

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND</u> <u>PO BOX 1330</u> <u>HOLLAND, OH 43528</u>	1c Effective date of plan <u>01/01/2012</u> 2b Employer Identification Number (EIN) <u>45-4183186</u> 2c Plan Sponsor's telephone number <u>419-248-2401</u> 2d Business code (see instructions) <u>238300</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	DALYN ROSE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	227
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	93
	6a(2)	105
	6b	0
	6c	124
	6d	229
	6e	3
	6f	232
	6g(1)	225
6g(2)	232	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	12

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2T 3F 3H

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 _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND	D Employer Identification Number (EIN) 45-4183186	

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

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

THE TRUST COMPANY OF TOLEDO

34-1661757

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 63	CUSTODIAN	39731	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ALLOTA, FARLEY CO. LPA

34-1316963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	11207	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)

WHITINGER & COMPANY LLC

35-0905017

(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	NONE	12750	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)

NORTHWESTERN OHIO ADMINISTRATORS

34-1337680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	14258	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)

EPIC RETIREMENT PLAN SERVICES, INC.

16-1450952

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38	NONE	8032	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 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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND	D Employer Identification Number (EIN) 45-4183186

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	16470	16414
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	140878	149089
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7449	9015
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	240224	272979
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8028528	9247844
(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	8433549	9695341
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	14502	13620
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	14502	13620
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8419047	9681721

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)	871059	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		871059
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14963	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14963
(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)	464911	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		547457
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1898390

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	546416	
(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)		546416
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)	18943	
(3) Recordkeeping fees	2i(3)	3347	
(4) IQPA audit fees	2i(4)	12750	
(5) Investment advisory and investment management fees	2i(5)	39731	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	11207	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	3322	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		89300
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		635716

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1262674
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: **WHITINGER & COMPANY, LLC**

(2) EIN: **35-0905017**

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND 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>BOARD OF TRUSTEES OF INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND</u>	D Employer Identification Number (EIN) <u>45-4183186</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	
---	--

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): 34-1665718

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 _____.

**INSULATORS LOCAL 41
SUPPLEMENTAL PENSION FUND PLAN**

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
DECEMBER 31, 2024 AND 2023

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 Note: All other schedules required under <i>Section 2520.103-10</i> of the <i>Department of Labor's Rules and Regulations for Reporting and Disclosure</i> under the <i>Employee Retirement Security Act of 1974</i> , have been omitted because they are not applicable.	



WHITINGER & COMPANY^{LLC}
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Insulators Local 41 Supplemental Pension Fund Plan
Fort Wayne, Indiana

Scope and Nature of the *ERISA Section 103(a)(3)(C)* Audit

We have performed audits of the accompanying financial statements of the Insulators Local 41 Supplemental Pension Fund Plan (the "Plan"), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974 ("ERISA")*, as permitted by *ERISA Section 103(a)(3)(C)*. The financial statements comprise the statements of net assets available for benefits as of December 31, 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.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of *ERISA Section 103(a)(3)(C)*.

OFFICES IN MUNCIE & FISHERS

1100 W. WHITE RIVER BLVD. | MUNCIE, IN 47303 | phone 765.284.3384 | fax 765.741.5675 | WHITINGER.COM

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our *ERISA Section 103(a)(3)(C)* 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the *ERISA Section 103(a)(3)(C)* audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

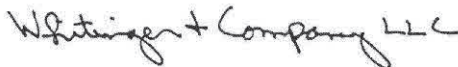
Supplemental Schedules Required by *ERISA*

The supplemental schedules, schedule of assets held at end of year as of December 31, 2024, and the schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the *DOL's Rules and Regulations for Reporting and Disclosure* under *ERISA*. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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



Certified Public Accountants
Muncie, Indiana

September 19, 2025

FINANCIAL STATEMENTS

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

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

	2024	2023
ASSETS		
Investments, at fair value		
Mutual funds, equity securities	\$ 6,792,108	\$ 5,839,144
Mutual funds, fixed securities	2,455,736	2,189,384
Cash and cash equivalents	284,093	240,224
	\$ 9,531,937	\$ 8,268,752
Accounts receivable - employers	\$ 149,089	\$ 140,878
Accrued investment income	9,015	7,449
Cash - operating	5,300	16,470
	\$ 163,404	\$ 164,797
Total Assets	\$ 9,695,341	\$ 8,433,549
LIABILITIES		
Accounts payable	13,620	14,502
NET ASSETS AVAILABLE FOR BENEFITS	\$ 9,681,721	\$ 8,419,047

See accompanying Notes to Financial Statements.

