

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: TRIANGLE WIRE & CABLE, INC. PENSION PLAN FOR HOURLY EMPLOYEES
1b Three-digit plan number (PN): 022
1c Effective date of plan: 05/01/1959
2a Plan sponsor's name (employer, if for a single-employer plan): OCEAN VIEW CAPITAL, INC.
2b Employer Identification Number (EIN): 22-1727582
2c Plan Sponsor's telephone number: 401-289-2307
2d Business code (see instructions): 551112

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 rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	483
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	0
	<b>6a(2)</b>	0
	<b>6b</b>	305
	<b>6c</b>	41
	<b>6d</b>	346
	<b>6e</b>	91
	<b>6f</b>	437
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan <u>TRIANGLE WIRE &amp; CABLE, INC. PENSION PLAN FOR HOURLY EMPLOYEES</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>022</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OCEAN VIEW CAPITAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>22-1727582</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>9616941</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>9616941</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>403</u>	<u>7880870</u>
	<b>b</b> For terminated vested participants .....	<u>80</u>	<u>2126844</u>
	<b>c</b> For active participants .....	<u>0</u>	<u>0</u>
	<b>d</b> Total .....	<u>483</u>	<u>10007714</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>4.98 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>300000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>300000</u>

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/16/2025</u> Date
	<u>ANDREA L. ABOLAFIA</u> Type or print name of actuary	<u>23-06318</u> Most recent enrollment number
	<u>DANZIGER &amp; MARKHOFF, LLP</u> Firm name	<u>914-948-1556</u> Telephone number (including area code)
	<u>1133 WESTCHESTER AVENUE SUITE N208 WHITE PLAINS, NY 10604</u> Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of _____ % .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		579
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.11</u> % .....		30
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		609
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	96.09 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	96.09 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	90.92 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/10/2024	114371	0					
07/08/2024	76420	0					
10/09/2024	76420	0					
01/03/2025	76420	0					
09/03/2025	6400	0					
			<b>Totals ▶</b>	<b>18(b)</b>	350031	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0	
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0	
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	339658	
<b>20</b>	Quarterly contributions and liquidity shortfalls:			
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 300000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	390773		39643	
<b>b</b> Waiver amortization installment .....				
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 339643
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....			0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 339643
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 339658
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 15
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b>
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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

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

<b>A</b> Name of plan <b>TRIANGLE WIRE &amp; CABLE, INC. PENSION PLAN FOR HOURLY EMPLOYEES</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>022</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OCEAN VIEW CAPITAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>22-1727582</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

TAG ASSOCIATES, LLC

52-2328316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	84072	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)

DANZIGER & MARKHOFF, LLC

13-3010201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	82305	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)

LAWRENCE J. EISENBERG, P.C.

46-1626846

(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	38415	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)

CBIZ CPAS, P.C.

43-1947695

(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	24675	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"/>

(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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TRIANGLE WIRE &amp; CABLE, INC. PENSION PLAN FOR HOURLY EMPLOYEES</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>022</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OCEAN VIEW CAPITAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>22-1727582</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	209000	82820
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	17285	13226
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1974851	1997309
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	3964748	1458385
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	3455200	5507705
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	9621084	9059445
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	9621084	9059445

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	350031	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		350031
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	6136	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	94503	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		100639
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	338566	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		338566
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	9558199	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	9450694	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		107505
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-8383	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-8383

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		247842
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1136200

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1396109	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1396109
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	82305	
(4) IQPA audit fees .....	<b>2i(4)</b>	24675	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	84072	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	38415	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	9166	
(11) Other expenses .....	<b>2i(11)</b>	63097	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		301730
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1697839

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-561639
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: CBIZ CPAS, P.C.

(2) EIN: 43-1947695

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 548258.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>TRIANGLE WIRE &amp; CABLE, INC. PENSION PLAN FOR HOURLY EMPLOYEES</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>022</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>OCEAN VIEW CAPITAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>22-1727582</u>	

<b>Part I</b>	<b>Distributions</b>
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**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): 22-1727582

**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		24
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<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 \_\_\_\_\_.



**TRIANGLE WIRE & CABLE, INC.  
PENSION PLAN FOR HOURLY EMPLOYEES**

Financial Statements

and

Supplementary Information

December 31, 2024 and 2023

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**

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## INDEPENDENT AUDITORS' REPORT

To the Trustee  
Triangle Wire & Cable, Inc.  
Pension Plan for Hourly Employees

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

We have performed the audits of the financial statements of the Triangle Wire & Cable, Inc. Pension Plan for Hourly Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

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

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

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 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. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

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

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

### **Auditors’ 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 auditors’ report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, Schedule of Reportable Transactions for the year ended December 31, 2024, and Schedule of Assets (Acquired and Disposed of Within Year) 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 supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor'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 Department of Labor'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).

*CBIZ CPAs P.C.*

New York, New York  
October 10, 2025

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
Assets:		
Investments, at fair value (Notes 3 and 4):		
Treasury-agency bonds	\$ 1,458,385	\$ 3,964,748
Short-term cash investment funds	1,997,309	1,974,851
Exchange-traded funds	2,298,594	1,952,029
Mutual funds	3,209,111	1,503,171
Total investments, at fair value	8,963,399	9,394,799
Receivables:		
Accrued interest receivable	13,226	17,285
Employer contribution receivable	82,820	209,000
Total receivables	96,046	226,285
Net assets available for benefits	\$ 9,059,445	\$ 9,621,084

See Notes to Financial Statements.

