

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>006</u></p>
<p>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) <u>LAPP INSULATORS LLC</u></p> <p><u>130 GILBERT STREET</u> <u>LEROY, NY 14482-1393</u></p>	<p>1c Effective date of plan <u>08/01/1988</u></p> <p>2b Employer Identification Number (EIN) <u>16-1242551</u></p> <p>2c Plan Sponsor's telephone number <u>585-768-5110</u></p> <p>2d Business code (see instructions) <u>339900</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/01/2025	EDWARD DICKEY
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	196
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)	37
	6a(2)	36
	6b	86
	6c	37
	6d	159
	6e	31
	6f	190
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

<p>A Name of plan LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>006</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LAPP INSULATORS LLC</p>	<p>D Employer Identification Number (EIN) 16-1242551</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE 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
31-4156830	66869	GAP-D2-LG5S	190	08/01/2023	07/31/2024

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

<p>(a) Total amount of commissions paid 1560</p>	<p>(b) Total amount of fees paid 0</p>
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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
LPL FINANCIAL, LLC-RPCP **PO BOX 502533**
SAN DIEGO, CA 92150-2533

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1560	0	COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 561244

c Additions: (1) Contributions deposited during the year	7c(1)	66832
(2) Dividends and credits	7c(2)	307
(3) Interest credited during the year	7c(3)	11846
(4) Transferred from separate account.....	7c(4)	261377
(5) Other (specify below)	7c(5)	28643

▶ **FMV ADJUSTMENT**

(6) Total additions..... **7c(6)** 369005

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 930249

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	265354
(2) Administration charge made by carrier	7e(2)	40359
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions..... **7e(5)** 305713

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 624536

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)	0
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)	0
(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)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

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

A Name of plan <u>LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LAPP INSULATORS LLC</u>	D Employer Identification Number (EIN) <u>16-1242551</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>08</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>4316069</u>
	b Actuarial value	2b	<u>4314365</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>120</u>	<u>2635323</u>
	b For terminated vested participants	<u>39</u>	<u>796449</u>
	c For active participants	<u>37</u>	<u>1387801</u>
	d Total	<u>196</u>	<u>4819573</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.24 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>42575</u>
	b Expected plan-related expenses	6b	<u>213868</u>
	c Target normal cost	6c	<u>256443</u>

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

SIGN HERE		<u>05/13/2025</u>	
	Signature of actuary	Date	
	<u>KATHLEEN E. MANNING, F.S.A.</u>	<u>23-03050</u>	
	Type or print name of actuary	Most recent enrollment number	
	<u>MWM CONSULTING GROUP</u>	<u>312-987-9097</u>	
	Firm name	Telephone number (including area code)	
	<u>55 E. JACKSON BLVD., SUITE 1000 CHICAGO, IL 60604-2254</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	229202
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	229202
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____ %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1128
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		1128
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	89.01 %
15	Adjusted funding target attainment percentage	15	89.01 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.48 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
11/13/2023	80000	0					
03/01/2024	80000	0					
06/05/2024	70000	0					
08/29/2024	70000	0					
03/27/2025	20000	0					
			Totals ▶	18(b)	320000	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	307851

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 256443
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	532679		50718	
b Waiver amortization installment			0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 307161
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35).....				36 307161
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 307851
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 690
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 LAPP INSULATORS LLC	D Employer Identification Number (EIN) 16-1242551	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MWM CONSULTING GROUP

36-3870584

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARIAL	153970	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LPL FINANCIAL LLC- RPCP

95-2834236

(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?
22	INSURANCE AGENT	10950	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

A Name of plan <u>LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE</u>	B Three-digit plan number (PN)	<u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LAPP INSULATORS LLC</u>	D Employer Identification Number (EIN) <u>16-1242551</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIXED INCOME FUND</u>	
b Name of sponsor of entity listed in (a):	<u>NATIONWIDE BANK</u>	
c EIN-PN <u>22-2824105-013</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>624536</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024	
A Name of plan LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 LAPP INSULATORS LLC	D Employer Identification Number (EIN) 16-1242551

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	98000	90000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)		
(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)	3656826	3810642
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	561244	624536
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4316070	4525178
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	19340	16100
k Total liabilities (add all amounts in lines 1g through 1j)	1k	19340	16100
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4296730	4509078

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)	320000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		320000
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)	1026	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1026
(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)	11846	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		11846
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		407884
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		740756

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	282860	
(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)		282860
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	10950	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	170070	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	64528	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		245548
j Total expenses. Add all expense amounts in column (b) and enter total	2j		528408

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		212348
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: **INSERO & CO. CPAS, LLP**

(2) EIN: **47-5324570**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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 533304.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

A Name of plan <u>LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LAPP INSULATORS LLC</u>	D Employer Identification Number (EIN) <u>16-1242551</u>	

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): <u>22-2824105</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
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

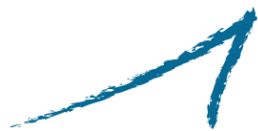
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method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

