRD & CO. INCORPORATED

39-6037917

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

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

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

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)

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 51 64	NONE	196109	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	52124	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREGORIO, STEC, KLEIN & HOSE LLC

99-0408958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	43719	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)

JOSEPH OHM

86-0928669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 30	EMPLOYEE	40836	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DENISE DELHAYE

86-0928669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARQUETTE ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	25000	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)

LANER MUCHIN LTD.

36-3088463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	17679	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES LLC

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 49	NONE	17016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 52 62	NONE	2702	Yes ☒ No ☐	Yes ☒ No ☐	0	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 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan PLUMBERS' RETIREMENT SAVINGS FUND, LOCAL 130, U.A.	B Three-digit plan number (PN) ▶ 003
---	---

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES FOR THE PLUMBER'S RETIREMENT SAVINGS FUND, LOCAL 130	D Employer Identification Number (EIN) 86-0928669
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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: AMERICAN FUNDS EUPAC R5

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

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6528826
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a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL MID CAP GROWTH R5

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

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12026489
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a Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUS GOVERNMENT SECS CASH MGMT A

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

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 641455
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD WELLESLEY INCOME ADMIRAL

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

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53226615
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a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SEL TRP RETIRE 2055 M5

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SEL TRP RETIRE 2015 M5

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SEL TRP RETIRE 2005 M5

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SEL TRP RETIRE 2030 M5	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY	
c EIN-PN 90-0342299-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SEL TRP RETIRE 2060 M5	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY	
c EIN-PN 90-0779283-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SEL TRP RETIRE 2025 M5	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY	
c EIN-PN 90-0779283-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SEL TRP RETIRE 2010 M5	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY	
c EIN-PN 90-0342299-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL US GOVT MNY MKT R5	
b Name of sponsor of entity listed in (a): MASSMUTUAL	
c EIN-PN 04-1590850-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SEL TRP RETIRE 2020 M5	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY	
c EIN-PN 90-0342299-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SEL TRP RETIRE 2045 M5	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY	
c EIN-PN 90-0779283-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SEL TRP RETIRE 2035 M5	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY	
c EIN-PN 90-0779283-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SEL TRP RETIRE 2050 M5	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY	
c EIN-PN 90-0342299-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SEL TRP RETIRE 2040 M5	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY	
c EIN-PN 90-0342299-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury 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
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan PLUMBERS' RETIREMENT SAVINGS FUND, LOCAL 130, U.A.	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES FOR THE PLUMBER'S RETIREMENT SAVINGS FUND, LOCAL 130	D Employer Identification Number (EIN) 86-0928669

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	407553	287914
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1708799	2069967
(2) Participant contributions.....	1b(2)	242366	302318
(3) Other	1b(3)	175656	340176
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		72423385
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	425227750	427300522
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	20784871	20524888
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	448546995	523249170

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h	210408	80062
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	210408	80062

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	448336587	523169108
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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)	26822279	
(B) Participants	2a(1)(B)	4068262	
(C) Others (including rollovers)	2a(1)(C)	435256	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		31325797
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	657201	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		657201
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	14592023	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		14592023
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5017592
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		48169102
c Other income	2c		523080
d Total income. Add all income amounts in column (b) and enter total	2d		100284795

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24780348	
(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)		24780348
f Corrective distributions (see instructions)	2f		17291
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	196109	
(4) IQPA audit fees	2i(4)	21000	
(5) Investment advisory and investment management fees	2i(5)	25000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	33695	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	378831	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		654635
j Total expenses. Add all expense amounts in column (b) and enter total	2j		25452274

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		74832521
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	225036
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☒	☐	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan PLUMBERS' RETIREMENT SAVINGS FUND, LOCAL 130, U.A.		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES FOR THE PLUMBER'S RETIREMENT SAVINGS FUND, LOCAL 130		D Employer Identification Number (EIN) 86-0928669
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): 20-3691708		
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.....		3 207
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

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

- 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

b The corresponding number for the second preceding plan year.....

