

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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).

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 1 401(K) AND SUPPLEMENTAL RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/2016
2a Plan sponsor's name (employer, if for a single-employer plan): INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 1
2b Employer Identification Number (EIN): 81-3951349
2c Plan Sponsor's telephone number: 314-344-8899
2d Business code (see instructions): 238900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for GERALD L MCATEE III and CARMEN SHROUT.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor TRUSTEES INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS 502 EARTH CITY EXPRESSWAY SUITE 203 EARTH CITY, MO 63045-1315		3b Administrator's EIN 81-3951349
		3c Administrator's telephone number 314-344-8899
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	491
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	376
a(2) Total number of active participants at the end of the plan year	6a(2)	396
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	108
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	504
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	2
f Total. Add lines 6d and 6e	6f	506
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	491
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	506
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	39

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2G 2J 2T

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 type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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 **10/01/2023** and ending **09/30/2024**

A Name of plan INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 1 401(K) AND SUPPLEMENTAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS	D Employer Identification Number (EIN) 81-3951349	

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

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

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

EKON BENEFITS

4940 WASHINGTON BLVD
ST LOUIS, MO 63108

43-1317863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 70 15 38 64	NONE	28163	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)

HAMMOND AND SHINNERS, P.C.

7730 CARONDELET AVE.
SUITE 200
ST. LOUIS, MO 63105

43-1429257

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	7996	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)

GRABEL, SCHNEIDERS HOLLMAN & CO

6 W ARGONNE DRIVE, #200
KIRKWOOD, MO 63122

43-1171178

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	7675	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EKON ADVISORS

4940 WASHINGTON BLVD
ST LOUIS, MO 63108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	7500	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)

ZENITH-AMERICAN SOLUTIONS

502 EARTH CITY PLAZA STE 203
EARTH CITY, MH 63045

52-1590516

(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?
13 15 50	NONE	6936	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 10/01/2023 and ending 09/30/2024

A Name of plan <u>INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 1 401(K) AND SUPPLEMENTAL RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS</u>	D Employer Identification Number (EIN) <u>81-3951349</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STABLE VALUE MET LIFE GIC</u>	
b Name of sponsor of entity listed in (a):	<u>GREAT GREY TRUST COMPANY</u>	
c EIN-PN <u>26-0142858-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>198843</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.	<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 **10/01/2023** and ending **09/30/2024**

A Name of plan INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 1 401(K) AND SUPPLEMENTAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS	D Employer Identification Number (EIN) 81-3951349	

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	52003	57361
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	119542	126428
(2) Participant contributions	1b(2)	34326	32264
(3) Other	1b(3)	0	17912
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)	165238	198843
(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)	9907128	14393002
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10278237	14825810
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1181	12796
i Acquisition indebtedness	1i		
j Other liabilities	1j	2505	1593
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3686	14389
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10274551	14811421

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)	1335592	
(B) Participants	2a(1)(B)	386662	
(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)		1722254
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)	2367	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2367
(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)	355005	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		355005
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		4100
(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)		2676516
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4760242

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	158917	
(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)		158917
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)	35099	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	7675	
(5) Investment advisory and investment management fees	2i(5)	7500	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	7995	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	6186	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		64455
j Total expenses. Add all expense amounts in column (b) and enter total	2j		223372

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4536870
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: GRABEL SCHNIEDERS HOLLMAN

(2) EIN: 43-1171178

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 1 401(K) AND SUPPLEMENTAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS</u>	D Employer Identification Number (EIN) <u>81-3951349</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): 04-3628498

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	
----------------------------------------------------------------------------------------------------------------------------------	---	--

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 _____.

INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS
AND ALLIED WORKERS LOCAL NO. 1 401(k) AND
SUPPLEMENTAL RETIREMENT PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

FOR THE YEARS ENDED

SEPTEMBER 30, 2024 AND 2023

GRABEL, SCHNIEDERS, HOLLMAN & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS
206 W. ARGONNE, SUITE 200
KIRKWOOD, MISSOURI 63122

INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS
AND ALLIED WORKERS LOCAL NO. 1 401(k) AND
SUPPLEMENTAL RETIREMENT PLAN

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GRABEL, SCHNIEDERS, HOLLMAN & CO., P.C.
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KIRKWOOD, MISSOURI 63122
(314) 434-7310

ALBERT GRABEL, C.P.A. 1911-1992
LLOYD W. SCHNIEDERS, C.P.A. 1942-2022
MARK J. HOLLMAN, C.P.A.

MICHAEL A. HOLLMAN, C.P.A.

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
International Association of Heat and Frost Insulators
and Allied Workers Local No. 1 401(k) and
Supplemental Retirement Plan

Opinion

We have audited the accompanying financial statements of International Association of Heat and Frost Insulators and Allied Workers Local No. 1 401(k) and Supplemental Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of International Association of Heat and Frost Insulators and Allied Workers Local No. 1 401(k) and Supplemental Retirement Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of International Association of Heat and Frost Insulators and Allied Workers Local No. 1 401(k) and Supplemental Retirement 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 audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions, or events, considered in the aggregate, that raise substantial doubt about International Association of Heat and Frost Insulators and Allied Workers Local No. 1 401(k) and Supplemental Retirement Plan's ability to continue as a going concern for one year after the date of the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of International Association of Heat and Frost Insulators and Allied Workers Local No. 1 401(k) and Supplemental Retirement 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 International Association of Heat and Frost Insulators and Allied Workers Local No. 1 401(k) and Supplemental Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of schedule of assets held for investment at end of the year are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 generally accepted auditing standards.

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

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



Grabel, Schnieders, Hollman & Co., P.C.
Kirkwood, Missouri
July 10, 2025

INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS
AND ALLIED WORKERS LOCAL NO. 1 401(k) AND
SUPPLEMENTAL RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30,

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments:		
Registered investment companies	\$14,393,002	\$ 9,907,128
Collective trust	<u>198,843</u>	<u>165,238</u>
Total Investments, at fair value	<u>14,591,845</u>	<u>10,072,366</u>
Non-Interest-bearing cash	57,361	52,003
Receivables:		
Employer contributions	126,428	119,542
Participant contributions	32,264	34,326
Fees collected by Third Party Administrator	<u>17,912</u>	<u>-0-</u>
Total Receivables	<u>176,604</u>	<u>153,868</u>
Total Assets	<u>14,825,810</u>	<u>10,278,237</u>
Liabilities:		
Accounts payable	12,796	1,181
Reciprocity contributions payable	<u>1,593</u>	<u>2,505</u>
Total Liabilities	<u>14,389</u>	<u>3,686</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$14,811,421</u>	<u>\$10,274,551</u>

See Notes of the Financial Statements

INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS
AND ALLIED WORKERS LOCAL NO. 1 401(k) AND
SUPPLEMENTAL RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30,

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Net investment income:		
Dividends	\$ 355,005	\$ 503,650
Net appreciation in fair value of investments	2,680,616	691,725
Less investment expenses	<u>(7,500)</u>	<u>-0-</u>
Total Net Investment Income	<u>3,028,121</u>	<u>1,195,375</u>
Contributions		
Employer contributions	1,379,170	1,356,718
Participant contributions	386,662	432,590
Penalty payments	2,367	1,662
Participant rollover	-0-	-0-
Reciprocity contributions in	114	4,412
Reciprocity contributions out	<u>(43,692)</u>	<u>(46,626)</u>
Total Contributions	<u>1,724,621</u>	<u>1,748,756</u>
Total Additions to Net Assets	<u>4,752,742</u>	<u>2,944,131</u>
Deductions from net assets attributed to:		
Benefits paid to participants	158,917	226,854
Administrative expenses	<u>56,955</u>	<u>35,796</u>
Total Deductions from Net Assets	<u>215,872</u>	<u>262,650</u>
Net Increase	<u>4,536,870</u>	<u>2,681,481</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
BEGINNING OF YEAR	<u>10,274,551</u>	<u>7,593,070</u>
END OF YEAR	<u>\$14,811,421</u>	<u>\$10,274,551</u>