**LAPP INSULATORS LLC RETIREMENT
INCOME PLAN FOR EMPLOYEES
REPRESENTED BY THE IUE**

FINANCIAL REPORT

**For the Years Ended
July 31, 2024 and 2023**



insero&co

Certified Public Accountants

***LAPP INSULATORS LLC RETIREMENT INCOME
PLAN FOR EMPLOYEES REPRESENTED BY THE IUE***

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Lapp Insulators LLC Retirement Income
Plan for Employees Represented by the IUE

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements

We have performed an audit of the financial statements of Lapp Insulators LLC Retirement Income Plan for Employees Represented by the IUE (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of July 31, 2024, the related statement of changes in net assets available for benefits for the year then ended, the statement of accumulated plan benefits as of August 1, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements (2024 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended July 31, 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section:

- The amounts and disclosures in the accompanying 2024 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

- The information in the accompanying 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2024 financial statements.

Responsibilities of Management for the 2024 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2024 financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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.

Other Matters

2024 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of July 31, 2024 and supplemental schedule of reportable transactions for the year ended July 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2023 Financial Statements

We have audited the 2023 financial statements, and in our report dated May 3, 2024, we expressed an unmodified opinion on those 2023 financial statements.

Respectfully submitted,



Insero & Co. CPAs, LLP
Certified Public Accountants

Rochester, New York
May 9, 2025

***LAPP INSULATORS LLC RETIREMENT INCOME
PLAN FOR EMPLOYEES REPRESENTED BY THE IUE***

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JULY 31, 2024 AND 2023**

ASSETS	<u>2024</u>	<u>2023</u>
Investments, at Fair Value		
Mutual Funds	\$ 3,810,642	\$ 3,656,826
Guaranteed Interest Account	<u>624,536</u>	<u>561,244</u>
Total Investments, at Fair Value	4,435,178	4,218,070
Employer Contributions Receivable	<u>90,000</u>	<u>98,000</u>
Total Assets	4,525,178	4,316,070
LIABILITIES		
Accrued Administrative Expenses	<u>16,100</u>	<u>19,340</u>
Net Assets Available for Benefits	<u><u>\$ 4,509,078</u></u>	<u><u>\$ 4,296,730</u></u>

See Notes to Financial Statements

***LAPP INSULATORS LLC RETIREMENT INCOME
PLAN FOR EMPLOYEES REPRESENTED BY THE IUE***

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JULY 31, 2024 AND 2023**

	2024	2023
Additions to Net Assets Attributable to:		
Interest and Dividend Income	\$ 12,872	\$ 9,154
Employer Contributions	320,000	98,000
Net Appreciation in Fair Value of Investments	407,884	258,811
Total Additions	740,756	365,965
Deductions from Net Assets Attributable to:		
Benefit Payments	282,860	282,053
Administrative Expenses	245,548	251,743
Total Deductions	528,408	533,796
Net Increase (Decrease)	212,348	(167,831)
Net Assets Available for Benefits - Beginning of Year	4,296,730	4,464,561
Net Assets Available for Benefits - End of Year	\$ 4,509,078	\$ 4,296,730

See Notes to Financial Statements

***LAPP INSULATORS LLC RETIREMENT INCOME
PLAN FOR EMPLOYEES REPRESENTED BY THE IUE***

**STATEMENT OF ACCUMULATED PLAN BENEFITS
AUGUST 1, 2023**

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits:	
Participants and Beneficiaries Currently Receiving Payments	\$ 2,377,293
Other Participants	<u>1,942,840</u>
	4,320,133
Nonvested Benefits	<u>24,411</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 4,344,544</u></u>

See Notes to Financial Statements

***LAPP INSULATORS LLC RETIREMENT INCOME
PLAN FOR EMPLOYEES REPRESENTED BY THE IUE***

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED AUGUST 1, 2023**

Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	<u>\$ 4,350,667</u>
Increase (Decrease) During the Year Attributable to:	
Interest	241,379
Benefits Accumulated	26,264
Benefit Payments	(282,053)
Assumption Changes	<u>8,287</u>
Net Decrease in Actuarial Present Value of Accumulated Plan Benefits	<u>(6,123)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u><u>\$ 4,344,544</u></u>

See Notes to Financial Statements

LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE

NOTES TO FINANCIAL STATEMENTS JULY 31, 2024 AND 2023

Note 1 **Description of the Plan**

The following brief description of the Lapp Insulators LLC Retirement Income Plan for Employees Represented by the IUE (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a non-contributory defined benefit plan available to employees of Lapp Insulators LLC (the Company) represented by the International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers, AFL-CIO, Local No. 22485, meeting eligibility requirements. The Plan was established in 1988 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is covered under the Pension Benefit Guaranty Corporation (PBGC) termination insurance program.