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

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

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 547,457	\$ 825,552
Interest	14,963	2,607
Dividends	464,911	290,360
	<u>\$ 1,027,331</u>	<u>\$ 1,118,519</u>
Contributions		
Employers	871,059	842,496
Other income		9
	<u>\$ 1,898,390</u>	<u>\$ 1,961,024</u>
DEDUCTIONS		
Benefits paid to participants	\$ 546,416	\$ 467,912
Administrative expenses	49,569	49,537
Investment fees	39,731	33,590
	<u>\$ 635,716</u>	<u>\$ 551,039</u>
NET INCREASE	\$ 1,262,674	\$ 1,409,985
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>8,419,047</u>	<u>7,009,062</u>
End of year	<u>\$ 9,681,721</u>	<u>\$ 8,419,047</u>

See accompanying Notes to Financial Statements.

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

3.

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the Insulators Local 41 Supplemental Pension Fund Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering each employee whose employment is governed by the terms of a collective bargaining agreement between Local 41 (the "Plan Sponsor") and participating employers. Covered employees become eligible to participate in the Plan upon completion of 40-hours of service. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* ("ERISA").

The Plan was amended and restated effective January 1, 2024, to include the legal changes contained in the *2023 Internal Revenue Service ("IRS") Cumulative List of Changes in Plan Qualification Requirements*.

Contributions – Employers are required to make monthly contributions for each participant in their employment based upon the hourly contribution rate set forth in the collective bargaining agreement multiplied by the number of hours worked in the previous month. Employee rollover contributions are permitted. No other participant contributions are allowed.

Participant Accounts – Individual accounts are maintained for each Plan participant. Each participant's account is credited with the allocation of the employer's contributions and Plan earnings, as applicable. Participant accounts are charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, specific participant transaction costs or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options – Upon enrollment in the Plan, participants may direct the investment of their accounts into various investment options offered by the Plan. They may change their investment options among those investments provided at any time during the Plan year.

Vesting – Participants are 100% vested in employer contributions after the completion of 40-hours of service in a Plan year.

Payment of Benefits – Upon termination of service or attaining normal retirement age, a participant may elect to receive a lump-sum distribution equal to the value of their account. Other forms of payments are permitted under circumstances provided by the Plan.

Forfeitures – If a participant fails to meet the 40-hour vesting requirement and has accumulated a balance in the Plan, the balance will be forfeited. Forfeitures will be used to pay administrative expenses of the Plan. Forfeited accounts totaled \$9,793 and \$0 as of December 31, 2024 or 2023, respectively. No amounts were used during 2024 or 2023.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared on the accrual method of accounting which is in accordance with accounting principles generally accepted in the United States of America ("GAAP").

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

4.

NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments are reported at fair value. GAAP defines fair value as the exchange 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.

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

Employer Contributions Receivable – Contributions receivable are recorded when an employer submits a contribution report for compensation earned during the period. The Plan and management considers all amounts recorded as fully collectible as of December 31, 2024 and 2023.

Payment of Benefits – Benefits are recorded when paid. There were no benefit payments requested and not yet disbursed at December 31, 2024 or 2023.

Administrative Expenses – Administrative expenses are paid by the Plan, as defined in the Plan document.

3. INFORMATION CERTIFIED BY THE QUALIFIED INSTITUTION (UNAUDITED)

The Plan administrator has elected the method of annual reporting compliance permitted by *ERISA Section 103(a)(3)(C)* pursuant to *29 CFR 2520.103-8* of *Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure* under *ERISA*. Accordingly, The Trust Company of Toledo, a qualified institution, has certified to the completeness and accuracy of the following data included in the accompanying financial statements and supplemental schedules.

- Investments at fair value, as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments and dividends, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Schedule of assets, held at end of year as of December 31, 2024.
- Schedule of reportable transactions as of December 31, 2024.

