

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

Part II Basic Plan Information—enter all requested information

1a Name of plan THE INDAK EMPLOYEES' COMBINED PENSION PLAN AND TRUST
1b Three-digit plan number (PN) 001
1c Effective date of plan 07/15/1959
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) INDAK MANUFACTURING CORPORATION 1915 TECHNY ROAD NORTHBROOK, IL 60062
2b Employer Identification Number (EIN) 36-2101210
2c Plan Sponsor's telephone number 847-272-0343
2d Business code (see instructions) 335900

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	187
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	27
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 3H 1H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

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

A Name of plan <u>THE INDAK EMPLOYEES' COMBINED PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INDAK MANUFACTURING CORPORATION</u>	D Employer Identification Number (EIN) <u>36-2101210</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>10410305</u>	
b Actuarial value	2b	<u>10410305</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>109</u>	<u>6771237</u>	<u>6771237</u>
b For terminated vested participants	<u>51</u>	<u>933586</u>	<u>933586</u>
c For active participants	<u>27</u>	<u>1876491</u>	<u>1876491</u>
d Total	<u>187</u>	<u>9581314</u>	<u>9581314</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.07 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>137621</u>	
b Expected plan-related expenses	6b	<u>0</u>	
c Target normal cost	6c	<u>137621</u>	

Statement by Enrolled Actuary

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

SIGN HERE Signature of actuary <u>NICHOLE ALEXANDER, FSA, EA, MAAA</u> Type or print name of actuary <u>ALLIANCE PENSION CONSULTANTS, LLC</u> Firm name <u>1751 LAKE COOK ROAD, SUITE 400</u> <u>DEERFIELD, IL 60015</u> Address of the firm	<u>06/17/2025</u> Date <u>23-07799</u> Most recent enrollment number <u>847-291-9440</u> 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
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2163422
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	293167
9	Amount remaining (line 7 minus line 8)	0	1870255
10	Interest on line 9 using prior year's actual return of <u>15.11</u> %	0	282596
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.14</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2152851

Part III Funding Percentages			
14	Funding target attainment percentage	14	86.18 %
15	Adjusted funding target attainment percentage	15	108.65 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 137621
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	1323860		133170	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 270791
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	270791	270791	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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

A Name of plan THE INDAK EMPLOYEES' COMBINED PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INDAK MANUFACTURING CORPORATION	D Employer Identification Number (EIN) 36-2101210	

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

CHARLES SCHWAB & CO.

94-1737782

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

CHARLES SCHWAB TRUST BANK

82-3967259

(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)

ALLIANCE PENSION CONSULTANTS, LLC

36-4389114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	98730	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)

RLW ASSOCIATES, LLC

47-5206941

(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	22500	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)

WARADY & DAVIS LLP

36-2170602

(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	11250	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE INDAK EMPLOYEES' COMBINED PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INDAK MANUFACTURING CORPORATION	D Employer Identification Number (EIN) 36-2101210

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	641948	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9768357	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10410305	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10410305	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	220010	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		220010
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	68913	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2699365	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	-2257095	
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1762
d Total income. Add all income amounts in column (b) and enter total.....	2d		732955

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10047820	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10047820
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13750	
(5) Investment advisory and investment management fees	2i(5)	22500	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	98730	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	29427	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		164407
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10212227

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-9479272
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		931033

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: **WARADY & DAVIS, LLP**

(2) EIN: **36-2170602**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
INDAK MANUFACTURING CORP. PROFIT SHARING PLAN AND TRUST	36-2101210	002

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 538028.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE INDAK EMPLOYEES' COMBINED PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INDAK MANUFACTURING CORPORATION</u>	D Employer Identification Number (EIN) <u>36-2101210</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 36-6130986

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	63
--	---	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501366A.