Participation Requirements

The Plan was amended effective February 14, 2011 to no longer allow newly hired or rehired employees to enter the Plan. Employees who filed a written election to the Company were allowed to discontinue future benefit accruals under this Plan and instead began to receive an annual enhanced employer contribution under a defined contribution plan sponsored by the Company. Plan eligibility and benefit accruals for those employees who elect to receive an annual enhanced employer contribution under a defined contribution plan sponsored by the Company cease as of the date of the written election, though they will continue to accrue years of service for purposes of vesting. Employees who were not participants are not eligible to participate in the Plan effective August 1, 2011.

Pension Benefits

Normal monthly retirement benefits payable are determined based on years of credited service multiplied by a benefit factor. Benefit factors vary depending on retirement date and range from \$9.00 to \$17.50.

Specific guidelines are set forth in the Plan for benefits to be paid in the event of early retirement, death and disability.

Vesting

A participant is fully vested in his or her calculated benefit upon attaining normal or early retirement age or upon completion of five years of continuous service.

Administrative Expenses

The Plan allows for payment of administrative expenses to be made from Plan assets or by the Company.

LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE

NOTES TO FINANCIAL STATEMENTS JULY 31, 2024 AND 2023

***Note 1* Description of the Plan - Continued**

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Subsequent Events

In preparing the financial statements, management has evaluated events and transactions for potential recognition or disclosure through May 9, 2025, the date that the financial statements were available to be issued.

Use of Estimates

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

The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits, and changes therein, reported in the accompanying financial statements.

Risks and Uncertainties

The Plan invests in various investment securities which are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as inflation, a pandemic, or international conflict. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in their values will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Payment of Benefits

Benefits are recorded when paid.

LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE

NOTES TO FINANCIAL STATEMENTS JULY 31, 2024 AND 2023

Note 2 **Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan follows the fair value measurement guidance required by accounting principles generally accepted in the United States of America for financial and nonfinancial assets and liabilities. This guidance defines fair value and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for Plan investments:

Mutual Funds: Valued using the Net Asset Value (NAV) provided by the administrator of the fund. The NAV is based on the underlying assets owned by the fund, minus its liabilities, then divided by the number of shares outstanding. The NAV is a quoted price in an active market.

LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE

NOTES TO FINANCIAL STATEMENTS JULY 31, 2024 AND 2023

Note 2 Investment Valuation and Income Recognition - Continued

Guaranteed Interest Account: Valued at fair value and is equal to contributions made under the contract, plus earnings, less withdrawals and administrative expenses and market value adjustments. There may be certain liquidity restrictions on redemptions. This investment is not fully-benefit responsive.

The investment objective for the fund in this category is to provide a low-risk, reasonably high-yield investment. The fund is managed to earn a high level of return, consistent with, and providing for, a preservation of capital, high credit quality, liquidity to pay plan benefits, and reasonable tracking of interest rates by investing primarily in bonds, mortgages, money market funds, common stock and other assets.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of:

	Investments at Fair Value as of July 31, 2024		
	Level 1	Level 3	Total
Mutual Funds	\$ 3,810,642	\$ -	\$ 3,810,642
Guaranteed Interest Account	-	624,536	624,536
Total	\$ 3,810,642	\$ 624,536	\$ 4,435,178
	Investments at Fair Value as of July 31, 2023		
	Level 1	Level 3	Total
Mutual Funds	\$ 3,656,826	\$ -	\$ 3,656,826
Guaranteed Interest Account	-	561,244	561,244
Total	\$ 3,656,826	\$ 561,244	\$ 4,218,070

Purchases of Level 3 investments totaled \$328,516 for the year ended July 31, 2024.

LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE

NOTES TO FINANCIAL STATEMENTS JULY 31, 2024 AND 2023

Note 2 Investment Valuation and Income Recognition - Continued

The following table represents the Plan's Level 3 financial instrument, the valuation technique used to measure the fair value of that financial instrument, and the significant unobservable inputs and the ranges of values for those inputs.

<u>Instrument</u>	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>
Guaranteed Interest Account	\$ 624,536	Market Value Adjustment	Coupon Rate and Current Yield

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

Note 3 Actuarial Present Value of Accumulated Plan Benefits

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

Benefits are based on credited years of service and a monthly benefit rate as defined in the Plan agreement.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, as of the beginning of the Plan year, and is the amount which results from applying actuarial assumptions to the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The more significant actuarial assumptions underlying the actuarial computations as of August 1, are as follows:

	<u>2023</u>	<u>2022</u>
Valuation Interest Rate	5.75%	5.75%
Valuation Method	Unit Credit Cost Method	Unit Credit Cost Method
Rates of Mortality	Pri-2012 Mortality Table Base Rates Blue Collar Projected to 2021 by Scale MP-2021	Pri-2012 Mortality Table Base Rates Blue Collar Projected to 2021 by Scale MP-2021
Retirement Age	Weighted Average Range 60-70	Weighted Average Range 60-70

LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE

NOTES TO FINANCIAL STATEMENTS JULY 31, 2024 AND 2023

***Note 3* Actuarial Present Value of Accumulated Plan Benefits - Continued**

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Funding Policy

The Company's funding policy is to meet the requirements of federal law and regulations including the minimum funding requirements of ERISA. The Plan utilizes a funding target under the Plan as of the beginning of the Plan year, as required under the Pension Protection Act of 2006. Contributions will be determined based upon actuarial valuation and recommendations made by the actuary under accepted actuarial principles. The minimum funding requirements were met for the years ended July 31, 2024 and 2023.