15b

- 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 ☒ No

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

**Plumbers' Retirement Savings Fund,
Local 130, U.A.**

Financial Statements

December 31, 2025

**Plumbers' Retirement Savings Fund,
Local 130, U.A.**

Financial Statements with Supplementary Information

December 31, 2025 and 2024

Contents

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

Report of Independent Auditors

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

Opinion

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

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

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

Legacy Professionals LLP

Westchester, Illinois

July 10, 2026

**Plumbers' Retirement Savings Fund,
Local 130, U.A.**

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments - at fair value		
Mutual funds	\$ 427,300,522	\$ 95,213,208
Pooled funds	<u>72,423,385</u>	<u>330,014,542</u>
	499,723,907	425,227,750
Investments - at contract value		
Guaranteed investment contract	<u>20,524,888</u>	<u>20,784,871</u>
Total investments	<u>520,248,795</u>	<u>446,012,621</u>
Receivables		
Employer contributions	2,069,967	1,708,799
Participant contributions	302,318	242,366
Administrative reimbursements	141,981	123,176
Due from related organization - lockbox	<u>168,389</u>	<u>19,577</u>
Total receivables	<u>2,682,655</u>	<u>2,093,918</u>
Prepaid expenses	<u>29,806</u>	<u>32,903</u>
Cash	<u>287,914</u>	<u>407,553</u>
Total assets	<u>523,249,170</u>	<u>448,546,995</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	60,431	72,085
Due to related organizations - shared administrative expenses - net	<u>19,631</u>	<u>138,323</u>
Total liabilities	<u>80,062</u>	<u>210,408</u>
Net assets available for benefits	<u>\$ 523,169,108</u>	<u>\$ 448,336,587</u>

See accompanying notes to financial statements.

**Plumbers' Retirement Savings Fund,
Local 130, U.A.**

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 53,186,694	\$ 46,741,446
Interest and dividends	15,249,224	3,507,434
	68,435,918	50,248,880
Less investment and record-keeping expenses	(221,109)	(219,444)
Investment income - net	68,214,809	50,029,436
Contributions		
Employer	26,822,279	23,725,751
Participant	4,068,262	3,118,886
Rollover	435,256	218,339
Total contributions	31,325,797	27,062,976
Administrative service reimbursements	523,029	462,388
Other	51	-
Total additions	100,063,686	77,554,800
Deductions		
Benefits paid to participants	24,797,639	27,187,453
Administrative expenses		
Audit fees	21,000	20,300
Insurance	59,142	46,840
Legal fees	33,695	51,148
Office supplies and expense	4,225	4,106
Reciprocity fees	2,631	2,063
Shared administrative expenses	312,833	299,475
Total deductions	25,231,165	27,611,385
Net increase	74,832,521	49,943,415
Net assets available for benefits		
Beginning of year	448,336,587	398,393,172
End of year	<u>\$ 523,169,108</u>	<u>\$ 448,336,587</u>

See accompanying notes to financial statements.

**Plumbers' Retirement Savings Fund,
Local 130, U.A.**

Notes to Financial Statements

December 31, 2025 and 2024

Note 1. Summary of Significant Accounting Policies

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

Investments - The investments of the Plan are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan. For all other investments, the fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

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

Contributions Receivable - Contributions due and not paid prior to year end are recorded as contributions receivable. Deficiencies owed as a result of payroll compliance audits are recorded upon settlement with the employer. No allowance for uncollectible accounts was considered necessary as of either December 31, 2025 or 2024.

Employer Contributions Income - Employer contributions are recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rate currently in effect, as set forth in the applicable collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within a jurisdiction located in the following counties of Illinois: Bureau, Cook, DeKalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Kendall, Lake, LaSalle, Livingston, Marshall, McHenry, Putnam, Will, and Woodford. In accordance with certain reciprocity agreements, the Plan is entitled to receive funds from participating employers on behalf of temporary employees working in the jurisdiction of local union. Such amounts are not considered to be material to these financial statements.

Note 1. Summary of Significant Accounting Policies (continued)

Reciprocal - The Plan is signatory to various reciprocity agreements with various other multiemployer retirement plans outside its territorial jurisdiction that are affiliated with the local union. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union (reciprocating local). When a participant of the home local works in the territory of a reciprocating local, the latter is to make contributions to the former's fringe benefit funds on the participant's behalf. Monies received by the Plan on behalf of persons from outside participating local unions are forwarded to their home local fringe benefit trust funds. The Plan uses the same recognition and measurement criteria for contributions received on behalf of its participants under the terms of reciprocity agreements, as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of \$753,192 and \$134,044 for the years ended December 31, 2025 and 2024, respectively, from various other retirement plans under the terms of reciprocity agreements. The Plan remitted a total of \$141,394 and \$135,487 to various other retirement plans under the terms of reciprocity agreements for the years ended December 31, 2025 and 2024, respectively.