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
Statements of Changes in Net Assets Available for Benefits  
For the Years Ended December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
Investment income (Note 3):		
Net appreciation in fair value of investments	\$ 346,964	\$ 477,704
Interest	100,639	41,770
Dividends	338,566	228,724
Total investment income	786,169	748,198
Employer's contribution	350,031	479,157
Deductions:		
Benefits paid to participants	1,396,109	884,208
Administrative expenses	301,730	322,234
Total deductions	1,697,839	1,206,442
Net increase (decrease)	(561,639)	20,913
Net assets available for benefits:		
Beginning of year	9,621,084	9,600,171
End of year	\$ 9,059,445	\$ 9,621,084

See Notes to Financial Statements.

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
Notes to Financial Statements

**Note 1 - Description of Plan**

The following description of the Triangle Wire & Cable, Inc. Pension Plan for Hourly Employees (the “Plan”) provides only general information. Participants should refer to the plan document or summary plan description for a more complete description of the Plan’s provisions, which are available from the plan administrator.

**General**

The Plan is a defined benefit plan covering all active and terminated employees of Ocean View Capital, Inc., formerly Triangle Wire & Cable, Inc. (the “Company”), except: (1) any employee who is a nonresident alien with no income from sources within the United States and (2) any employee who is a leased employee within the meaning of the Internal Revenue Code (“IRC”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

**Pension Benefits**

Plan benefits are based on amounts defined in the plan document multiplied by the number of years of credited service. Employees may elect to receive their pension benefits in the form of a joint, life, or survivor annuity. The Plan permits early retirement at a reduced benefit. The Plan also provides for the accrual of service for permanently disabled participants and for pre-retirement death benefits.

**Vesting**

Effective December 1, 2001, any participant who was actively employed with the Company became 100% vested in their pension benefit regardless of the period of employment with the Company.

Participants employed after December 1, 2001 became fully vested after five years of credited service.

**Note 2 - Summary of Significant Accounting Policies**

**Basis of Accounting**

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

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
Notes to Financial Statements

**Note 2 - Summary of Significant Accounting Policies (Continued)**

**Use of Estimates**

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

**Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Fair value is defined as 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 4 for further discussion of fair value measurements.

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

**Payment of Benefits**

Benefit payments to participants are recorded when paid.

**Plan Expenses**

In accordance with the Plan, certain administrative expenses may be paid out of the Plan unless paid by the Company. During the years ended December 31, 2024 and 2023, certain administrative expenses were paid by the Company and are excluded from these financial statements.

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
Notes to Financial Statements

**Note 3 - Information Prepared and Certified by the Trustee**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Matrix Trust Company, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate with respect to investments:

- Investments at fair value
- Net appreciation in fair value of investments
- Interest and dividends
- Schedule of assets (held at end of year)
- Schedule of assets (acquired and disposed of within year)
- Schedule of reportable transactions

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

**Note 4 - Fair Value Measurements**

The Plan measures fair value in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, which 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 under FASB ASC 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
Notes to Financial Statements

**Note 4 - Fair Value Measurements (Continued)**

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Short-term cash investment funds:* Valued at cost, which approximates fair value. The short-term cash investment funds invest in low risk securities, which reflect short-term interest rates that do not contain liquidity restrictions.

*Treasury-agency bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Exchange-traded funds:* Valued at the closing price reported on the active market on which the individual securities are traded.

*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.

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

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
Notes to Financial Statements

**Note 4 - Fair Value Measurements (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	<u>Investments at Fair Value as of December 31, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Short-term cash investment funds	\$ 1,997,309	\$ -	\$ -	\$ 1,997,309
Treasury-agency bonds	-	1,458,385	-	1,458,385
Exchange-traded funds	2,298,594	-	-	2,298,594
Mutual funds	<u>3,209,111</u>	<u>-</u>	<u>-</u>	<u>3,209,111</u>
Total investments at fair value	<u>\$ 7,505,014</u>	<u>\$ 1,458,385</u>	<u>\$ -</u>	<u>\$ 8,963,399</u>

	<u>Investments at Fair Value as of December 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Short-term cash investment funds	\$ 1,974,851	\$ -	\$ -	\$ 1,974,851
Treasury-agency bonds	-	3,964,748	-	3,964,748
Exchange-traded funds	1,952,029	-	-	1,952,029
Mutual funds	<u>1,503,171</u>	<u>-</u>	<u>-</u>	<u>1,503,171</u>
Total investments at fair value	<u>\$ 5,430,051</u>	<u>\$ 3,964,748</u>	<u>\$ -</u>	<u>\$ 9,394,799</u>

Gains and losses (realized and unrealized) included in changes in net assets for the years above are reported in net appreciation in fair value of investments on the statements of changes in net assets available for benefits. There were no transfers between levels during the years ended December 31, 2024 and 2023.