At the request of the Plan administrator, the Plan's independent auditor did not perform auditing procedures with respect to this certified information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

5.

NOTES TO FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS

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

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

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

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

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

The following are descriptions of the valuation methodologies used for investments measured at fair value, including the general classification of such assets pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Cash and Cash Equivalents – Valued at cost which approximates fair value.

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 and to transact at that price.

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

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

6.

NOTES TO FINANCIAL STATEMENTS

4. **FAIR VALUE MEASUREMENTS** (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis as of December 31:

2024	Level 1	Level 2	Level 3	Total
Mutual funds, equity securities	\$ 6,792,108			\$ 6,792,108
Mutual funds, fixed income securities	2,455,736			2,455,736
Cash and cash equivalents	284,093			284,093
Investments, at fair value	<u>\$ 9,531,937</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ 9,531,937</u>
2023	Level 1	Level 2	Level 3	Total
Mutual funds, equity securities	\$ 5,839,144			\$ 5,839,144
Mutual funds, fixed income securities	2,189,384			2,189,384
Cash and cash equivalents	240,224			240,224
Investments, at fair value	<u>\$ 8,268,752</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ 8,268,752</u>

5. **INCOME TAX STATUS**

The IRS has determined and informed the Plan by a letter dated December 4, 2015, that the Plan and related trust, as then designed, was in compliance with the applicable sections of the Internal Revenue Code ("IRC"). Although 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.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

7.

NOTES TO FINANCIAL STATEMENTS

6. RISKS AND UNCERTAINTIES

The Plan invests in a variety of investment securities. Investment securities in general are exposed to various risks, such as interest rate, credit, and overall volatility risks. Due to the level of risk associated with certain investments, 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 financial statements.

7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons. The following amounts were paid to parties-in-interest.

	2024	2023
Northwestern Ohio Administrators, Inc.	Administrative fees	\$ 14,258
Whitinger & Company LLC	Audit fees	\$ 10,346
The Trust Company of Toledo	Investment custodian fees	12,750
EPIC Advisors	Administrative fees	39,731
EPIC Advisors	Recordkeeping fees	4,685
Allota Farley, Co. LPA	Legal fees	3,299
Huntington Insurance Co.	Fiduciary insurance premium	3,347
	\$ 88,227	\$ 83,127

8. PLAN TERMINATION

Although they have not expressed any intent to do so, the trustees have the right under the Plan to terminate the Plan at any time subject to the provisions of *ERISA*.

9. CONCENTRATIONS

The contributing employers are involved in the insulation industry and are primarily located in the Midwestern section of the United States.

10. SUBSEQUENT EVENTS

The Plan has evaluated all subsequent events through September 19, 2025, which is the date these financial statements were available to be issued and has determined there are no subsequent events that require disclosure.

SUPPLEMENTAL INFORMATION

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2024

EIN 45-4183186

PN 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual Funds, Equity Securities			
	Alger Capital Appreciation Inst'l Class I	7,075.52 shares	\$ 225,847	\$ 311,111
	Bridgeway Small Cap Value	2,215.56 shares	81,922	82,729
	Fidelity Contrafund	27,403.98 shares	434,578	576,306
	Principal Mid-Cap Value Inst'l Class	25,752.43 shares	427,833	399,935
	T. Rowe Price Mid-Cap Growth	4,234.30 shares	445,272	422,287
	T. Rowe Price QM Small-Cap Growth	8,907.64 shares	372,581	383,652
	Vanguard Dividend Growth	8,877.37 shares	315,045	321,450
	Vanguard Equity Income Adm	4,736.58 shares	400,225	417,624
	Vanguard Extended Mkt Index Adm	1,085.00 shares	126,744	156,326
	Vanguard Institutional Index	3,524.80 shares	1,228,191	1,688,024
	Cohen & Steer Institutional Realty	6,879.58 shares	332,770	329,601
	Neuberger Berman Real Estate Class I	4,088.99 shares	62,379	57,246
	Fidelity International Small Cap	11,403.37 shares	352,335	348,829
	Invesco International Growth Class Y	8,890.51 shares	220,527	190,435
	T. Rowe Price International New Asia	9,635.42 shares	178,188	161,297
	Vanguard Developed Mkts Index Adm	43,954.70 shares	644,749	675,144
	Vanguard Emerging Mkts Stock Index Adm	7345.993 shares	245,753	270,112
			\$ 6,094,939	\$ 6,792,108
	Mutual Funds, Fixed Income Securities			
	Loomis Sayles Strategic Income Class Y	9,340.94 shares	\$ 106,144	\$ 100,258
	Northern Core Bond - A	27,723.85 shares	267,029	243,415
	Northern Short Bond - A	16,419.09 shares	302,833	298,992
	Northern Ultra-Short Fixed Income	31,699.89 shares	321,878	326,509
	Vanguard Short-Term Federal Adm	24,523.23 shares	251,078	248,911
	Vanguard Total Bond Mkt Index Inst'l	130,553.92 shares	1,228,505	1,237,651
			\$ 2,477,467	\$ 2,455,736
	Cash and Cash Equivalents			
	Northern Inst'l Treasury Portfolio	272,979.15 shares	\$ 272,979	\$ 272,979
	Cash - other	- shares	11,114	11,114
			\$ 284,093	\$ 284,093
	Total Assets Held at End of Year		\$ 8,856,499	\$ 9,531,937