Payment of Benefits - Benefit payments to participants are recorded upon distribution. There were no participants who elected to withdraw from the Plan but were not paid at either December 31, 2025 or 2024.

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

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

Subsequent Events - Subsequent events have been evaluated through July 10, 2026, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established on September 1, 1998, under an agreement between the local union and various plumbing contractor associations. The purpose of the Plan is to provide termination or supplemental retirement benefits for covered participants, spouses or beneficiaries. The Plan is a multiemployer defined contribution retirement plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Note 2. Description of the Plan (continued)

Benefits under the Plan are not insured by the Pension Benefit Guaranty Corporation.

The Plan is primarily funded by contributions from employers, at amounts specified in the collective bargaining agreement. The hourly journeyman employer contribution rate for plumbing contractors was \$4.25 through May 31, 2024, \$4.70 through May 31, 2025, and \$5.15 thereafter. The hourly journeyman employer contribution rate for Illinois technical engineering contractors was \$3.15 through May 31, 2024, \$3.95 through May 31, 2025, and \$4.45 thereafter.

Beginning January 1, 2024, participants may elect to make contributions each year in elected increments of \$0.50 per hour subject to certain limitations as defined by the Plan. Participants may elect to change their contribution percentage throughout the year. The Plan accepts rollovers from other qualified plans.

Upon enrollment in the Plan, participants may elect to have their account balances invested in various investment options. In the absence of participant direction, contributions are invested in a default investment option. Participants must evaluate their own investment goals and objectives. Poor investment performance by the investments selected by the participants may cause their balances to be lower than the amounts contributed on their behalf.

Participants' accounts are credited with employer contributions made on their behalf, as well as an allocation of Plan earnings. Allocations are based on participant earnings or losses, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participants become fully vested in their individual accounts on the date a contribution is first received on their behalf. The Plan does not allow for forfeitures. The Plan also accepts rollovers from other qualified plans.

Upon death, disability or termination from industry employment for more than six months or retirement, participants or, if applicable, their beneficiaries, are entitled to receive their account balance as a lump sum or annuity. For termination of service due to other reasons, a participant may elect a retirement benefit upon satisfaction of the age requirements. In addition, the Plan allows hardship distributions. Under this provision, participants may request a withdrawal from their account balance upon an immediate and heavy financial need due to medical, residence, educational or funeral related expenses.

The Plan's net assets available for benefits at December 31, 2025 and 2024 include unallocated amounts of \$327,187 and \$353,224 respectively, which are available to pay administrative expenses incurred by the Plan. The Plan's unallocated net assets are established through a quarterly administrative fee charged to participant accounts and administrative service reimbursements as described in Note 9.

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

Note 3. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of participants and their beneficiaries, except that provision may be made for the payment of necessary expenses resulting from termination of the Plan.

In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

Note 4. Tax Status

The Plan's determination letter is dated August 8, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

Note 5. Fair Value Measurements

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

Note 5. Fair Value Measurements (continued)

Basis of Fair Value Measurement

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

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

<u>Fair Value Measurements at 12/31/25 Using</u>				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Total</u>			
Mutual funds	\$ 427,300,522	<u>\$ 427,300,522</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value:				
Pooled funds	<u>72,423,385</u>			
Total	<u>\$ 499,723,907</u>			

<u>Fair Value Measurements at 12/31/24 Using</u>				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Total</u>			
Mutual funds	\$ 95,213,208	<u>\$ 95,213,208</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value:				
Pooled funds	<u>330,014,542</u>			
Total	<u>\$ 425,227,750</u>			

Note 5. Fair Value Measurements (continued)

Level 1 Measurements

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

Measurements Using Net Asset Value as a Practical Expedient

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

The underlying assets of the pooled funds consist principally of marketable equity and fixed income mutual funds which are valued using publicly quoted prices. Redemptions are available on a daily basis without notice. The following presents a summary of the underlying assets of the pooled funds at December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Domestic equity	\$ 12,026,489	\$ 13,152,042
International equity	6,528,826	5,002,085
Fixed income	4,366	4,219
Balanced	53,226,615	311,647,463
Cash equivalent	<u>637,089</u>	<u>208,733</u>
Total	<u>\$ 72,423,385</u>	<u>\$ 330,014,542</u>

Note 6. Benefit-Responsive Investment Contract

The Plan has a fully benefit-responsive group annuity contract with Empower who maintains the contributions in a general account. The contract is considered a traditional investment contract. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The group annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The average yield and crediting interest rates were 2.97% and 3.32% for the years ended December 31, 2025 and 2024, respectively. The contract is included in the statements of net assets available for benefits at contract value.