***Note 4* Plan Termination and Pension Benefit Guaranty Corporation Matters**

While it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination of the Plan, the Plan's investments shall be used and applied first for the benefit of retired employees and employees who have reached their normal retirement dates and second for the benefit of all other employees based on their accrued retirement benefits at the date of termination of the Plan in amounts proportionate to the actuarially determined present values of their retirement benefits at the date of termination of the Plan. Any balance remaining after satisfaction of all liabilities of the Plan shall be returned to the Company. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the maximum amount of an individual's monthly benefit that the PBGC guarantees. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan's sponsor and the level of benefits guaranteed by the PBGC.

LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE

NOTES TO FINANCIAL STATEMENTS JULY 31, 2024 AND 2023

***Note 5* Tax Status**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated November 19, 2015, that the Plan and related trust, as then designed, were in compliance with the applicable regulations of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Company and the Plan's legal counsel believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of July 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

***Note 6* Party-In-Interest Transactions**

Certain Plan investments are managed by Nationwide. Nationwide is the custodian as defined by the Plan and, therefore, transactions involving these investments qualify as party-in-interest transactions.

***Note 7* Certified Information**

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of July 31, 2024, the schedule of assets (held at end of year) as of July 31, 2024, the related investment activity (including interest and dividend income and net appreciation in fair value of investments) reflected in the statement of changes in net assets available for benefits for the year ended July 31, 2024.

***LAPP INSULATORS LLC RETIREMENT INCOME
PLAN FOR EMPLOYEES REPRESENTED BY THE IUE***

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JULY 31, 2024

EIN: 16-1242551

PLAN NUMBER: 006

<u>Description</u>	<u>Cost Basis</u>	<u>Current Value</u>
Mutual Funds		
Fidelity Advisor Strategic Income I Fund	\$ 581,719	\$ 681,645
American Funds American Mutual Fund Class R6	302,297	493,362
Calvert Equity Fund Class R6	417,071	484,502
American Funds EuroPacific Growth Fund Class R6	512,589	475,497
Vanguard Wellesley Income Fund - Admiral Class	402,287	462,078
Vanguard Dividend Growth Fund	262,524	427,567
Vanguard Small Cap Index Fund - Admiral Shares	656,435	305,788
* Nationwide Mid Cap Market Index Fund Class R6	219,565	255,323
Dodge & Cox Income Fund	<u>227,575</u>	<u>224,880</u>
Total Mutual Funds	3,582,062	3,810,642
Guaranteed Interest Account		
* Nationwide BOA Fixed Income Fund	<u>624,536</u>	<u>624,536</u>
	<u>\$ 4,206,598</u>	<u>\$ 4,435,178</u>

*Denotes Party-in-Interest

***LAPP INSULATORS LLC RETIREMENT INCOME
PLAN FOR EMPLOYEES REPRESENTED BY THE IUE***

**SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED JULY 31, 2024
EIN: 16-1242551
PLAN NUMBER: 006**

<u>Identity of Party Involved/Description of Investment</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost</u>	<u>Transaction Expense</u>	<u>Net Gain or (Loss)</u>
i. A single transaction in excess of five percent of the current value of Plan assets at the beginning of the Plan year.					
None.					
ii. Any series of transactions involving the same person and involving property, other than securities, which amount, in the aggregate, to more than five percent of the current value of Plan assets at the beginning of the Plan year.					
None.					
iii. Any series of transactions involving securities of the same issue which, in the aggregate, amount to more than five percent of the current value of Plan assets at the beginning of the Plan year.					
Calvert Equity Fund Class R6	\$ 573,261	N/A	\$ 573,261	N/A	\$ -
T Rowe Price Premium Blue Chip Growth Fund	N/A	\$ 540,370	\$ 367,331	N/A	\$ 173,039
Dodge & Cox Income Fund	\$ 227,576	N/A	\$ 227,576	N/A	\$ -
* Nationwide BOA Fixed Income Fund	\$ 328,516	N/A	\$ 328,516	N/A	\$ -
* Nationwide BOA Fixed Income Fund	N/A	\$ 305,713	\$ 305,713	N/A	\$ -

iv. Any transaction with a person or in conjunction with a person during the Plan year if any prior or subsequent single transactions with such person with respect to such securities exceeds five percent of the current value of the Plan assets at the beginning of the Plan year.

None.