* An asterisk in column (a) denotes a party-in-interest to the Plan.

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

EIN 45-4183186

PN 001

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
<i>Vanguard Institutional Index</i>						
24.555 Units Bought On 03/15/2024	423.44329000		10,397.65	10,397.65		0.13%
0.064 Unit Bought On 03/21/2024	432.03125000		27.65	27.65		0.00%
12.01 Units Bought On 03/25/2024	430.62697700		5,171.83	5,171.83		0.06%
0.597 Unit Bought On 06/21/2024	451.05527600		269.28	269.28		0.00%
6.336 Units Bought On 06/24/2024	449.77114800		2,849.75	2,849.75		0.03%
0.682 Unit Bought On 07/16/2024	466.21700800		317.96	317.96		0.00%
14.259 Units Bought On 08/13/2024	447.61203400		6,382.50	6,382.50		0.08%
31.033 Units Bought On 10/17/2024	480.93191100		14,924.76	14,924.76		0.18%
21.826 Units Bought On 07/15/2024	466.50966700		10,182.04	10,182.04		0.12%
11.274 Units Bought On 12/31/2024	480.91360600		5,421.82	5,421.82		0.07%
36.679 Units Bought On 12/31/2024	480.91027400		17,735.49	17,735.49		0.21%
11.23 Units Bought On 09/09/2024	472.12555600		5,301.97	5,301.97		0.06%
22.581 Units Bought On 06/14/2024	448.28926900		10,122.82	10,122.82		0.12%
4.893 Units Bought On 07/10/2024	463.74918300		2,130.00	2,130.00		0.03%
26.064 Units Bought On 12/13/2024	499.25222500		13,012.51	13,012.51		0.16%
26.415 Units Bought On 01/19/2024	399.50785500		10,553.00	10,553.00		0.13%
4.358 Units Bought On 02/23/2024	420.66593700		1,833.77	1,833.77		0.02%
12.59 Units Bought On 07/01/2024	449.24543200		5,656.00	5,656.00		0.07%
24.074 Units Bought On 11/14/2024	490.18733900		11,800.77	11,800.77		0.14%
6.378 Units Bought On 09/13/2024	464.17529000		2,960.51	2,960.51		0.04%
4.128 Units Bought On 02/23/2024	420.68896200		1,736.89	1,736.89		0.02%
0.538 Unit Bought On 03/29/2024	430.45454500		274.63	274.63		0.00%
21.766 Units Bought On 09/23/2024	471.89975100		10,271.37	10,271.37		0.12%
0.02 Unit Bought On 02/01/2024	401.00000000		8.02	8.02		0.00%
27.283 Units Bought On 02/14/2024	413.15177900		11,272.02	11,272.02		0.14%