Note 6. Benefit-Responsive Investment Contract (continued)

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with Empower. The Plan administrator believes the occurrence of such events, that would also limit the Plan's ability to transact at contract value with Plan participants, is not probable.

Note 7. Related Party Transactions

The Plan is related to several organizations including a local union, a training fund and several fringe benefit plans, all of which are tax-exempt.

Shared Administrative Expenses

Administrative Employees

The Plan utilizes certain employees of the related Plumbers' Pension Fund, Local 130, U.A. (Pension Fund) and Plumbers' Welfare Fund, Local 130, U.A. (Welfare Fund) for administrative services including, but not limited to, bookkeeping and benefit processing. As a result, common administrative expenses including salaries and related costs, are initially paid by the Pension and Welfare Funds and allocated to the Plan. Total shared administrative expenses allocated for administrative employees were \$231,536 and \$184,326 for the years ended December 31, 2025 and 2024, respectively. Amounts due from the Pension Fund in excess of expenses allocated totaled \$3,033 at December 31, 2025. Amounts due to the Pension Fund totaled \$40,809 at December 31, 2024. Amounts due from the Welfare Fund in excess of expenses allocated totaled \$26,892 at December 31, 2025. Amounts due to the Welfare Fund totaled \$38,854 at December 31, 2024.

Contribution Processing - Data Center

The processing of employer contributions and administration of a payroll compliance audit and collections program on behalf of the Plan are the responsibility of the Welfare Fund. Total contribution processing and collection expenses for the years ended December 31, 2025 and 2024 were \$133,749 and \$115,149 respectively. Amounts due to the Welfare Fund for data center expenses at December 31, 2025 and 2024 totaled \$49,556 and \$58,660 respectively.

Lockbox Accounts

Contributions for the Plan and related organizations are received and deposited into lockbox accounts maintained by the Welfare Fund. Routinely, amounts owed are transferred from the lockbox accounts into the respective organizations' investment accounts. Amounts due from these lockbox accounts at December 31, 2025 and 2024 were \$168,389 and \$19,577 respectively.

Note 8. Risks and Uncertainties

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

Note 9. Party-in-Interest Transactions

The Plan incurs expenses and receives reimbursements under several arrangements with service providers and receives contributions from employers under the terms of collective bargaining agreements.

The Plan is maintained under an agreement with Empower Retirement (Empower), who has custody of the assets of the Plan and makes payments to participants at the direction of the Plan administrator. The Plan receives an administrative service fee reimbursement from Empower on a quarterly basis, which is intended to reimburse the Plan for reasonable administrative or professional expenses incurred. The amount reimbursed is the excess of the quarterly recordkeeping revenue earned by Empower over the quarterly participant charges due from the Plan. Administrative fee reimbursements totaled \$523,029 and \$462,388 for the years ended December 31, 2025 and 2024, respectively. In addition, certain investments are managed by Empower.

These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

Note 10. Participant Contributions

U.S. Department of Labor (DOL) regulations provided that participant contributions to retirement plans must be made on the earliest date that they can be reasonably be segregated from the employer's general assets, but in no event later than 15 business days following the month in which the participant contributions were withheld. Contributing contractors can be held liable for investment losses and interest incurred during the period of any delay in remitting the contributions to the Plan, and the late deferrals would be considered prohibited transactions that must be reported on the Plan's Form 5500 until corrected. During the years ended December 31, 2025 and 2024, Plan management noted a total of \$225,036 and \$193,516 respectively, in contributions remitted by employers in a timeframe that did not comply with the timeliness requirements prescribed by DOL regulations.