**Note 5 - Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an actuary from Danziger & Markhoff LLP and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
Notes to Financial Statements

**Note 5 - Actuarial Present Value of Accumulated Plan Benefits (Continued)**

The significant actuarial assumptions used in the valuations as of January 1, were as follows:

2024 and 2023 Static Mortality Table for Annuitants and Non-Annuitants per §1.430(h)(3)-1(e)

	<u>2024</u>	<u>2023</u>
Discount rate	4.76%	4.95%
Effective interest rate	4.98%	5.11%
Average retirement age	65	65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023.

The actuarial present value of accumulated plan benefits as of January 1, as calculated by Danziger & Markhoff LLP, is presented in the following table:

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants and/or beneficiaries currently receiving payments	\$ 8,014,260	\$ 8,125,050
Other participants	<u>2,231,231</u>	<u>2,632,218</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 10,245,491</u>	<u>\$ 10,757,268</u>
Actuarial present value of accumulated plan benefits at beginning of year		\$ 10,757,268
Increase (decrease) during the year attributable to:		
Changes in actuarial assumptions		(10,125)
Interest accumulation		510,601
Benefits paid		(884,208)
Other changes*		<u>(128,045)</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 10,245,491</u>

\* The “other changes” component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

Changes in actuarial assumptions include a change in the mortality tables used to determine the funding target liability and change in interest rate.

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
Notes to Financial Statements

**Note 6 - Funding Policy**

The Company's funding policy is to make annual contributions to the Plan in amounts that are determined by the Company's actuary and will at least be sufficient to meet the minimum funding requirements of ERISA. The Company's contributions for 2024 and 2023 met the minimum funding requirements of ERISA.

**Note 7 - Plan Termination**

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

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated to the extent of the sufficiency of such funds:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
Notes to Financial Statements

**Note 8 - Tax Status**

The Internal Revenue Service (“IRS”) has determined and informed the Company by a letter dated June 26, 2013 that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The Plan has been amended since the effective date of the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

**Note 9 - Risks, Uncertainties, and Concentrations**

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

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

At December 31, 2024, approximately 17% of the Plan’s investments were invested in US Treasury Note/Bond 5.000% Due 10-31-25; 18% of the Plan’s investments were invested in Schwab Treasury Obl Money-Va; and 21% of the Plan’s investments were invested in Medalist Partners MBS Total Return Instl. At December 31, 2023, approximately 22% of the Plan’s investments were invested in US Treasury Note/Bond 5.000% Due 10-31-25; 21% of the Plan’s investments were invested in US Treasury Bill 0.000% Due 04-11-24; and 20% of the Plan’s investments were invested in Schwab Treasury Obl Money-Va.

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
Notes to Financial Statements

**Note 10 - Related Party and Party-in-Interest Transactions**

As described in Note 2, the Plan made direct payments to the plan service providers of \$301,730 and \$322,234 for the years ended December 31, 2024 and 2023, respectively. The plan sponsor pays directly any other fees related to the Plan's operations.

**Note 11 - Subsequent Events**

The Plan has evaluated subsequent events through October 10, 2025, which is the date the financial statements were available to be issued.

**SUPPLEMENTARY INFORMATION**

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
(Supplementary Information)  
Schedule H, line 4i - Schedule of Assets (Held at End of Year)  
as of December 31, 2024

EIN: 22-1727582  
PN: 022

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<b>Mutual funds:</b>			
Cullen High Dividend Equity I	Mutual fund	\$ 247,056	\$ 197,254
Medalist Partners MBS Total Return Instl	Mutual fund	1,842,205	1,884,220
MFS® International Intrinsic Value I	Mutual fund	929,919	922,485
Principal MidCap Institutional	Mutual fund	175,251	205,152
Total mutual funds		3,194,431	3,209,111
<b>Exchange-traded funds:</b>			
Energy Select Sector Spdr	Exchange-traded fund	500,882	513,960
Invesco S&P 500 Equal Weight	Exchange-traded fund	354,850	438,075
iShares AAA CLO Active ETF	Exchange-traded fund	258,250	258,850
iShares Russell 1000 Value ETF	Exchange-traded fund	130,590	138,848
iShares Russell Mid-Cap ETF	Exchange-traded fund	119,858	132,600
Neuberger Berman Energy Infrastructure and Income Fund Inc	Exchange-traded fund	228,031	353,200
Schwab US Dvd Equity ETF	Exchange-traded fund	242,842	273,200
Vaneck Oil Services Etf	Exchange-traded fund	207,892	189,861
Total exchange-traded funds		2,043,195	2,298,594
<b>Treasury-agency bonds/Government zeros:</b>			
US Treasury Note/Bond 5.000% Due 10-31-25	Treasury-agency bond	1,463,480	1,458,385
<b>Short-term cash investment funds:</b>			
Schwab Cash Account	Short-term cash investment fund	11,899	11,899
JP Morgan US Government MM Institutional	Short-term cash investment fund	438,834	438,834
Schwab Trsry Obl Mny-Ult	Money market	1,546,576	1,546,576
Total short-term cash investment funds		1,997,309	1,997,309
<b>Total</b>		<b>\$ 8,698,415</b>	<b>\$ 8,963,399</b>

See accompanying Independent Auditors' Report.