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

EIN 45-4183186

PN 001

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
27,182 Units Bought On 05/15/2024	437,49724000		11,892.05	11,892.05		0.14%
6,694 Units Bought On 09/13/2024	464,16492300		3,107.12	3,107.12		0.04%
9,437 Units Bought On 03/25/2024	430,62201900		4,063.78	4,063.78		0.05%
27,382 Units Bought On 04/12/2024	421,79862600		11,549.69	11,549.69		0.14%
20,878 Units Bought On 07/09/2024	458,96302300		9,582.23	9,582.23		0.12%
0,016 Unit Bought On 12/23/2024	496,12500000		7.97	7.97		0.00%
15,24 Units Sold On 07/30/2024	447,59055100		3,077.13	6,821.28	0.00	0.08%
7,154 Units Sold On 09/11/2024	458,13251300		1,444.47	3,277.48	0.00	0.04%
1,348 Units Sold On 05/02/2024	417,32195800		291.65	562.55	0.00	0.01%
2,352 Units Sold On 04/02/2024	426,38010200		508.87	1,007.55	0.00	0.01%
4,188 Units Sold On 01/12/2024	394,83046800		901.64	1,653.55	0.00	0.02%
1,993 Units Sold On 05/25/2024	451,56046100		402.41	899.96	0.00	0.01%
17,093 Units Sold On 02/29/2024	421,43007600		3,677.82	7,199.29	0.00	0.09%
1,345 Units Sold On 02/02/2024	409,27137500		289.57	550.47	0.00	0.01%
0,403 Unit Sold On 10/02/2024	469,82630200		81.37	189.34	0.00	0.00%
1,65 Units Sold On 10/07/2024	460,80000000		333.15	773.52	0.00	0.01%
0,005 Unit Sold On 02/02/2024	410,00000000		1.08	2.05	0.00	0.00%
0,617 Unit Sold On 02/06/2024	409,09424700		175.69	334.23	0.00	0.00%
1,819 Units Sold On 02/08/2024	412,75979800		391.61	750.81	0.00	0.01%
0,663 Unit Sold On 04/04/2024	422,63951700		143.45	280.21	0.00	0.00%
1,319 Units Sold On 06/03/2024	436,81801100		285.38	574.84	0.00	0.01%
0,907 Unit Sold On 07/16/2024	466,27342800		183.13	422.91	0.00	0.01%
4,006 Units Sold On 09/06/2024	445,97603500		808.86	1,786.58	0.00	0.02%
0,137 Unit Sold On 10/30/2024	478,66813100		27.66	65.58	0.00	0.00%
3,53 Units Sold On 01/30/2024	406,61096600		624.56	1,557.32	0.00	0.02%

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

EIN 45-4183186

PN 001

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
1.972 Units Sold On 12/11/2024	501.92190600		398.17	989.79	0.00	0.01%
1.665 Units Sold On 07/02/2024	453.08108100		336.18	754.38	0.00	0.01%
21.758 Units Sold On 07/16/2024	466.49800100		4,393.18	10,150.02	0.00	0.12%
0.246 Unit Sold On 07/23/2024	457.27642200		49.87	112.49	0.00	0.00%
11.671 Units Sold On 02/28/2024	419.15002900		2,512.66	4,891.90	0.00	0.06%
3.965 Units Sold On 03/06/2024	422.18067700		857.94	1,682.39	0.00	0.02%
1.204 Units Sold On 03/22/2024	430.63953400		274.73	518.49	0.00	0.01%
1.931 Units Sold On 05/07/2024	441.14448400		417.79	851.85	0.00	0.01%
0.02 Unit Sold On 06/13/2024	448.50000000		4.33	5.97	0.00	0.00%
1.143 Units Sold On 07/24/2024	446.78040200		230.78	510.67	0.00	0.01%
182.044 Units Sold On 06/24/2024	449.74011700		38,234.23	51,872.49	0.00	0.99%
2.362 Units Sold On 10/29/2024	480.17358100		476.91	1,134.17	0.00	0.01%
1.203 Units Sold On 11/04/2024	470.41562700		242.90	565.91	0.00	0.01%
3.351 Units Sold On 11/21/2024	490.33422800		678.60	1,643.11	0.00	0.02%
5.076 Units Sold On 12/03/2024	498.91646900		1,024.90	2,532.50	0.00	0.03%
26.146 Units Sold On 12/03/2024	498.90996700		5,279.17	13,044.50	0.00	0.16%
124.552 Units Sold On 12/23/2024	493.02997900		25,148.44	61,407.87	0.00	0.74%
8.754 Units Sold On 02/08/2024	412.75759600		1,884.66	3,513.28	0.00	0.04%
38.54 Units Sold On 03/26/2024	428.12999400		8,412.06	16,500.13	0.00	0.20%
14.459 Units Sold On 11/11/2024	494.37028800		2,919.43	7,148.10	0.00	0.09%
2.639 Units Sold On 11/13/2024	493.11102600		532.84	1,301.32	0.00	0.02%
0.477 Unit Sold On 01/04/2024	386.89727400		102.89	184.55	0.00	0.00%
1.304 Units Sold On 04/02/2024	428.55828200		282.13	568.84	0.00	0.01%
0.476 Unit Sold On 04/05/2024	427.92016800		102.99	203.69	0.00	0.00%
1.952 Units Sold On 05/17/2024	437.19774500		422.33	853.41	0.00	0.01%