**THE INDAK EMPLOYEES' COMBINED
PENSION PLAN AND TRUST**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

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INDEPENDENT AUDITORS' REPORT

Trustees
The Indak Employees' Combined
Pension Plan and Trust
Northbrook, Illinois

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

We have performed audits of the accompanying financial statements of THE INDAK EMPLOYEES' COMBINED PENSION PLAN AND TRUST, 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, the statements of accumulated plan benefits as of December 31, 2023 and 2022, and the related statements of changes in accumulated plan 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 INDAK EMPLOYEES' COMBINED PENSION PLAN AND TRUST'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 certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of THE INDAK EMPLOYEES' COMBINED PENSION PLAN AND TRUST 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 THE INDAK EMPLOYEES' COMBINED PENSION PLAN AND TRUST's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of THE INDAK EMPLOYEES' COMBINED PENSION PLAN AND TRUST'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 INDAK EMPLOYEES' COMBINED PENSION PLAN AND TRUST'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.

Supplemental Schedules Required by ERISA

The supplemental schedules listed in the accompanying table of contents is 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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 schedule related to assets held by and certified to by a qualified institution and the schedule of reportable transactions agree 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).

Warady & Davis LLP

September 26, 2025

THE INDAK EMPLOYEES' COMBINED
PENSION PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31	2024	2023
ASSETS		
Investments, at Fair Value		
Cash	\$ —	\$ 383,545
Money Market Funds	—	258,403
Mutual Funds	—	9,768,357
NET ASSETS AVAILABLE FOR BENEFITS	\$ —	\$ 10,410,305

THE INDAK EMPLOYEES' COMBINED
PENSION PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income		
Gain on Sale of Investments	\$ 442,270	\$ 1,171,393
Dividends and Interest	288,923	287,693
Investment Income	<u>731,193</u>	<u>1,459,086</u>
Miscellaneous Income	<u>1,762</u>	<u>—</u>
Total Additions	<u>732,955</u>	<u>1,459,086</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits Paid to Terminated Participants	3,387,309	1,271,032
Administrative Fees	164,407	137,621
Annuity Settlement payment to Insurance Company	6,660,511	—
Total Deductions	<u>10,212,227</u>	<u>1,408,653</u>
Net Increase (Decrease)	(9,479,272)	50,433
TRANSFER OF PLAN ASSETS TO RELATED PROFIT SHARING PLAN DUE TO PENSION PLAN TERMINATION	(931,033)	—
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning	10,410,305	10,359,872
ENDING	<u>\$ —</u>	<u>\$ 10,410,305</u>

THE INDAK EMPLOYEES' COMBINED
PENSION PLAN AND TRUST

STATEMENTS OF ACCUMULATED PLAN BENEFITS

As of December 31	2023	2022
Vested Benefits:		
Participants Currently Receiving Benefits	\$ 6,122,855	\$ 4,828,080
Active Participants	1,612,966	2,890,354
Vested Terminated Participants	854,233	1,372,652
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	\$ 8,590,054	\$ 9,091,086

THE INDAK EMPLOYEES' COMBINED
PENSION PLAN AND TRUST

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Years Ended December 31	2023	2022
Actuarial Present Value of Accumulated Plan Benefits, Beginning	\$ 9,091,086	\$ 10,519,598
Changes during the Year Attributable to:		
Benefits Accumulated	220,387	1,174,672
Increase for Interest	549,612	580,310
Benefits Paid	<u>(1,271,031)</u>	<u>(3,183,494)</u>
	<u>(501,032)</u>	<u>(1,428,512)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, ENDING	\$ 8,590,054	\$ 9,091,086

NOTES TO FINANCIAL STATEMENTS

NOTE 1—PLAN DESCRIPTION

The following brief description of The Indak (Company) Employees' Combined Pension Plan and Trust (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

The Plan is a defined benefit pension plan covering all salaried and hourly employees of the Company. It resulted from the merger of the Salaried Employee Plan with the Hourly Employee Plan, effective July 15, 1989. Employees were eligible to participate in the Plan on the earlier of January first or July first of the Plan year following completion of one year of continuous service, provided they have attained age 21. The normal retirement date is the first day of the month coincident with or next following the employee's 65th birthday or his/her 5th anniversary of joining the plan.