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
(Supplementary Information)  
Schedule H, line 4j - Schedule of Reportable Transactions  
For the Year Ended December 31, 2024

EIN: 22-1727582  
PN: 022

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Invesco Kbw Bank Etf	Exchange-traded funds	\$ 264,221	\$ 244,697	\$ -	\$ -	\$ 264,221	\$ 244,697	\$ (19,524)
	Exchange-traded funds	\$ 264,221	\$ 265,449	\$ -	\$ -	\$ 264,221	\$ 265,449	\$ 1,228
Medalist Partners MBS Total Return Instl	Mutual funds	\$ 150,000	\$ -	\$ -	\$ -	\$ 150,000	\$ 150,000	\$ -
	Mutual funds	\$ 250,000	\$ -	\$ -	\$ -	\$ 250,000	\$ 250,000	\$ -
	Mutual funds	\$ 800,000	\$ -	\$ -	\$ -	\$ 800,000	\$ 800,000	\$ -
	Mutual funds	\$ 250,000	\$ -	\$ -	\$ -	\$ 250,000	\$ 250,000	\$ -
	Mutual funds	\$ 2,559	\$ -	\$ -	\$ -	\$ 2,559	\$ 2,559	\$ -
	Mutual funds	\$ 2,745	\$ -	\$ -	\$ -	\$ 2,745	\$ 2,745	\$ -
	Mutual funds	\$ 3,013	\$ -	\$ -	\$ -	\$ 3,013	\$ 3,013	\$ -
	Mutual funds	\$ 4,265	\$ -	\$ -	\$ -	\$ 4,265	\$ 4,265	\$ -
	Mutual funds	\$ 4,348	\$ -	\$ -	\$ -	\$ 4,348	\$ 4,348	\$ -
	Mutual funds	\$ 4,376	\$ -	\$ -	\$ -	\$ 4,376	\$ 4,376	\$ -
	Mutual funds	\$ 4,602	\$ -	\$ -	\$ -	\$ 4,602	\$ 4,602	\$ -
	Mutual funds	\$ 4,176	\$ -	\$ -	\$ -	\$ 4,176	\$ 4,176	\$ -
	Mutual funds	\$ 10,316	\$ -	\$ -	\$ -	\$ 10,316	\$ 10,316	\$ -
	Mutual funds	\$ 228	\$ -	\$ -	\$ -	\$ 228	\$ 228	\$ -
	Mutual funds	\$ 8,783	\$ -	\$ -	\$ -	\$ 8,783	\$ 8,783	\$ -
	Mutual funds	\$ 8,480	\$ -	\$ -	\$ -	\$ 8,480	\$ 8,480	\$ -
	Mutual funds	\$ 2,071	\$ -	\$ -	\$ -	\$ 2,071	\$ 2,071	\$ -
	Mutual funds	\$ 10,097	\$ -	\$ -	\$ -	\$ 10,097	\$ 10,097	\$ -
	Mutual funds	\$ -	\$ 48	\$ -	\$ -	\$ 47	\$ 48	\$ 1
Schwab Treasury Obl Money-Va	Money market	\$ 310,000	\$ -	\$ -	\$ -	\$ 310,000	\$ 310,000	\$ -
	Money market	\$ 3,386	\$ -	\$ -	\$ -	\$ 3,386	\$ 3,386	\$ -
	Money market	\$ 5,159	\$ -	\$ -	\$ -	\$ 5,159	\$ 5,159	\$ -
	Money market	\$ 5,345	\$ -	\$ -	\$ -	\$ 5,345	\$ 5,345	\$ -
	Money market	\$ -	\$ 500,000	\$ -	\$ -	\$ 500,000	\$ 500,000	\$ -
	Money market	\$ -	\$ 100,000	\$ -	\$ -	\$ 100,000	\$ 100,000	\$ -
	Money market	\$ -	\$ 260,000	\$ -	\$ -	\$ 260,000	\$ 260,000	\$ -
	Money market	\$ -	\$ 996,647	\$ -	\$ -	\$ 996,647	\$ 996,647	\$ -
	Money market	\$ -	\$ 310,000	\$ -	\$ -	\$ 310,000	\$ 310,000	\$ -
Schwab Trsry Obl Mny-Ult	Money market	\$ 1,000,000	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
	Money market	\$ 310,000	\$ -	\$ -	\$ -	\$ 310,000	\$ 310,000	\$ -
	Money market	\$ 528,000	\$ -	\$ -	\$ -	\$ 528,000	\$ 528,000	\$ -
	Money market	\$ 128	\$ -	\$ -	\$ -	\$ 128	\$ 128	\$ -
	Money market	\$ 4,229	\$ -	\$ -	\$ -	\$ 4,229	\$ 4,229	\$ -
	Money market	\$ 4,218	\$ -	\$ -	\$ -	\$ 4,218	\$ 4,218	\$ -
	Money market	\$ 1	\$ -	\$ -	\$ -	\$ 1	\$ 1	\$ -
	Money market	\$ -	\$ 300,000	\$ -	\$ -	\$ 300,000	\$ 300,000	\$ -
Schwab US Dvd Equity ETF	Exchange-traded funds	\$ -	\$ 249,832	\$ -	\$ -	\$ 218,558	\$ 249,832	\$ 31,274
	Exchange-traded funds	\$ -	\$ 233,913	\$ -	\$ -	\$ 208,844	\$ 233,913	\$ 25,069
US Treasury Bill 0.000% Due 04-11-24	Government zeros	\$ -	\$ 1,955,355	\$ -	\$ -	\$ 1,955,072	\$ 1,955,355	\$ 283
US Treasury Bill 0.000% Due 06-11-24	Government zeros	\$ 1,997,128	\$ -	\$ -	\$ -	\$ 1,997,128	\$ 1,997,128	\$ -
	Government zeros	\$ -	\$ 248,940	\$ -	\$ -	\$ 248,933	\$ 248,940	\$ 7
	Government zeros	\$ -	\$ 1,778,701	\$ -	\$ -	\$ 1,778,585	\$ 1,778,701	\$ 116
US Treasury Bill 0.000% Due 10-29-24	Government zeros	\$ 1,076,965	\$ -	\$ -	\$ -	\$ 1,076,965	\$ 1,076,965	\$ -
	Government zeros	\$ 307,705	\$ -	\$ -	\$ -	\$ 307,705	\$ 307,705	\$ -
	Government zeros	\$ -	\$ 1,395,000	\$ -	\$ -	\$ 1,395,442	\$ 1,395,000	\$ (442)
US Treasury Bill 0.000% Due 11-07-24	Government zeros	\$ 974,017	\$ -	\$ -	\$ -	\$ 974,017	\$ 974,017	\$ -
	Government zeros	\$ -	\$ 1,000,000	\$ -	\$ -	\$ 1,000,078	\$ 1,000,000	\$ (78)
US Treasury Bill 0.000% Due 12-05-24	Government zeros	\$ 1,850,714	\$ -	\$ -	\$ -	\$ 1,850,714	\$ 1,850,714	\$ -
	Government zeros	\$ -	\$ 1,876,523	\$ -	\$ -	\$ 1,875,581	\$ 1,876,523	\$ 942
US Treasury Bill 0.000% Due 12-26-24	Government zeros	\$ 746,185	\$ -	\$ -	\$ -	\$ 746,185	\$ 746,185	\$ -
	Government zeros	\$ -	\$ 249,348	\$ -	\$ -	\$ 249,379	\$ 249,348	\$ (31)
	Government zeros	\$ -	\$ 499,385	\$ -	\$ -	\$ 499,476	\$ 499,385	\$ (91)
US Treasury Note/Bond 5.000% Due 10-31-25	Treasury notes/bond	\$ -	\$ 504,676	\$ -	\$ -	\$ 504,648	\$ 504,676	\$ 28
	Treasury notes/bond	\$ -	\$ 50,271	\$ -	\$ -	\$ 50,465	\$ 50,271	\$ (194)