Schedule SB, Line 26, Schedule of Active Participant Data as of August 1, 2023

**LAPP INSULATORS LLC RETIREMENT INCOME PLAN
FOR EMPLOYEES REPRESENTED BY THE IUE**

EIN/PN: 16-1242551 / 006

Active Employee Participants

Age Group	Service									Total	
	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+		
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0	0	0	0	0
35 - 39	0	0	0	0	0	0	0	0	0	0	0
40 - 44	0	0	0	0	0	0	0	0	0	0	0
45 - 49	0	0	0	0	0	1	0	0	0	0	1
50 - 54	0	0	0	1	0	1	1	1	1	0	4
55 - 59	0	0	0	3	0	3	4	8	0	0	18
60 - 64	0	0	0	0	0	0	2	1	0	0	3
65 - 69	0	0	0	0	0	1	0	0	0	0	1
70 & Over	0	0	0	0	0	0	0	1	0	0	1
Total	0	0	0	4	0	6	7	11	0	0	28

The table does not include 9 transfers, layoffs or LTD participants.

Schedule SB, Part V, Statement of Actuarial Assumptions/Methods

LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE

EIN/PN: 16-1242551 / 006

Actuarial Assumption Item	Annual Actuarial Valuation																				
Interest	<p>The interest rates used to determine the minimum contribution reflect the interest rate stabilization provisions of the American Rescue Plan Act of 2021.</p> <table style="margin-left: 40px;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Maximum</u></th> <th style="text-align: center;"><u>Minimum</u></th> </tr> </thead> <tbody> <tr> <td>Effective rate:</td> <td style="text-align: center;">3.94%</td> <td style="text-align: center;">5.24%</td> </tr> <tr> <td>Segment rates:</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Years under 5:</td> <td style="text-align: center;">2.68%</td> <td style="text-align: center;">4.75%</td> </tr> <tr> <td style="padding-left: 20px;">Years 5 through 20:</td> <td style="text-align: center;">3.93%</td> <td style="text-align: center;">5.00%</td> </tr> <tr> <td style="padding-left: 20px;">Years over 20:</td> <td style="text-align: center;">4.12%</td> <td style="text-align: center;">5.74%</td> </tr> </tbody> </table>		<u>Maximum</u>	<u>Minimum</u>	Effective rate:	3.94%	5.24%	Segment rates:			Years under 5:	2.68%	4.75%	Years 5 through 20:	3.93%	5.00%	Years over 20:	4.12%	5.74%		
	<u>Maximum</u>	<u>Minimum</u>																			
Effective rate:	3.94%	5.24%																			
Segment rates:																					
Years under 5:	2.68%	4.75%																			
Years 5 through 20:	3.93%	5.00%																			
Years over 20:	4.12%	5.74%																			
Mortality	According to the IRS 2023 Optional Combined Table for Small Plans (Males/Females).																				
Retirement	<p>Rates of retirement are based upon age only. Rates are shown below:</p> <table style="margin-left: 40px;"> <thead> <tr> <th style="text-align: center;"><u>Age</u></th> <th style="text-align: center;"><u>Rate</u></th> <th style="text-align: center;"><u>Age</u></th> <th style="text-align: center;"><u>Rate</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">60</td> <td style="text-align: center;">5%</td> <td style="text-align: center;">64</td> <td style="text-align: center;">5%</td> </tr> <tr> <td style="text-align: center;">61</td> <td style="text-align: center;">10%</td> <td style="text-align: center;">65-69</td> <td style="text-align: center;">80%</td> </tr> <tr> <td style="text-align: center;">62</td> <td style="text-align: center;">20%</td> <td style="text-align: center;">70</td> <td style="text-align: center;">100%</td> </tr> <tr> <td style="text-align: center;">63</td> <td style="text-align: center;">10%</td> <td></td> <td></td> </tr> </tbody> </table>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	60	5%	64	5%	61	10%	65-69	80%	62	20%	70	100%	63	10%		
<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>																		
60	5%	64	5%																		
61	10%	65-69	80%																		
62	20%	70	100%																		
63	10%																				
Withdrawal	<p>Rates of termination are based upon. Sample rates for selected ages are shown.</p> <table style="margin-left: 40px;"> <thead> <tr> <th style="text-align: center;"><u>Age</u></th> <th style="text-align: center;"><u>Rate</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">25</td> <td style="text-align: center;">10.45%</td> </tr> <tr> <td style="text-align: center;">30</td> <td style="text-align: center;">7.07%</td> </tr> <tr> <td style="text-align: center;">40</td> <td style="text-align: center;">2.73%</td> </tr> <tr> <td style="text-align: center;">50</td> <td style="text-align: center;">1.26%</td> </tr> <tr> <td style="text-align: center;">55</td> <td style="text-align: center;">0.62%</td> </tr> </tbody> </table>	<u>Age</u>	<u>Rate</u>	25	10.45%	30	7.07%	40	2.73%	50	1.26%	55	0.62%								
<u>Age</u>	<u>Rate</u>																				
25	10.45%																				
30	7.07%																				
40	2.73%																				
50	1.26%																				
55	0.62%																				
Future Expenses	\$130,000 plus the actual PBGC premium for the valuation year were added to the Target Normal Cost.																				
Loading or Contingency Reserves	None																				