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

EIN 45-4183186

PN 001

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
1.219 Units Sold On 08/02/2024	440,05742400		245.13	535.43	0.00	0.01%
1.119 Units Sold On 09/16/2024	454,51680000		225.94	520.13	0.00	0.01%
2.333 Units Sold On 09/18/2024	453,52194500		471.06	1,081.63	0.00	0.01%
7.708 Units Sold On 12/03/2024	495,91022300		1,556.33	3,845.50	0.00	0.05%
0.007 Unit Sold On 12/12/2024	454,28571400		1.41	3.25	0.00	0.00%
0.581 Unit Sold On 01/19/2024	399,79345900		125.06	232.28	0.00	0.00%
7.545 Units Sold On 03/20/2024	432,41219300		1,578.24	3,262.55	0.00	0.04%
2.068 Units Sold On 05/05/2024	441,54255300		447.43	913.11	0.00	0.01%
1.194 Units Sold On 09/03/2024	455,09715200		241.08	544.58	0.00	0.01%
15.213 Units Sold On 03/18/2024	425,14013400		3,490.51	5,909.01	0.00	0.06%
0.694 Unit Sold On 01/02/2024	390,70605100		149.41	271.15	0.00	0.00%
1.306 Units Sold On 03/04/2024	424,28024500		281.17	554.11	0.00	0.01%
				461,235.72	0.00	5.57%

NOTE: TURNOVER % BASED ON THE 01/01/2024 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 8,277,673.41

(5 % = 413,883.92)

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

EIN 45-4183186

PN 001

Asset Description	Buy or Sell Price	Trade		Current Value	Net Gain or Loss	% Turnover
		Expense	Cost of Asset			
<i>Vanguard Institutional Index</i>						
24,555 Units Bought On 03/15/2024	423.44329000		10,397.65	10,397.65		0.13%
0,064 Unit Bought On 03/21/2024	432.03129000	27.65	27.65	27.65		0.00%
12,011 Units Bought On 03/25/2024	430.62697700		5,171.83	5,171.83		0.06%
0,597 Unit Bought On 06/21/2024	451.05527600	269.28	269.28	269.28		0.00%
6,336 Units Bought On 06/24/2024	449.27114800		2,849.75	2,849.75		0.03%
0,662 Unit Bought On 07/16/2024	466.21700800	317.96	317.96	317.96		0.00%
14,259 Units Bought On 08/13/2024	447.61203400		6,382.50	6,382.50		0.08%
31,033 Units Bought On 10/17/2024	480.93191100		14,924.76	14,924.76		0.16%
21,826 Units Bought On 07/16/2024	466.50966700		10,182.04	10,182.04		0.12%
11,274 Units Bought On 12/31/2024	490.87360600		5,421.82	5,421.82		0.07%
36,679 Units Bought On 12/31/2024	480.91027400		17,735.49	17,735.49		0.21%
11,231 Units Bought On 09/30/2024	472.12355600		5,301.97	5,301.97		0.06%
22,591 Units Bought On 06/14/2024	446.28926900		10,122.82	10,122.82		0.12%
4,693 Units Bought On 07/10/2024	463.74916300		2,130.00	2,130.00		0.03%
25,064 Units Bought On 12/13/2024	499.26222600		13,012.61	13,012.61		0.16%
26,415 Units Bought On 01/19/2024	399.50785500		10,553.00	10,553.00		0.13%
4,359 Units Bought On 02/23/2024	420.66893700		1,833.77	1,833.77		0.02%
12,591 Units Bought On 07/01/2024	449.24543200		5,656.00	5,656.00		0.07%
24,074 Units Bought On 11/14/2024	490.18733900		11,800.77	11,800.77		0.14%
6,378 Units Bought On 09/13/2024	464.17529000		2,960.51	2,960.51		0.04%
4,128 Units Bought On 02/23/2024	420.66566200		1,736.59	1,736.59		0.02%
0,638 Unit Bought On 03/25/2024	430.45454500	274.63	274.63	274.63		0.00%
21,766 Units Bought On 09/23/2024	471.69976100		10,271.37	10,271.37		0.12%
0,02 Unit Bought On 02/01/2024	401.00000000	8.02	8.02	8.02		0.00%
27,293 Units Bought On 02/14/2024	413.16177900		11,272.02	11,272.02		0.14%