See accompanying Independent Auditors' Report.

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**

(Supplementary Information)

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

For the Year Ended December 31, 2024

EIN: 22-1727582  
 PN: 022

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Cost of acquisitions	(d) Proceeds of dispositions
	<u>Shares</u>		
US Treasury Bill 0.000% Due 06-11-24	Government Zeros	\$ 1,997,128	\$ 2,027,641
US Treasury Bill 0.000% Due 10-29-24	Government Zeros	\$ 1,384,670	\$ 1,395,000
US Treasury Bill 0.000% Due 11-07-24	Government Zeros	\$ 974,017	\$ 1,000,000
US Treasury Bill 0.000% Due 12-05-24	Government Zeros	\$ 1,850,714	\$ 1,876,523
US Treasury Bill 0.000% Due 12-26-24	Government Zeros	\$ 746,185	\$ 748,733

See accompanying Independent Auditors' Report.

**Ocean View Capital, Inc.**  
**Triangle Wire & Cable Pension Plan for Hourly Employees**

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

	<b>For Funding</b>	
	<u>Min</u>	<u>Max</u>
<b>Interest Rates</b>	Seg 1: 4.75%	3.62%
	Seg 2: 4.87%	4.46%
	Seg 3: 5.59%	4.52%
<b>Applicable Date</b>	09/2023	09/2023
<b>Pre-Retirement</b>		
<b>Turnover</b>	None	
<b>Mortality</b>	None	
<b>Assumed Ret Age</b>	Normal retirement age 65 and 5 years of participation	
<b>Pln-reltd expenses</b>	\$300,000.00	
<b>Post-Retirement</b>		
<b>Mortality</b>	Male-2024 Small Plan Static Table – Combined Male Female-2024 Small Plan Static Table – Combined Female	
<b>Assumed Benefit Form For Funding</b>	45% - Life Annuity; 27.5% - 50% Joint & Survivor Annuity; 27.5% - 100% Joint & Survivor Annuity	
<b>Assumed Spouse's Age</b>	Spouse assumed to be the same age as participant  Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known	
<b>Calculated Effective Interest Rate</b>	4.98%	
<b>Actuarial Cost Method</b>	The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

**Ocean View Capital, Inc.**  
**Triangle Wire & Cable Pension Plan for Hourly Employees**

Summary of Plan Provisions  
 Plan Year: 1/1/2024 to 12/31/2024  
 Valuation Date: 1/1/2024

**Plan Effective Date** January 1, 1995

**Plan Year** From January 1, 2024 to December 31, 2024

**Eligibility** All employees not excluded by class are eligible to enter on the beginning of the month coincident with or following the completion of the following requirements:

1 year of service  
 Minimum age 21

**Normal Retirement Age** All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 65  
 Completion of 5 years of participation from entry date

**Normal Retirement Benefit** Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

2% of average compensation per credited year of service with a maximum of 50 years. Credited years are 12-month periods from date of hire to the anniversaries of date of hire excluding years before the effective date.