Actuarial Assumption Item	Annual Actuarial Valuation
Actuarial Present Value of Accrued Benefits - ASC960/FASB 35	The calculation of the present value of accumulated Plan vested and nonvested benefits is based on the same assumptions as used in the valuation except the interest rate is 5.75% and the mortality table used is the Pri-2012 mortality table base rates projected according to scale MP2021 to the valuation date, including Blue Collar Adjustment. No additional provision for mortality improvements was included.
Actuarial Cost Method	Unit credit cost method. The actuarial accrued liability is equal to the present value of accrued benefits. Actuarial gains and losses are reflected in the Funding Target Shortfall.
Asset Valuation Method	Assets are equal to the trust value of assets plus discounted receivable contributions as of the valuation date.
Miscellaneous	The valuation was prepared on a going-plan basis. The valuation was based on the participants of the Plan as of the valuation date and did not take future participants into account. No provision has been made for contingent liabilities with respect to nonvested terminated participants who may be reemployed.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning <u>08/01/2023</u> and ending <u>07/31/2024</u>	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information	
1a	Name of plan LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE	1b Three-digit plan number (PN) ▶ 006
		1c Effective date of plan 08/01/1988
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) LAPP INSULATORS LLC 130 GILBERT STREET LEROY NY 14482-1393	2b Employer Identification Number (EIN) 16-1242551
		2c Plan Sponsor's telephone number 585-768-5110
		2d Business code (see instructions) 339900

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>Edward K. Dickey</i>	<u>5/1/2025</u>	EDWARD DICKEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Edward K. Dickey</i>	<u>5/1/2025</u>	EDWARD DICKEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																														
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																														
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">5</td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">196</td> </tr> </table>	5		196																											
5		196																													
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c..... e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e..... g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">6a(1)</td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">37</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td style="text-align: right;">36</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td style="text-align: right;">86</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td style="text-align: right;">37</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td style="text-align: right;">159</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td style="text-align: right;">31</td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td style="text-align: right;">190</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td style="text-align: right;">0</td> </tr> </table>	6a(1)		37	6a(2)		36	6b		86	6c		37	6d		159	6e		31	6f		190	6g(1)			6g(2)			6h		0
6a(1)		37																													
6a(2)		36																													
6b		86																													
6c		37																													
6d		159																													
6e		31																													
6f		190																													
6g(1)																															
6g(2)																															
6h		0																													
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">7</td> <td style="width:85%;"></td> <td style="width:10%;"></td> </tr> </table>	7																													
7																															

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

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

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

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

**LAPP INSULATORS LLC RETIREMENT INCOME
PLAN FOR EMPLOYEES REPRESENTED BY THE IUE**

SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED JULY 31, 2024
EIN: 16-1242551
PLAN NUMBER: 006

<u>Identity of Party Involved/Description of Investment</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost</u>	<u>Transaction Expense</u>	<u>Net Gain or (Loss)</u>
i. A single transaction in excess of five percent of the current value of Plan assets at the beginning of the Plan year.					
None.					
ii. Any series of transactions involving the same person and involving property, other than securities, which amount, in the aggregate, to more than five percent of the current value of Plan assets at the beginning of the Plan year.					
None.					
iii. Any series of transactions involving securities of the same issue which, in the aggregate, amount to more than five percent of the current value of Plan assets at the beginning of the Plan year.					
Calvert Equity Fund Class R6	\$ 573,261	N/A	\$ 573,261	N/A	\$ -
T Rowe Price Premium Blue Chip Growth Fund	N/A	\$ 540,370	\$ 367,331	N/A	\$ 173,039
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* Nationwide BOA Fixed Income Fund	\$ 328,516	N/A	\$ 328,516	N/A	\$ -
* Nationwide BOA Fixed Income Fund	N/A	\$ 305,713	\$ 305,713	N/A	\$ -
iv. Any transaction with a person or in conjunction with a person during the Plan year if any prior or subsequent single transactions with such person with respect to such securities exceeds five percent of the current value of the Plan assets at the beginning of the Plan year.					
None.					