Note 10. Participant Contributions (continued)

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

Report of Independent Auditors on Supplemental Schedules

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

We have audited the financial statements of Plumbers' Retirement Savings Fund, Local 130, U.A. (the Plan) as of and for the years ended December 31, 2025 and 2024, and our report thereon dated July 10, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

July 10, 2026

Plumbers' Retirement Savings Fund, Local 130, U.A.
Year Ended December 31, 2025
EIN: 86-0928669
PN: 003

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

<u>Description</u>	<u>Cost</u>	<u>Market Value</u>
<u>Insurance Company General Account</u>		
Group Annuity Contract - SAGIC Diversified Bond I	\$ 18,224,383	\$ 20,524,888
<u>Registered Investment Companies</u>		
<i>Mutual Funds</i>		
Vanguard Wellington Fund	4,261,224	4,536,219
Vanguard Windsor II Fund	8,909,335	10,086,997
American Funds Small Cap World R5	1,419,547	1,752,597
Baird Core Plus Bond Inst	4,798,335	5,013,395
JP Morgan Large Cap Growth R5	28,986,862	37,834,756
T. Rowe Price Small-Cap	4,170,989	4,083,768
T. Rowe Price Target Retirement Blend 2005	2,350,521	2,504,864
T. Rowe Price Target Retirement Blend 2010	148,912	160,829
T. Rowe Price Target Retirement Blend 2015	30,266,653	33,004,751
T. Rowe Price Target Retirement Blend 2020	4,207,078	4,517,317
T. Rowe Price Target Retirement Blend 2025	23,289,459	25,675,359
T. Rowe Price Target Retirement Blend 2030	30,547,285	34,132,833
T. Rowe Price Target Retirement Blend 2035	53,004,665	60,508,598
T. Rowe Price Target Retirement Blend 2040	39,998,481	46,195,801
T. Rowe Price Target Retirement Blend 2045	32,388,028	37,730,787
T. Rowe Price Target Retirement Blend 2050	24,804,454	28,928,326
T. Rowe Price Target Retirement Blend 2055	17,620,490	20,497,084
T. Rowe Price Target Retirement Blend 2060	13,157,754	15,220,248
T Rowe Ret Retirement Blend 2065	5,407,219	6,132,887
Vangard Mid Cap Indx	367,604	380,029
Vangard Small Cap Indx	140,733	148,215
Vangard Total Intrnl	747,777	821,736
Vanguard Total Stock Market Fund	30,377,085	47,433,126
Total Registered Investment Companies	361,370,490	427,300,522
<i>Separate Accounts</i>		
American Funds Europacific Growth Fund	4,233,286	6,528,826
Mass Mutual Mid Cap Growth R5	8,912,164	12,026,489
Vanguard Wellesley Income Fund	40,934,617	53,226,615
Dreyfus Gov Sec Cash	629,572	641,455
Total Pooled Separate Accounts	54,709,639	72,423,385
Total	\$ 72,934,022	\$ 92,948,273

PLUMBERS RETIREMENT SAVINGS FUND, LOCAL 130, U.A.

EIN: 86-0928669

Y/E: 12/31/25

Schedule H Line 4A - Schedule of Delinquent
Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute NonExempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	\$ 225,036			
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ -	\$ 225,036	\$ -	

FOOTNOTES

STATEMENT 1

SCHEDULE C & H - THE AMOUNT OF SHARED ADMINISTRATIVE EXPENSES HAS BEEN ALLOCATED TO THE APPROPRIATE SERVICE PROVIDERS FOR SCHEDULE C PURPOSES WHILE THE EXPENSE AMOUNT ON SCHEDULE H HAS BEEN REPORTED AS IT APPEARS ON THE ATTACHED AUDITED FINANCIAL STATEMENTS.

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 2
DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	32,903.	29,806.
ADMINISTRATIVE REIMBURSEMENTS	123,176.	141,981.
DUE FROM RELATED ENTITIES	19,577.	168,389.
TOTAL TO SCHEDULE H, LINE 1B(3)	175,656.	340,176.

SCHEDULE H	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
ADMINISTRATIVE SERVICE REIMBURSEMENTS		523,029.
OTHER		51.
TOTAL TO SCHEDULE H, LINE 2C		523,080.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
INSURANCE EXPENSE		59,142.
OFFICE SUPPLIES AND EXPENSES		4,225.
RECIPROCITY FEES		2,631.
SHARED ADMINISTRATIVE EXPENSES		312,833.
TOTAL TO SCHEDULE H, LINE 2I(11)		378,831.