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

**SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024**

EIN 45-4183186

PN 001

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	Turnover %
27.182 Units Bought On 05/15/2024	437,49724000		11,892.05	11,892.05	0.00	0.14%
6.694 Units Bought On 09/13/2024	454,16492300		3,107.12	3,107.12	0.00	0.04%
9.437 Units Bought On 03/25/2024	430.62201900		4,063.78	4,063.78	0.00	0.05%
27.382 Units Bought On 04/12/2024	424,739662600		11,549.69	11,549.69	0.00	0.14%
20.878 Units Bought On 07/09/2024	459,96302300		9,592.23	9,592.23	0.00	0.12%
0.016 Unit Bought On 12/23/2024	498.12500000		7.97	7.97	0.00	0.00%
15.24 Units Sold On 07/30/2024	447,59055100		3,077.13	6,821.28	0.00	0.08%
7.154 Units Sold On 09/11/2024	458.13251300		1,444.47	3,277.48	0.00	0.04%
1.348 Units Sold On 05/02/2024	417.32195800		291.65	562.55	0.00	0.01%
2.352 Units Sold On 04/02/2024	428,39010200		508.87	1,007.55	0.00	0.01%
4.188 Units Sold On 01/12/2024	394.83046800		901.64	1,653.55	0.00	0.02%
1.993 Units Sold On 06/25/2024	451,56045100		402.41	899.96	0.00	0.01%
17.083 Units Sold On 02/29/2024	424.43007600		3,677.82	7,199.29	0.00	0.09%
1.345 Units Sold On 02/02/2024	409,27137500		289.57	550.47	0.00	0.01%
0.403 Unit Sold On 10/02/2024	469,82630290		81.37	189.34	0.00	0.00%
1.65 Units Sold On 10/07/2024	469,80000000		333.15	773.52	0.00	0.01%
0.005 Unit Sold On 02/02/2024	410,00000000		1.08	2.05	0.00	0.00%
0.817 Unit Sold On 02/06/2024	409,09424700		175.89	334.23	0.00	0.00%
1.819 Units Sold On 02/08/2024	412,75575800		391.61	750.81	0.00	0.01%
0.663 Unit Sold On 04/04/2024	422,63951700		143.45	290.21	0.00	0.00%
1.319 Units Sold On 06/03/2024	436,81501100		285.36	574.84	0.00	0.01%
0.907 Unit Sold On 07/16/2024	466,27342800		183.13	422.91	0.00	0.01%
4.006 Units Sold On 09/06/2024	445,97603500		806.86	1,766.59	0.00	0.02%
0.137 Unit Sold On 10/30/2024	478,68913100		27.66	65.56	0.00	0.00%
3.83 Units Sold On 01/30/2024	406,81096600		624.56	1,577.32	0.00	0.02%