See Notes of the Financial Statements

INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS
AND ALLIED WORKERS LOCAL NO. 1 401(k) AND
SUPPLEMENTAL RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 and 2023

1. DESCRIPTION OF THE PLAN

General

The International Association of Heat and Frost Insulators and Allied Workers Local No. 1 401(k) and Supplemental Retirement Plan (the “Plan”) is a profit-sharing plan with a tax-deductible cash or deferred arrangement (401(k) feature) established on October 1, 2016. The following is a general description of the Plan. Participants should read the summary plan description or the Plan document for more information.

Contributions

The International Association of Heat and Frost Insulators and Allied Workers Local No. 1 401(k) and Supplemental Retirement Plan (“Plan”) is a defined contribution profit-sharing plan with a 401(k) feature. It is funded with required employer and elective employee contributions. Everyone who works in Covered Employment receives the employer contribution required by the collective bargaining agreement. The employer contributions and any earnings are held in the Employer Contribution Account. Each person who works in Covered Employment also has the option to elect to contribute his own money to the Plan. Those contributions and the earnings thereon are held in the 401(k)/Elective Deferral Account. If the participant made a direct rollover to the Plan, the amount rolled over and any earnings thereon will be held in a Rollover Account.

Participant Accounts

Each participant’s account is credited with the participant’s contributions and Employer’s profit-sharing contribution and Plan earnings. Participant accounts are charged a \$35 fee on a quarterly basis to their account to offset fees. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Participants are fully vested in the Employer Contribution Account after being credited with three (3) Years of Vesting Service. Participants are 100% vested in the 401(k) Elective Deferral Rollover and Qualified Non-Elective Contribution accounts.

INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS
AND ALLIED WORKERS LOCAL NO. 1 401(k) AND
SUPPLEMENTAL RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 and 2023

1. DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits

Benefits may be paid upon when a participant leaves covered employment and has reached normal or early retirement age, is permanently and totally disabled, or because of a Qualified Domestic Order.

Participants must begin to receive benefits by April 1 of the year following the later of the year in which you reach age 70 ½ or the year they terminate Covered Employment.

In addition, benefits are payable from 401(k)/Elective Deferral or Rollover Accounts (but not the participants Employer Contribution Accounts) upon a 12 consecutive month period in which the Participant had no credited hours and did not perform any hours in the trade or industry within the jurisdiction of the Plan.

The participant may elect to have the payments made in a lump-sum or flexible payment option.

If the total value of the participant accounts is \$1,000 or less, distribution will be made in a lump sum and no consent is required.

Forfeitures

If a participant's employment is terminated prior to becoming vested, the non-vested portion of their account shall be forfeited as of the earlier of (a) the last day of the Plan Year in which all vested benefits are distributed (or deemed distributed) to you, or (b) the last day of the Plan Year in which you incur five (5) consecutive One Year Breaks in Service.

If the participant has no vested interest in any account and they incur a One Year Break in Service before they have a vested right to the Employer Contribution Account, the money the participant leaves behind is forfeited at the end of the Plan Year in which the One Year Break in Service occurs.

However, if the participant returns to Covered Employment prior to and without incurring five (5) consecutive One Year Breaks in Service, the previously forfeited amount will be restored, provided the participant repays to the Plan, within five (5) years following your date of reemployment, the full amount of any distribution they received from the Plan. Such restoration shall be made as of the last day of the Plan Year in which repayment is made, or as of the last day of the Plan Year in which the participant is reemployed if repayment is not required because they didn't receive a distribution.

Forfeitures will be used first to restore forfeitures to Participants who are entitled to have forfeitures restored and then to pay Plan expenses. Any forfeitures that remain will be allocated to the remaining Participants in proportion to the Employer contributions made on each such Participant's behalf during the Plan Year. The forfeiture account balance was \$802 and \$25,901 as of September 30, 2024 and 2023, respectively. Transfers of \$29,308 and \$-0- were made from the forfeiture account to offset expenses for the years ended September 30, 2024 and 2023, respectively.

INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS
AND ALLIED WORKERS LOCAL NO. 1 401(k) AND
SUPPLEMENTAL RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investments

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. See Note 3 for discussion of fair value measurements.

Accounts Receivable and Collection

The Trustees monitor accounts receivable and regularly conduct employer payroll audits. Penalties are charged for delinquent contributions. Accounts receivable at the end of the year do not include an allowance for doubtful accounts since it is believed to be immaterial.

Benefits

Benefits are recorded when paid.

Expenses

The Plan permits the payment of all reasonable and necessary expenses of collecting the employer contributions and administering the affairs of this Trust, including but not limited to the employment of such administrative, legal, investment advisory, custodial, clerical or other assistance, the purchase or lease of such materials, supplies, equipment and office space and the performance of such other acts as the Trustees, in their discretion, may find necessary or appropriate in the performance of their duties.

Reciprocal Contributions and Payments

Reciprocal contributions and payments to other plans are recorded on the accrual basis and netted against contributions. The amounts of reciprocal contribution or payment is based on an hourly rate specified in the agreement with another Plan.

INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS
AND ALLIED WORKERS LOCAL NO. 1 401(k) AND
SUPPLEMENTAL RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Assets Not Allocated to Participants

The Plan does not allocate assets to participants that represent contributions that need to be reciprocated to other multiemployer plans or needed to pay expenses.

Subsequent Events

Subsequent events have been evaluated through the date of the independent accountant's audit report, which is the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provide a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can 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; and 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Registered investment companies (Mutual Funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS
AND ALLIED WORKERS LOCAL NO. 1 401(k) AND
SUPPLEMENTAL RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 and 2023

3. FAIR VALUE MEASUREMENTS (Continued)

The Plan has an investment in the Wilmington Trust Collective Investment Trust III for MetLife Group Annuity Contract No. 25554. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transaction (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust to ensure that securities liquidations will be carried out in an orderly business manner.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan management 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 summarizes investment for which fair value is measured using the net asset value per share practical expedient as of September 30, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective Trust:				
Great Gray Trust Collective Investment				
Trust MetLife Group Annuity Contract				
September 30, 2024	\$198,843	None	Daily	None
September 30, 2023	\$165,238	None	Daily	None

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 20, 2024:

	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Registered Investment Companies	<u>\$14,393,002</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$14,393,002</u>
Investments Valued at Net Asset Value				<u>198,843</u>
Total Investments				<u>\$14,591,845</u>

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 20, 2023:

	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Registered Investment Companies	<u>\$9,907,128</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ 9,907,128</u>
Investments Valued at Net Asset Value				<u>165,238</u>
Total Investments				<u>\$10,072,366</u>

INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS
AND ALLIED WORKERS LOCAL NO. 1 401(k) AND
SUPPLEMENTAL RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 and 2023

4. TAX STATUS

On March 21, 2018, the Internal Revenue Service issued a favorable determination letter that only applies to the status of the Plan under the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

5. PARTIES IN INTEREST

The Plan is related to the International Association of Heat and Frost Insulators and Allied Workers Local No. 1 Pension Plan (Defined Benefit Plan). The Board of Trustees is the same for both Plans.

Management has not made allocations or trustee expenses, insurance or other expenses paid by the Defined Benefit Plan that are for the benefit of the Plan.

Ekon Benefits and Zenith American Solutions provide recordkeeping services to the Plan. Zenith American Solutions is also the administrator to the Defined Benefit Plan. Ekon Benefits provides Actuarial Services to the Defined Benefit Plan.

Ekon Benefits receives indirect fees from registered investment companies who net these fees against income.

The Plan has an investment in a MetLife Collective Investment Trust (LIT) Group Annuity Contract custodied by Great Gray Trust Company, LLC. Collective trust is a fiduciary under Department of Labor's rules and regulations.