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

Part II	Basic Plan Information - enter all requested information
1a Name of plan PLUMBERS' RETIREMENT SAVINGS FUND, LOCAL 130, U.A.	1b Three-digit plan number (PN) ► 003
	1c Effective date of plan 01/01/1998
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 FOR THE PLUMBER'S RETIREMENT SAVI 1340 W. WASHINGTON BLVD CHICAGO IL 60607	2b Employer Identification Number (EIN) 86-0928669 2c Plan Sponsor's telephone number (312) 226-5000 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	<i>James F. Coyne</i>	7.7.26	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2025) v. 250312

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 4085 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. 1510-0110 1510-0089 2025 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2025 or fiscal plan year beginning <u>01/01/2025</u> and ending <u>12/31/2025</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report ☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information	
1a Name of plan PLUMBERS' RETIREMENT SAVINGS FUND, LOCAL 130, U.A.	1b Three-digit plan number (PN) ▶ 003 1c Effective date of plan 01/01/1998
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 FOR THE PLUMBER'S RETIREMENT SAVI 1340 W. WASHINGTON BLVD CHICAGO IL 60607	2b Employer Identification Number (EIN) 86-0928669 2c Plan Sponsor's telephone number (312) 226-5000 2d Business code (see instructions) 238220

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

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

SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/6/2026	Michael J Kerrigan, Trustee
SIGN HERE	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

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

Form 5500 (2025)
v. 250312

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5	6,158
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)	5,911
a(2) Total number of active participants at the end of the plan year	6a(2)	5,901
b Retired or separated participants receiving benefits	6b	104
c Other retired or separated participants entitled to future benefits	6c	220
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	6,225
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	14
f Total. Add lines 6d and 6e	6f	6,239
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)	5,268
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	5,334
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	387
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T		

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

9a Plan funding arrangement (check all that apply)	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	(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	b General 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)	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ A (Insurance Information) - Number Attached <u>1</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

SUPPLEMENTAL SCHEDULE 2
Page 1 of 2

780378-01

GA

Plumbers' Retirement Savings Fund, Local 130, U.A.