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

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

A Name of plan LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE	B Three-digit plan number (PN) ►	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LAPP INSULATORS LLC	D Employer Identification Number (EIN) 16-1242551	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information				
1	Enter the valuation date: Month <u>08</u> Day <u>01</u> Year <u>2023</u>			
2	Assets:			
	a Market value.....	2a		4,316,069
	b Actuarial value.....	2b		4,314,365
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment.....	120	2,635,323	2,635,323
	b For terminated vested participants.....	39	796,449	796,449
	c For active participants.....	37	1,387,801	1,415,272
	d Total.....	196	4,819,573	4,847,044
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
	a Funding target disregarding prescribed at-risk assumptions.....	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5	Effective interest rate.....	5		5.24%
6	Target normal cost			
	a Present value of current plan year accruals.....	6a		42,575
	b Expected plan-related expenses.....	6b		213,868
	c Target normal cost.....	6c		256,443

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

SIGN HERE	Signature of actuary	<u>May 13, 2025</u> Date 2303050 Most recent enrollment number 312-987-9097 Telephone number (including area code)
	KATHLEEN E. MANNING, F.S.A. Type or print name of actuary MWM CONSULTING GROUP Firm name	
	55 E. JACKSON BLVD., SUITE 1000 CHICAGO IL 60604-2254 Address of the firm	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	256,443
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	532,679	50,718
b Waiver amortization installment.....		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 307,161

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)			36 307,161
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 307,851

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	690
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years.....	40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB, Line 22, Description of Weighted Average Retirement Age

**LAPP INSULATORS LLC RETIREMENT INCOME PLAN
FOR EMPLOYEES REPRESENTED BY THE IUE**

EIN/PN: 16-1242551 / 006

The retirement age shown is based on an employee who fulfilled the minimum requirement for early eligibility and is calculated in accordance with the following formula which generally assumes employees terminate at the middle of the year.

$$\frac{\sum_{t=0}^{FRA-ERA} (t^{pERA}) * (qrERA + t) * (ERA + t + \frac{1}{2})}{\sum_{t=0}^{FRA-ERA} (t^{pERA}) * (qrERA + t)}$$

Note (1)

$$\sum_{t=0}^{FRA-ERA} (t^{pERA}) * (qrERA + t)$$

Note (1) the $\frac{1}{2}$ in the formula shown above is not used for $t = FRA-ERA$.

In the formula shown above t^{pERA} is calculated using all of the decrements, and the $qrERA+t$ represents the sum of the applicable retirement decrements.

Also, ERA represents the earliest retirement age and FRA represents the age at which everyone is assumed to retire.

Schedule SB, Line 19, Discounted Employer Contributions

**LAPP INSULATORS LLC RETIREMENT INCOME PLAN
FOR EMPLOYEES REPRESENTED BY THE IUE**

EIN/PN: 16-1242551 / 006

LY Valuation Date	8/1/2023	Quarterly Due Dates
Val Date	8/1/2024	11/15/2023
Prior Year Effective Rate	5.24%	02/15/2024
MRC w/out regard to CB	307,161	05/15/2024
Quarterly	69,111	08/15/2024
Apply Credit Balances to Residual	No	04/15/2025

Contributions Made			Quarterly Applied to					Discounted					Totals			
Cash / Credit Balance	Date Made	Amount	1	2	3	4	Residual	1	2	3	4	Residual	Total	Cash	Carryover	Prefunding
Cash	11/13/2023	80,000	69,111	10,889	-	-	-	68,113	10,732	-	-	-	78,845	78,845	-	-
Cash	03/01/2024	80,000	-	58,222	21,778	-	-	-	56,405	21,138	-	-	77,543	77,543	-	-
Cash	06/05/2024	70,000	-	-	47,333	22,667	-	-	-	45,209	21,708	-	66,917	66,917	-	-
Cash	08/29/2024	70,000	-	-	-	46,444	23,556	-	-	-	43,875	22,292	66,167	66,167	-	-
Cash	03/27/2025	20,000	-	-	-	-	20,000	-	-	-	-	18,379	18,379	18,379	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals		320,000											307,851	307,851	-	-