The Plan has reciprocal agreements with other multiemployer plans for members who perform work in jurisdictions other than their home Local. The amounts receivable and payable, received and paid to the other plans is disclosed in the financial statements.

6. PLAN TERMINATION

The trustees have no intention of terminating the Plan. This Trust Agreement shall continue so long as the Plan shall remain in force and effect and so long thereafter as may be necessary to make final distribution of the Trust Fund in accordance with the provisions of the Plan. If the Plan is terminated, the Trustees shall proceed to wind up the affairs of the Trust and to make final and complete distribution of the Trust Fund in accordance with the provisions of the Plan. Should there be a surplus in the Trust Fund after the payment of all obligations, any and all such surplus shall be applied by the Trustees for the benefit of Participants and beneficiaries in such manner as will in their opinion best effectuate the purpose of the Trust Agreement.

INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS
AND ALLIED WORKERS LOCAL NO. 1401(k) AND
SUPPLEMENTAL RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 and 2023

7. CONCENTRATIONS

The Plans investments in American Funds allocated to participant accounts was 77% and 63% of the investments are as of September 30, 2024 and 2023, respectively. One employer contributed 13% and 17% of the contributions to the Plan for the years ended September 30, 2024 and 2023, respectively.

8. RISKS AND UNCERTAINTIES

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

The Plan has made coronavirus-related distributions permitted by the CARES act. The participant has the option to repay the contribution to the Plan. It is not known if any participants will exercise that option.

9. TERMED PARTICIPANTS

The balances of participant accounts who are not active was \$1,166,468 and \$642,719 as of September 30, 2024 and 2023, respectively.

10. FORM 5500

The net assets available for benefits and net increase in net assets available for benefits are the same as Form 5500 except for reclassifications of investment income.

11. COMPLIANCE

Qualified Non-Elective Contributions

Plan management determined through the examination of payroll records of contributing employers that some employee deferrals were not being withheld in accordance with the election by the employees. As a result, the employers were charged a penalty that included a Qualified Non-Elective Contribution.

Management identified an employer who did not withhold the correct amount of participant contributions. The Internal Revenue Service required the employer to 50% of the contributions not withheld from the participants pays as a penalty. The employer refused to pay the penalty. The trustees decided subsequent to the end of the year not to enforce the penalty.

INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS
AND ALLIED WORKERS LOCAL NO. 1 401(k) AND
SUPPLEMENTAL RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 and 2023

12. ADMINISTRATIVE EXPENSES

	September 30,	
	2024	2023
Third Party Administrator	\$35,098	\$ 6,792
Professional fees	15,671	23,450
Insurance	5,711	5,155
Other	<u>475</u>	<u>399</u>
Total Administrative Expenses	<u>\$56,955</u>	<u>\$35,796</u>

13. SUBSEQUENT EVENTS

Subsequent events have been evaluated through the date of the independent accountant's audit report, which is the date the financial statements were available to be issued.

INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS AND ALLIED
WORKERS LOCAL NO. 1 401(k) AND SUPPLEMENTAL RETIREMENT PLAN
EIN: 81-3951349 PLAN #: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2024