01-JAN-25 to 31-DEC-25

16-JAN-26 15:17:25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
4MKSXX	0.00	0.000000	0	(4,305.13)	(26.482759)	1	(3,806.61)	SERIES
5MKSXX	491,773.60	3,076.866974	142	(492,138.40)	(3,077.023815)	8	(491,798.22)	SERIES
4DAPXX	4,305.13	428.765908	1	0.00	0.000000	0	0.00	SERIES
5DAPXX	135,082.25	13,390.757178	21	(135,146.33)	(13,389.870547)	2	(135,073.31)	SERIES
4SGDDSO	(369,634.03)	0.000000	3	0.00	0.000000	0	0.00	SERIES
1ZTR60B	93,794.44	411.061207	201	(13,807,774.39)	(61,347.816294)	890	(11,249,127.74)	SERIES
1ZTR55B	265,916.26	767.278116	116	(15,077,836.39)	(44,452.525719)	750	(11,725,312.55)	SERIES
1ZTR50B	64,015.99	162.950143	122	(21,874,839.08)	(56,485.650018)	666	(16,631,443.95)	SERIES
1ZTR45B	61,531.03	179.702753	134	(29,397,958.90)	(87,087.091529)	887	(22,245,323.14)	SERIES
1ZTR40B	70,584.76	201.027524	130	(37,624,896.11)	(108,640.276789)	750	(28,582,957.21)	SERIES
1ZTR35B	148,046.70	471.460128	154	(51,095,139.55)	(164,674.246915)	990	(39,335,215.87)	SERIES
1ZTR30B	32,803.33	105.302081	77	(29,745,676.09)	(96,353.974489)	495	(23,429,532.25)	SERIES
1ZTR25B	13,552.97	49.885449	42	(24,306,827.64)	(90,226.856940)	439	(19,304,029.02)	SERIES
1ZTR20B	135.13	0.490370	3	(3,395,238.21)	(12,449.877062)	92	(2,759,826.38)	SERIES
1ZTR15B	24,289.55	104.179729	63	(30,693,411.05)	(132,665.890272)	919	(24,963,946.97)	SERIES
1ZTR10B	2,140.85	8.849699	2	(119,363.09)	(493.414930)	8	(105,064.34)	SERIES
1ZTR05B	2,347.30	11.458741	5	(1,709,948.50)	(8,422.439276)	105	(1,435,429.90)	SERIES
1TBLPX	3,009,714.22	305,471.581820	791	(669,893.67)	(66,913.085544)	484	(659,192.87)	SERIES
1TBLQX	150,485.26	15,422.231037	116	(1,714.24)	(163.317289)	43	(1,573.26)	SERIES
1TBLSX	33,248,953.28	3,411,999.918584	6496	(3,115,622.44)	(307,131.514621)	3680	(2,982,300.69)	SERIES
1TSBAX	4,501,539.79	449,109.370621	477	(305,022.63)	(30,063.277034)	384	(294,461.78)	SERIES
1TBLVX	27,052,967.19	2,718,843.343805	3208	(3,992,055.44)	(378,336.625912)	1851	(3,763,507.80)	SERIES
1TBLWX	33,883,778.39	3,312,662.802801	4094	(3,605,156.78)	(329,023.584589)	2154	(3,336,492.90)	SERIES
1TBLYX	56,612,402.39	5,321,927.891355	8952	(3,874,052.73)	(341,796.406916)	4047	(3,607,738.46)	SERIES
1TRBLX	42,632,354.83	3,967,386.754198	7676	(2,813,429.43)	(244,920.929234)	3102	(2,633,873.96)	SERIES
1TRBQX	33,744,708.54	3,086,237.750212	8866	(1,438,888.56)	(124,637.526705)	3774	(1,356,679.23)	SERIES
1TRBSX	25,757,122.03	2,330,986.477731	7664	(997,227.00)	(86,740.856807)	2887	(952,667.80)	SERIES
1TRBOX	18,449,384.47	1,664,861.673612	7809	(909,221.08)	(75,940.396883)	3221	(828,894.89)	SERIES
1TRBNX	17,148,168.13	1,550,555.348528	7902	(4,059,772.29)	(367,021.317366)	2943	(3,990,413.58)	SERIES
1TRBPX	5,973,551.16	524,100.743395	5353	(582,944.24)	(48,314.303608)	1493	(566,332.98)	SERIES
1RERFX	648,024.17	2,973.682843	4392	(570,563.99)	(2,685.552144)	3473	(423,384.07)	SERIES
1RSLFX	327,364.43	4,355.800226	1808	(191,889.24)	(2,721.669097)	764	(168,108.76)	SERIES
1VTIAX	862,411.23	23,505.014191	377	(117,569.26)	(3,230.253937)	134	(114,634.54)	SERIES
1PRSVX	1,054,558.81	20,485.151062	5890	(737,809.00)	(14,105.615173)	2386	(732,589.84)	SERIES
1VSMAX	257,583.28	2,337.886661	274	(127,655.79)	(1,138.542198)	95	(116,850.08)	SERIES
1MGRFX	700,882.98	536.722353	5644	(2,259,563.64)	(1,707.621431)	3430	(1,821,694.59)	SERIES
1VIMAX	732,193.53	2,144.038731	372	(377,692.07)	(1,086.522494)	121	(364,589.79)	SERIES
1JLGRX	9,464,140.63	110,072.515365	10398	(5,392,666.55)	(64,308.788973)	5303	(4,203,131.19)	SERIES
1VITSX	4,981,568.34	34,188.886128	13430	(3,902,433.01)	(26,906.842764)	5862	(3,079,503.19)	SERIES
1VWNAX	2,115,307.76	25,862.122455	8169	(2,145,227.25)	(19,899.643149)	4171	(1,532,380.20)	SERIES
1VWIAx	524,350.50	2,568.193779	1097	(3,982,233.07)	(19,252.594135)	2835	(3,289,582.27)	SERIES
1VWENX	1,461,995.26	19,028.493425	2319	(680,002.91)	(8,935.577479)	902	(656,408.06)	SERIES
1BCOIX	2,233,484.40	220,023.330449	7965	(1,699,582.73)	(166,971.556296)	1944	(1,655,830.06)	SERIES
1DAPXX	799,625.22	79,638.020956	9	(170,902.65)	(16,936.314894)	20	(170,053.26)	SERIES
1MKSXX	1,099,035.57	6,880.933593	20	(1,327,225.14)	(8,198.794944)	47	(1,299,520.48)	SERIES
1SGDDSO	3,604,359.17	0.000000	5208	(4,151,909.45)	0.000000	3685	(4,151,909.45)	SERIES

5% TRANSACTIONS

1ZTR45B	13,026.85	38.590410	33	(29,384,342.53)	(87,047.431064)	884	(22,232,962.29)	10-JAN-25
1ZTR40B	12,697.59	36.665005	26	(37,538,426.59)	(108,394.326338)	748	(28,516,779.19)	10-JAN-25
1ZTR35B	21,274.12	68.568350	43	(50,938,226.02)	(164,178.360327)	983	(39,216,634.90)	10-JAN-25
1ZTR30B	9,855.26	31.923748	19	(29,745,676.09)	(96,353.974489)	495	(23,429,532.25)	10-JAN-25

780378-01

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TRANSACTIONS FOR REVIEW (5% REPORTABLE)

SUPPLEMENTAL SCHEDULE 2
Page 2 of 2

Plumbers' Retirement Savings Fund, Local 130, U.A.