Schedule SB, Part V, Summary of Plan Provisions

LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE

EIN/PN: 16-1242551 / 006

Item	Provision																														
Effective Date	August 1, 1988. Most recently amended and restated effective August 1, 2001. PPA conforming amendments were adopted September 17, 2012.																														
Plan Year	The 12-month period commencing each August 1.																														
Participant	An employee who is a member of a collective bargaining unit that participates in this plan is eligible to participate on the first day of the month coincident with or following the completion of 1,000 or more hours of service in the 12-month period commencing on his employment date. If 1,000 hours are not completed, then the period becomes the plan year. Effective February 14, 2011 the Plan is closed to new and re-hired Employees.																														
Vesting Service	An employee receives one year of Vesting Service for each plan year in which 1,000 or more hours are worked.																														
Credited Service	All periods of Service occurring after February 11, 1988. One-half year of service is credited for the period from February 11, 1988 to July 31, 1988.																														
Accrued Benefit	The amount of benefit determined under the normal retirement benefit formula based on the participant's Credited Service and benefit rate in effect at date of termination.																														
Normal Retirement	<p>Eligibility: Age 65.</p> <p>Monthly Benefit: The monthly amount payable at normal retirement for each year of credited service is as follows:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2" style="background-color: #D9E1F2;">For Retirement</th> <th style="background-color: #D9E1F2;">Monthly Amount</th> </tr> <tr> <th style="background-color: #D9E1F2;">On or After</th> <th style="background-color: #D9E1F2;">On or Before</th> <th style="background-color: #D9E1F2;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">-----</td> <td style="text-align: center;">02/11/1996</td> <td style="text-align: center;">\$9.00</td> </tr> <tr> <td style="text-align: center;">02/11/1996</td> <td style="text-align: center;">02/10/1997</td> <td style="text-align: center;">\$10.00</td> </tr> <tr> <td style="text-align: center;">02/11/1997</td> <td style="text-align: center;">02/10/1998</td> <td style="text-align: center;">\$11.00</td> </tr> <tr> <td style="text-align: center;">02/11/1998</td> <td style="text-align: center;">12/31/1998</td> <td style="text-align: center;">\$12.00</td> </tr> <tr> <td style="text-align: center;">01/01/1999</td> <td style="text-align: center;">12/31/2002</td> <td style="text-align: center;">\$15.00</td> </tr> <tr> <td style="text-align: center;">01/01/2003</td> <td style="text-align: center;">12/31/2004</td> <td style="text-align: center;">\$16.00</td> </tr> <tr> <td style="text-align: center;">01/01/2005</td> <td style="text-align: center;">02/13/2014</td> <td style="text-align: center;">\$17.00</td> </tr> <tr> <td style="text-align: center;">02/14/2014</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">\$17.50</td> </tr> </tbody> </table>	For Retirement		Monthly Amount	On or After	On or Before		-----	02/11/1996	\$9.00	02/11/1996	02/10/1997	\$10.00	02/11/1997	02/10/1998	\$11.00	02/11/1998	12/31/1998	\$12.00	01/01/1999	12/31/2002	\$15.00	01/01/2003	12/31/2004	\$16.00	01/01/2005	02/13/2014	\$17.00	02/14/2014	-----	\$17.50
For Retirement		Monthly Amount																													
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-----	02/11/1996	\$9.00																													
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01/01/2005	02/13/2014	\$17.00																													
02/14/2014	-----	\$17.50																													

Item	Provision	
Early Retirement	Eligibility:	Age 55 and 5 years of Vesting Service.
	Benefit:	Accrued Normal Retirement Benefit reduced 0.5% for each month by which benefit payments commence prior to age 65.
Late Retirement	Eligibility:	After Normal Retirement Date.
	Benefit:	Benefit based on Credited Service and benefit rate in effect at Late Retirement Date.
Deferred Vested Pension	Eligibility:	5 years of Vesting Service.
	Benefit:	Accrued Normal Retirement Benefit at date of termination deferred to age 65. Benefit is payable at age 55 with 5 years of Vesting Service reduced actuarially for early commencement.
Pre-Retirement Spouse's Benefits	Eligibility:	Monthly benefit is payable to the spouse of a married participant who is eligible for a vested benefit.
	Benefit:	Benefit is equal to 50% of the participant's vested Accrued Benefit reduced for payment before age 65 and for the joint annuitant option. Benefit is payable to the spouse on the first day of the month following the later of the participant's death or the date the participant would have attained age 55.
Normal Form of Benefit	Single:	Life Annuity
	Married:	50% Joint and Survivor Annuity
Contributions	Noncontributory	

***LAPP INSULATORS LLC RETIREMENT INCOME
PLAN FOR EMPLOYEES REPRESENTED BY THE IUE***

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JULY 31, 2024

EIN: 16-1242551

PLAN NUMBER: 006

<u>Description</u>	<u>Cost Basis</u>	<u>Current Value</u>
Mutual Funds		
Fidelity Advisor Strategic Income I Fund	\$ 581,719	\$ 681,645
American Funds American Mutual Fund Class R6	302,297	493,362
Calvert Equity Fund Class R6	417,071	484,502
American Funds EuroPacific Growth Fund Class R6	512,589	475,497
Vanguard Wellesley Income Fund - Admiral Class	402,287	462,078
Vanguard Dividend Growth Fund	262,524	427,567
Vanguard Small Cap Index Fund - Admiral Shares	656,435	305,788
* Nationwide Mid Cap Market Index Fund Class R6	219,565	255,323
Dodge & Cox Income Fund	<u>227,575</u>	<u>224,880</u>
Total Mutual Funds	3,582,062	3,810,642
Guaranteed Interest Account		
* Nationwide BOA Fixed Income Fund	<u>624,536</u>	<u>624,536</u>
	<u>\$ 4,206,598</u>	<u>\$ 4,435,178</u>

*Denotes Party-in-Interest

Schedule SB, Line 32a, Schedule of Amortization Payments

LAPP INSULATORS LLC RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY THE IUE

EIN/PN: 16-1242551 / 006

Item	Unfunded Accrued Liability		Amortization Payment	
	Amount	Remaining Amount	Remaining Periods	Payment on 8/1
2023 Shortfall Amortization Base	\$ 96,957	\$ 96,957	15 years	\$ 8,879
2022 Shortfall Amortization Base	\$ 452,742	\$ 435,722	14 years	\$ 41,839
Total		\$ 532,679		\$ 50,718