(a)	(b) IDENTITY OF ISSUE	(c) DESCRIPTION OF INVESTMENT	SHARES/UNIT	(d) COST	(e) FAIR VALUE
	REGISTERED INVESTMENT COMPANIES				
	American Funds 2010 Target Date - R6		1,767.757	**	22,061.61
	American Funds 2015 Target Date - R6		95.828	**	1,262.06
	American Funds 2020 Target Date - R6		2,550.205	**	36,901.45
	American Funds 2025 Target Date - R6		21,364.777	**	348,673.12
	American Funds 2030 Target Date - R6		56,689.341	**	1,035,147.37
	American Funds 2035 Target Date - R6		84,456.533	**	1,701,799.09
	American Funds 2040 Target Date - R6		59,040.464	**	1,270,550.79
	American Funds 2045 Target Date - R6		46,419.853	**	1,029,592.36
	American Funds 2050 Target Date - R6		52,564.366	**	1,147,480.13
	American Funds 2055 Target Date - R6		52,401.277	**	1,444,703.24
	American Funds 2060 Target Date - R6		49,851.565	**	931,227.25
	American Funds Europacific Growth Fund - R6		4,082.583	**	246,441.04
	American Funds Fundamental Investors - R6		5,041.412	**	430,839.00
	American Funds New World Fund - R6		3,410.786	**	292,474.81
	American Funds SMALLCAP World Fund - R6		3,451.584	**	254,588.73
	American Funds Washington Mutual Investors Fund - R6		6,741.444	**	434,283.80
	Fidelity Blue Chip Growth Fund		17,461.341	**	593,161.73
	Fidelity Total Bond Fund		21,847.904	**	197,942.01
	PIMCO Global Advantage Strategy Bond Fund Institutional Class		11,102.612	**	114,467.93
	Vanguard 500 Index Admiral Shares		1,136.169	**	604,112.55
	Vanguard Developed Markets Index Fund Admiral Shares		1,714.560	**	29,096.09
	Vanguard GNMA Fund Admiral Shares		13,519.080	**	128,025.70
	Vanguard Growth Index Fund Admiral Shares		3,844.778	**	760,151.00
	Vanguard Mid-Cap Growth Index Fund Admiral Shares		4,091.048	**	428,619.13
	Vanguard Mid-Cap Index Fund Admiral Shares		75.118	**	24,544.82
	Vanguard Small-Cap Index Fund Admiral Shares		2,051.793	**	233,288.86
	Vanguard Small-Cap Value Index Fund Admiral Shares		4,073.506	**	351,543.62
	Vanguard Value Index Fund Admiral Shares		4,403.682	**	300,022.84
	TOTAL REGISTERED INVESTMENT COMPANIES				\$ 14,393,002.13
	COLLECTIVE TRUST				
*	MetLife Group Annuity Contract		9,348.528	**	198,843.17
	TOTAL COLLECTIVE TRUST				\$ 198,843.17
	TOTAL ASSETS HELD FOR INVESTMENTS				<u>\$ 14,591,845.30</u>

* Party-in-interest as defined by ERISA


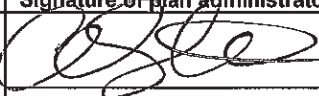
<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee 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>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center;">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 <u>10/01/2023</u> and ending <u>09/30/2024</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>

Part II Basic Plan Information—enter all requested information	
<p>1a Name of plan International Association of Heat and Frost Insulators and Allied Workers Local No. 1 401(k) and Supplemental Retirement Plan</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) International Association of Heat and Frost Insulators and Allied Workers Local No. 1 502 Earth City Expressway Ste 203 Earth City MO 63045-1315</p>	<p>1b Three-digit plan number (PN) ▶ 001</p> <p>1c Effective date of plan 10/01/2016</p> <p>2b Employer Identification Number (EIN) 81-3951349</p> <p>2c Plan Sponsor's telephone number 314-344-8899</p> <p>2d Business code (see instructions) 238900</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		<u>8/18/25</u>	GERALD L. MCATEE III
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>6/18/25</u>	CARMEN SHROUT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 2300728

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor TRUSTEES INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS 502 Earth City Expressway Suite 203 Earth City MO 63045-1315	3b Administrator's EIN 81-3951349 3c Administrator's telephone number 314-344-8899																														
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	5 491																														
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c..... e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="width:80%;"></td><td style="width:10%; text-align: right;">376</td></tr> <tr><td>6a(2)</td><td></td><td style="text-align: right;">396</td></tr> <tr><td>6b</td><td></td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td></td><td style="text-align: right;">108</td></tr> <tr><td>6d</td><td></td><td style="text-align: right;">504</td></tr> <tr><td>6e</td><td></td><td style="text-align: right;">2</td></tr> <tr><td>6f</td><td></td><td style="text-align: right;">506</td></tr> <tr><td>6g(1)</td><td></td><td style="text-align: right;">491</td></tr> <tr><td>6g(2)</td><td></td><td style="text-align: right;">506</td></tr> <tr><td>6h</td><td></td><td></td></tr> </table>	6a(1)		376	6a(2)		396	6b		0	6c		108	6d		504	6e		2	6f		506	6g(1)		491	6g(2)		506	6h		
6a(1)		376																													
6a(2)		396																													
6b		0																													
6c		108																													
6d		504																													
6e		2																													
6f		506																													
6g(1)		491																													
6g(2)		506																													
6h																															
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 39																														