01-JAN-25 to 31-DEC-25

16-JAN-26 15:17:25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1ZTR25B	3,152.89	11.704136	11	(24,216,258.11)	(89,895.415546)	434	(19,232,048.46)	10-JAN-25
1ZTR15B	5,093.20	22.014299	13	(30,693,411.05)	(132,665.890272)	919	(24,963,946.97)	10-JAN-25
1TBLSX	30,689,102.15	3,167,090.005158	917	0.00	0.000000	0	0.00	10-JAN-25
1TBLVX	24,216,258.11	2,451,038.270245	434	0.00	0.000000	0	0.00	10-JAN-25
1TBLWX	29,745,676.09	2,936,394.480751	495	0.00	0.000000	0	0.00	10-JAN-25
1TBLYX	50,938,226.02	4,832,848.768512	983	0.00	0.000000	0	0.00	10-JAN-25
1TRBLX	37,538,426.59	3,531,366.565379	748	0.00	0.000000	0	0.00	10-JAN-25
1TRBQX	29,384,342.53	2,720,772.456493	884	0.00	0.000000	0	0.00	10-JAN-25

LEGEND

INVESTMENT OPTION:

4MKSEX	MassMutual US Govt Mny Mkt R5	5MKSEX	Plan Expense Account
4DAPXX	Dreyfus Government Secs Cash Mgmt Admin	5DAPXX	Dreyfus Government Secs Cash Mgmt Admin
4SGDDS0	SAGIC Diversified Bond I	1ZTR60B	MassMutual Select TRP Retirement 2060 M5
1ZTR55B	MassMutual Select TRP Retirement 2055 M5	1ZTR50B	MassMutual Select TRP Retirement 2050 M5
1ZTR45B	MassMutual Select TRP Retirement 2045 M5	1ZTR40B	MassMutual Select TRP Retirement 2040 M5
1ZTR35B	MassMutual Select TRP Retirement 2035 M5	1ZTR30B	MassMutual Select TRP Retirement 2030 M5
1ZTR25B	MassMutual Select TRP Retirement 2025 M5	1ZTR20B	MassMutual Select TRP Retirement 2020 M5
1ZTR15B	MassMutual Select TRP Retirement 2015 M5	1ZTR10B	MassMutual Select TRP Retirement 2010 M5
1ZTR05B	MassMutual Select TRP Retirement 2005 M5	1TBLPX	T Rowe Price Retirement Blend 2005
1TBLQX	T Rowe Price Retirement Blend 2010	1TBLSX	T Rowe Price Retirement Blend 2015
1TSBAX	T Rowe Price Retirement Blend 2020	1TBLVX	T Rowe Price Retirement Blend 2025
1TBLWX	T Rowe Price Retirement Blend 2030	1TBLYX	T Rowe Price Retirement Blend 2035
1TRBLX	T Rowe Price Retirement Blend 2040	1TRBQX	T Rowe Price Retirement Blend 2045
1TRBSX	T Rowe Price Retirement Blend 2050	1TRBOX	T Rowe Price Retirement Blend 2055
1TRBNX	T Rowe Price Retirement Blend 2060	1TRBPX	T Rowe Price Retirement Blend 2065
1RERFX	American Funds Eupac R5	1RSLFX	American Funds SMALLCAP World R5
1VTIAX	Vanguard Total Intl Stock Index Admiral	1PRSVX	T. Rowe Price Small Cap Value Fund
1VSMAX	Vanguard Small Cap Index Adm	1MGRFX	MassMutual Mid Cap Growth R5
1VIMAX	Vanguard Mid Cap Index Fund - Admiral	1JLGRX	JPMorgan Large Cap Growth R5
1VITSX	Vanguard Total Stock Market Idx Instl	1VWNAX	Vanguard Windsor II Fund - Admiral
1VWIAX	Vanguard Wellesley Income Admiral	1VWENX	Vanguard Wellington Adm
1BCOIX	Baird Core Plus Bond Inst	1DAPXX	Dreyfus Government Secs Cash Mgmt Admin
1MKSEX	MassMutual US Govt Mny Mkt R5	1SGDDS0	SAGIC Diversified Bond I