The maximum monthly benefit is the lesser of \$22,916.66 and 100% of the highest 3-year average salary, subject to service requirements.

The benefit is based on average salary during the highest 3 years of service from date of hire.

**Normal Form of Benefit** A benefit payable for the life of the participant

**Accrued Benefit** The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

Credited years are 12-month periods from date of hire to the anniversaries of date of hire excluding the following:

Years before the effective date

**Termination Benefit** Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	0
3	0

**Ocean View Capital, Inc.**  
**Triangle Wire & Cable Pension Plan for Hourly Employees**

Summary of Plan Provisions  
Plan Year: 1/1/2024 to 12/31/2024  
Valuation Date: 1/1/2024

4	0
5	100

Credited years are plan years from date of hire excluding the following:

Years with less than 1,000 hours

**Top-Heavy Status**

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

**Death Benefit**

Actuarial Equivalent of the accrued benefit earned to date of death

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
(Supplementary Information)  
Schedule H, line 4j - Schedule of Reportable Transactions  
For the Year Ended December 31, 2024

EIN: 22-1727582  
PN: 022

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Invesco Kbw Bank Etf	Exchange-traded funds	\$ 264,221	\$ 244,697	\$ -	\$ -	\$ 264,221	\$ 244,697	\$ (19,524)
	Exchange-traded funds	\$ 264,221	\$ 265,449	\$ -	\$ -	\$ 264,221	\$ 265,449	\$ 1,228
Medalist Partners MBS Total Return Instl	Mutual funds	\$ 150,000	\$ -	\$ -	\$ -	\$ 150,000	\$ 150,000	\$ -
	Mutual funds	\$ 250,000	\$ -	\$ -	\$ -	\$ 250,000	\$ 250,000	\$ -
	Mutual funds	\$ 800,000	\$ -	\$ -	\$ -	\$ 800,000	\$ 800,000	\$ -
	Mutual funds	\$ 250,000	\$ -	\$ -	\$ -	\$ 250,000	\$ 250,000	\$ -
	Mutual funds	\$ 2,559	\$ -	\$ -	\$ -	\$ 2,559	\$ 2,559	\$ -
	Mutual funds	\$ 2,745	\$ -	\$ -	\$ -	\$ 2,745	\$ 2,745	\$ -
	Mutual funds	\$ 3,013	\$ -	\$ -	\$ -	\$ 3,013	\$ 3,013	\$ -
	Mutual funds	\$ 4,265	\$ -	\$ -	\$ -	\$ 4,265	\$ 4,265	\$ -
	Mutual funds	\$ 4,348	\$ -	\$ -	\$ -	\$ 4,348	\$ 4,348	\$ -
	Mutual funds	\$ 4,376	\$ -	\$ -	\$ -	\$ 4,376	\$ 4,376	\$ -
	Mutual funds	\$ 4,602	\$ -	\$ -	\$ -	\$ 4,602	\$ 4,602	\$ -
	Mutual funds	\$ 4,176	\$ -	\$ -	\$ -	\$ 4,176	\$ 4,176	\$ -
	Mutual funds	\$ 10,316	\$ -	\$ -	\$ -	\$ 10,316	\$ 10,316	\$ -
	Mutual funds	\$ 228	\$ -	\$ -	\$ -	\$ 228	\$ 228	\$ -
	Mutual funds	\$ 8,783	\$ -	\$ -	\$ -	\$ 8,783	\$ 8,783	\$ -
	Mutual funds	\$ 8,480	\$ -	\$ -	\$ -	\$ 8,480	\$ 8,480	\$ -
	Mutual funds	\$ 2,071	\$ -	\$ -	\$ -	\$ 2,071	\$ 2,071	\$ -
	Mutual funds	\$ 10,097	\$ -	\$ -	\$ -	\$ 10,097	\$ 10,097	\$ -
	Mutual funds	\$ -	\$ 48	\$ -	\$ -	\$ 47	\$ 48	\$ 1
Schwab Treasury Obl Money-Va	Money market	\$ 310,000	\$ -	\$ -	\$ -	\$ 310,000	\$ 310,000	\$ -
	Money market	\$ 3,386	\$ -	\$ -	\$ -	\$ 3,386	\$ 3,386	\$ -
	Money market	\$ 5,159	\$ -	\$ -	\$ -	\$ 5,159	\$ 5,159	\$ -
	Money market	\$ 5,345	\$ -	\$ -	\$ -	\$ 5,345	\$ 5,345	\$ -
	Money market	\$ -	\$ 500,000	\$ -	\$ -	\$ 500,000	\$ 500,000	\$ -
	Money market	\$ -	\$ 100,000	\$ -	\$ -	\$ 100,000	\$ 100,000	\$ -
	Money market	\$ -	\$ 260,000	\$ -	\$ -	\$ 260,000	\$ 260,000	\$ -
	Money market	\$ -	\$ 996,647	\$ -	\$ -	\$ 996,647	\$ 996,647	\$ -
	Money market	\$ -	\$ 310,000	\$ -	\$ -	\$ 310,000	\$ 310,000	\$ -
Schwab Trsry Obl Mny-Ult	Money market	\$ 1,000,000	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
	Money market	\$ 310,000	\$ -	\$ -	\$ -	\$ 310,000	\$ 310,000	\$ -
	Money market	\$ 528,000	\$ -	\$ -	\$ -	\$ 528,000	\$ 528,000	\$ -
	Money market	\$ 128	\$ -	\$ -	\$ -	\$ 128	\$ 128	\$ -