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2G 2J 2T

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

a Pension Schedules (1) <input 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 type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS AND ALLIED
WORKERS LOCAL NO. 1 401(k) AND SUPPLEMENTAL RETIREMENT PLAN
EIN: 81-3951349 PLAN #: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2024

(a)	(b) IDENTITY OF ISSUE	(c) DESCRIPTION OF INVESTMENT	SHARES/UNIT	(d) COST	(e) FAIR VALUE	
	REGISTERED INVESTMENT COMPANIES					
	American Funds 2010 Target Date - R6		1,767.757	**	22,061.61	
	American Funds 2015 Target Date - R6		95.828	**	1,262.06	
	American Funds 2020 Target Date - R6		2,550.205	**	36,901.45	
	American Funds 2025 Target Date - R6		21,364.777	**	348,673.12	
	American Funds 2030 Target Date - R6		56,689.341	**	1,035,147.37	
	American Funds 2035 Target Date - R6		84,456.533	**	1,701,799.09	
	American Funds 2040 Target Date - R6		59,040.464	**	1,270,550.79	
	American Funds 2045 Target Date - R6		46,419.853	**	1,029,592.36	
	American Funds 2050 Target Date - R6		52,564.366	**	1,147,480.13	
	American Funds 2055 Target Date - R6		52,401.277	**	1,444,703.24	
	American Funds 2060 Target Date - R6		49,851.565	**	931,227.25	
	American Funds Europacific Growth Fund - R6		4,082.583	**	246,441.04	
	American Funds Fundamental Investors - R6		5,041.412	**	430,839.00	
	American Funds New World Fund - R6		3,410.786	**	292,474.81	
	American Funds SMALLCAP World Fund - R6		3,451.584	**	254,588.73	
	American Funds Washington Mutual Investors Fund - R6		6,741.444	**	434,283.80	
	Fidelity Blue Chip Growth Fund		17,461.341	**	593,161.73	
	Fidelity Total Bond Fund		21,847.904	**	197,942.01	
	PIMCO Global Advantage Strategy Bond Fund Institutional Class		11,102.612	**	114,467.93	
	Vanguard 500 Index Admiral Shares		1,136.169	**	604,112.55	
	Vanguard Developed Markets Index Fund Admiral Shares		1,714.560	**	29,096.09	
	Vanguard GNMA Fund Admiral Shares		13,519.080	**	128,025.70	
	Vanguard Growth Index Fund Admiral Shares		3,844.778	**	760,151.00	
	Vanguard Mid-Cap Growth Index Fund Admiral Shares		4,091.048	**	428,619.13	
	Vanguard Mid-Cap Index Fund Admiral Shares		75.118	**	24,544.82	
	Vanguard Small-Cap Index Fund Admiral Shares		2,051.793	**	233,288.86	
	Vanguard Small-Cap Value Index Fund Admiral Shares		4,073.506	**	351,543.62	
	Vanguard Value Index Fund Admiral Shares		4,403.682	**	300,022.84	
	TOTAL REGISTERED INVESTMENT COMPANIES					\$ 14,393,002.13
	COLLECTIVE TRUST					
*	MetLife Group Annuity Contract		9,348.528	**	198,843.17	
	TOTAL COLLECTIVE TRUST					\$ 198,843.17
	TOTAL ASSETS HELD FOR INVESTMENTS					\$ 14,591,845.30

* Party-in-interest as defined by ERISA