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

EIN 45-4183186

PN 001

Asset Description	Buy or Sell Price	Trade		Current Value	Net Gain or Loss	Turnover %
		Expense	Cost of Asset			
1.972 Units Sold On 12/11/2024	501.52190600		398.17	989.79	0.00	0.01%
1.565 Units Sold On 07/02/2024	453.08108100		336.18	754.38	0.00	0.01%
21.759 Units Sold On 07/16/2024	466.49600100		4,393.18	10,150.02	0.00	0.12%
0.246 Unit Sold On 07/23/2024	457.27642200		49.67	112.49	0.00	0.00%
11.671 Units Sold On 02/29/2024	419.15000900		2,612.66	4,691.90	0.00	0.06%
3.985 Units Sold On 03/06/2024	422.18067700		857.54	1,662.39	0.00	0.02%
1.204 Units Sold On 03/22/2024	430.63653400		274.73	516.49	0.00	0.01%
1.531 Units Sold On 06/07/2024	441.44446400		417.79	851.85	0.00	0.01%
0.02 Unit Sold On 06/13/2024	446.50000000		4.33	8.97	0.00	0.00%
1.143 Units Sold On 07/24/2024	446.78040200		230.78	510.67	0.00	0.01%
182.044 Units Sold On 06/24/2024	449.74011700		39,234.23	81,872.49	0.00	0.99%
2.362 Units Sold On 10/29/2024	480.17368100		476.91	1,134.17	0.00	0.01%
1.203 Units Sold On 11/04/2024	470.41562700		242.90	666.91	0.00	0.01%
3.351 Units Sold On 11/21/2024	490.33422800		676.60	1,643.11	0.00	0.02%
5.076 Units Sold On 12/03/2024	498.91646900		1,024.90	2,532.50	0.00	0.03%
29.146 Units Sold On 12/03/2024	498.90996700		5,279.17	13,044.50	0.00	0.16%
124.552 Units Sold On 12/23/2024	493.02979000		25,148.44	61,407.87	0.00	0.74%
8.754 Units Sold On 02/08/2024	412.75759600		1,894.66	3,613.28	0.00	0.04%
38.54 Units Sold On 03/26/2024	428.12999400		8,412.06	16,500.13	0.00	0.20%
14.459 Units Sold On 11/11/2024	494.37028800		2,919.43	7,148.10	0.00	0.09%
2.639 Units Sold On 11/13/2024	453.11102600		532.84	1,201.32	0.00	0.02%
0.477 Unit Sold On 01/04/2024	396.89727400		102.69	194.55	0.00	0.00%
1.304 Units Sold On 04/02/2024	428.65629200		262.13	658.84	0.00	0.01%
0.476 Unit Sold On 04/05/2024	427.52016800		102.99	203.69	0.00	0.00%
1.952 Units Sold On 09/17/2024	437.19774500		422.33	853.41	0.00	0.01%

INSULATORS LOCAL 41 SUPPLEMENTAL PENSION FUND PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

EIN 45-4183186

PN 001

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
1,219 Units Sold On 08/02/2024	440,057,424.00		246,13	536.43	0.00	0.01%
1,119 Units Sold On 09/16/2024	464,8166,000.00		226.94	520.13	0.00	0.01%
2,333 Units Sold On 09/19/2024	463,6219,460.00		471.06	1,091,63	0.00	0.01%
7,708 Units Sold On 12/03/2024	498,9102,230.00		1,556.33	3,845.60	0.00	0.05%
0,007 Unit Sold On 12/12/2024	464,2887,140.00		1.41	3.26	0.00	0.00%
0,891 Unit Sold On 01/19/2024	399,7934,590.00		125.08	232.28	0.00	0.00%
7,545 Units Sold On 03/20/2024	432,41219,900.00		1,678.24	3,282.55	0.00	0.04%
2,068 Units Sold On 06/05/2024	441,54285,900.00		447.43	913.11	0.00	0.01%
1,194 Units Sold On 09/03/2024	456,09716,200.00		241.08	544.59	0.00	0.01%
16,213 Units Sold On 03/18/2024	426,14013,400.00		3,490.51	6,909.01	0.00	0.05%
0,694 Unit Sold On 01/02/2024	390,70605,100.00		149.41	271.16	0.00	0.00%
1,306 Units Sold On 03/04/2024	424,26024,500.00		281.17	534.11	0.00	0.01%
				461,23572	0.00	5.57%

NOTE : TURNOVER % BASED ON THE 01/01/2024 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 8,273,678.41 (5 % = 413,883.92)