	Money market	\$ 4,229	\$ -	\$ -	\$ -	\$ 4,229	\$ 4,229	\$ -
	Money market	\$ 4,218	\$ -	\$ -	\$ -	\$ 4,218	\$ 4,218	\$ -
	Money market	\$ 1	\$ -	\$ -	\$ -	\$ 1	\$ 1	\$ -
	Money market	\$ -	\$ 300,000	\$ -	\$ -	\$ 300,000	\$ 300,000	\$ -
Schwab US Dvd Equity ETF	Exchange-traded funds	\$ -	\$ 249,832	\$ -	\$ -	\$ 218,558	\$ 249,832	\$ 31,274
	Exchange-traded funds	\$ -	\$ 233,913	\$ -	\$ -	\$ 208,844	\$ 233,913	\$ 25,069
US Treasury Bill 0.000% Due 04-11-24	Government zeros	\$ -	\$ 1,955,355	\$ -	\$ -	\$ 1,955,072	\$ 1,955,355	\$ 283
US Treasury Bill 0.000% Due 06-11-24	Government zeros	\$ 1,997,128	\$ -	\$ -	\$ -	\$ 1,997,128	\$ 1,997,128	\$ -
	Government zeros	\$ -	\$ 248,940	\$ -	\$ -	\$ 248,933	\$ 248,940	\$ 7
	Government zeros	\$ -	\$ 1,778,701	\$ -	\$ -	\$ 1,778,585	\$ 1,778,701	\$ 116
US Treasury Bill 0.000% Due 10-29-24	Government zeros	\$ 1,076,965	\$ -	\$ -	\$ -	\$ 1,076,965	\$ 1,076,965	\$ -
	Government zeros	\$ 307,705	\$ -	\$ -	\$ -	\$ 307,705	\$ 307,705	\$ -
	Government zeros	\$ -	\$ 1,395,000	\$ -	\$ -	\$ 1,395,442	\$ 1,395,000	\$ (442)
US Treasury Bill 0.000% Due 11-07-24	Government zeros	\$ 974,017	\$ -	\$ -	\$ -	\$ 974,017	\$ 974,017	\$ -
	Government zeros	\$ -	\$ 1,000,000	\$ -	\$ -	\$ 1,000,078	\$ 1,000,000	\$ (78)
US Treasury Bill 0.000% Due 12-05-24	Government zeros	\$ 1,850,714	\$ -	\$ -	\$ -	\$ 1,850,714	\$ 1,850,714	\$ -
	Government zeros	\$ -	\$ 1,876,523	\$ -	\$ -	\$ 1,875,581	\$ 1,876,523	\$ 942
US Treasury Bill 0.000% Due 12-26-24	Government zeros	\$ 746,185	\$ -	\$ -	\$ -	\$ 746,185	\$ 746,185	\$ -
	Government zeros	\$ -	\$ 249,348	\$ -	\$ -	\$ 249,379	\$ 249,348	\$ (31)
	Government zeros	\$ -	\$ 499,385	\$ -	\$ -	\$ 499,476	\$ 499,385	\$ (91)
US Treasury Note/Bond 5.000% Due 10-31-25	Treasury notes/bond	\$ -	\$ 504,676	\$ -	\$ -	\$ 504,648	\$ 504,676	\$ 28
	Treasury notes/bond	\$ -	\$ 50,271	\$ -	\$ -	\$ 50,465	\$ 50,271	\$ (194)

See accompanying Independent Auditors' Report.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**


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

<b>A</b> Name of plan Ocean View Capital, Inc. Triangle Wire & Cable Pension Plan for Hourly Employees	<b>B</b> Three-digit plan number (PN) ▶	022
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Ocean View Capital, Inc.	<b>D</b> Employer Identification Number (EIN) 22-1727582	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	9616941
	<b>b</b> Actuarial value .....	<b>2b</b>	9616941
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	403	7880870
	<b>b</b> For terminated vested participants .....	80	2126844
	<b>c</b> For active participants .....	0	0
	<b>d</b> Total .....	483	10007714
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	4.98 %
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	300000
	<b>c</b> Target normal cost .....	<b>6c</b>	300000

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	Andrea L. Abolafia  Signature of actuary Andrea L. Abolafia Type or print name of actuary Danziger & Markhoff LLP Firm name 1133 Westchester Avenue Suite N208 White Plains, NY 10604 Address of the firm	09/16/2025 Date 23-06318 Most recent enrollment number (914) 948-1556 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of _____% .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		579
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.11</u> % .....		30
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		609
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

Part III	Funding Percentages		
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	96.09 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	96.09 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	90.92 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

Part IV	Contributions and Liquidity Shortfalls																																																
<b>18</b>	Contributions made to the plan for the plan year by employer(s) and employees:																																																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">(a) Date (MM-DD-YYYY)</th> <th style="width: 20%;">(b) Amount paid by employer(s)</th> <th style="width: 20%;">(c) Amount paid by employees</th> <th style="width: 15%;">(a) Date (MM-DD-YYYY)</th> <th style="width: 20%;">(b) Amount paid by employer(s)</th> <th style="width: 20%;">(c) Amount paid by employees</th> </tr> </thead> <tbody> <tr> <td>04-10-2024</td> <td style="text-align: right;">114371</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>07-08-2024</td> <td style="text-align: right;">76420</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10-09-2024</td> <td style="text-align: right;">76420</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>01-03-2025</td> <td style="text-align: right;">76420</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>09-03-2025</td> <td style="text-align: right;">6400</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;"><b>Totals ▶</b></td> <td style="text-align: center;"><b>18(b)</b></td> <td style="text-align: center;">350031</td> </tr> <tr> <td colspan="3"></td> <td></td> <td style="text-align: center;"><b>18(c)</b></td> <td style="text-align: center;">0</td> </tr> </tbody> </table>	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	04-10-2024	114371					07-08-2024	76420					10-09-2024	76420					01-03-2025	76420					09-03-2025	6400								<b>Totals ▶</b>	<b>18(b)</b>	350031					<b>18(c)</b>	0
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees																																												
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				<b>18(c)</b>	0																																												

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 339658
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 300000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	390773		39643	
<b>b</b> Waiver amortization installment.....				
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 339643
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....			0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 339643
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 339658
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 15
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b>
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**

(Supplementary Information)

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

For the Year Ended December 31, 2024

EIN: 22-1727582  
 PN: 022

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Cost of acquisitions	(d) Proceeds of dispositions
	<u>Shares</u>		
US Treasury Bill 0.000% Due 06-11-24	Government Zeros	\$ 1,997,128	\$ 2,027,641
US Treasury Bill 0.000% Due 10-29-24	Government Zeros	\$ 1,384,670	\$ 1,395,000
US Treasury Bill 0.000% Due 11-07-24	Government Zeros	\$ 974,017	\$ 1,000,000
US Treasury Bill 0.000% Due 12-05-24	Government Zeros	\$ 1,850,714	\$ 1,876,523
US Treasury Bill 0.000% Due 12-26-24	Government Zeros	\$ 746,185	\$ 748,733

See accompanying Independent Auditors' Report.

**TRIANGLE WIRE & CABLE, INC.**  
**PENSION PLAN FOR HOURLY EMPLOYEES**  
(Supplementary Information)  
Schedule H, line 4i - Schedule of Assets (Held at End of Year)  
as of December 31, 2024

EIN: 22-1727582  
PN: 022

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<b>Mutual funds:</b>			
Cullen High Dividend Equity I	Mutual fund	\$ 247,056	\$ 197,254
Medalist Partners MBS Total Return Instl	Mutual fund	1,842,205	1,884,220
MFS® International Intrinsic Value I	Mutual fund	929,919	922,485
Principal MidCap Institutional	Mutual fund	175,251	205,152
Total mutual funds		3,194,431	3,209,111
<b>Exchange-traded funds:</b>			
Energy Select Sector Spdr	Exchange-traded fund	500,882	513,960
Invesco S&P 500 Equal Weight	Exchange-traded fund	354,850	438,075
iShares AAA CLO Active ETF	Exchange-traded fund	258,250	258,850
iShares Russell 1000 Value ETF	Exchange-traded fund	130,590	138,848
iShares Russell Mid-Cap ETF	Exchange-traded fund	119,858	132,600
Neuberger Berman Energy Infrastructure and Income Fund Inc	Exchange-traded fund	228,031	353,200
Schwab US Dvd Equity ETF	Exchange-traded fund	242,842	273,200
Vaneck Oil Services Etf	Exchange-traded fund	207,892	189,861
Total exchange-traded funds		2,043,195	2,298,594
<b>Treasury-agency bonds/Government zeros:</b>			
US Treasury Note/Bond 5.000% Due 10-31-25	Treasury-agency bond	1,463,480	1,458,385
<b>Short-term cash investment funds:</b>			
Schwab Cash Account	Short-term cash investment fund	11,899	11,899
JP Morgan US Government MM Institutional	Short-term cash investment fund	438,834	438,834
Schwab Trsry Obl Mny-Ult	Money market	1,546,576	1,546,576
Total short-term cash investment funds		1,997,309	1,997,309
<b>Total</b>		<b>\$ 8,698,415</b>	<b>\$ 8,963,399</b>

See accompanying Independent Auditors' Report.

**Ocean View Capital, Inc.**  
**Triangle Wire & Cable Pension Plan for Hourly Employees**

Shortfall Amortization  
Plan Year: 1/1/2024 to 12/31/2024  
Valuation Date: 1/1/2024

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a fifteen year period.

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
01/01/2023	15-year	14	\$87,482	\$916,589
01/01/2024	15-year	15	<u>\$(47,839)</u>	<u>\$(525,816)</u>
Total			\$39,643	\$390,773

Shortfall Amortization Charge (sum of installments, no less than zero): \$39,643