Effective March 31, 2005, an employee hired after March 31, 2005, will not be an "Eligible Employee" under the pension plan unless the employee was an employee with Borg Indak on or before March 31, 2005 and is employed by Indak on or after April 1, 2005.

During 2007, the Company amended the plan, so that no participant would be credited with a plan year of service for the purpose of benefit accrual after July 31, 2007 and, accordingly, no further benefits shall be accrued effective July 31, 2007.

Effective February 1, 2022, the Plan adopted an amendment to allow eligible participants to receive distribution of their vested accrued benefit in alternative forms of payment. The payment may be made in the form of a single lump-sum payment or 75% joint and survivor annuity. The eligible participant is whose the lump-sum value of vested accrued benefit exceeds \$5,000 and participant and his/her spouse elect not to take a joint and survivor annuity, or is not married when benefits are scheduled to begin and have elected not to take a life annuity.

On May 13, 2024, the Plan sponsor adopted an amendment to implement Secure Act Provisions and terminate the Plan. The effective date of the Plan termination is July 31, 2024. All participants are deemed fully vested in their accrued benefit.

NORMAL RETIREMENT BENEFIT

For all participants of the Plan as of July 15, 1987, the benefit attributable to service prior to that date is:

.75% of 5-year average monthly compensation plus .75% of 5-year average monthly compensation in excess of the 1986 Covered Compensation Table, such sum multiplied by past credited service. For participants with less than 5 years of service, monthly compensation is averaged over their applicable period of service.

For all participants of the Indak Manufacturing Corporation Hourly Employees' Pension Plan as of September 1, 1986, the benefit attributable to service prior to that date is:

.75% of 5-year average monthly compensation plus .75% of 5-year average monthly compensation in excess of the 1986 Covered Compensation Table, such sum multiplied by past credited service. For participants with less than 5 years of service, monthly compensation is averaged over their applicable period of service.

NOTES TO FINANCIAL STATEMENTS

NOTE 1—PLAN DESCRIPTION (Continued)

NORMAL RETIREMENT BENEFIT (Continued)

For each future year of service through July 14, 1989, the benefit credit is:

.75% of that portion of each Plan year's monthly compensation (as of July 1st) subject to FICA tax, plus 1.5% of such monthly compensation exempt from FICA tax.

For participants of the Hourly Plan as of July 14, 1989, a full year of service credit was granted for the short Plan year September 1, 1988 through July 14, 1989. Note also that Hourly employees' calendar year compensation was used for service accruals from September 1, 1986 through July 14, 1989.

For all employees, for each year of future service beginning July 15, 1989 and through March 31, 2005, the benefit credit is:

.75% of compensation up to the Covered Compensation level plus 1.21% of compensation in excess of the Covered Compensation level, such credit not to exceed 35 years. Benefit credit after 35 years will be .75% of all compensation.

The Plan changed its year-end during 1998. A participant's accrual for the 1998 short Plan year (July 15, 1998 to December 31, 1998) shall be 50% of the amount calculated under the formula in the preceding paragraph, if the participant worked 1,000 or more hours during calendar year 1998.

Beginning on January 1, 1999, the Plan year is a calendar year and the benefit formula remains the same.

For the purpose of these benefits, integration level is the greater of (1) 60% of the monthly compensation subject to FICA tax (taxable wage base) for the related calendar year in which the plan year begins or (2) 150% of monthly Covered Compensation (the 35-year average of taxable wage bases) of an individual who attains Social Security Retirement Age during the calendar year which contains the first day of the Plan year.

Compensation means W-2 wages for the calendar year that contains the first day of the plan year. Service credits toward the 35-year limit include all service with the employer.

FUNDING POLICY

The Company's funding policy is to make annual contributions to the Plan in amounts that are estimated to fully provide for all employees' benefits by the time they retire. The Company's contributions for 2024 and 2023 met the minimum contribution requirements of ERISA.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method of accounting.

NOTES TO FINANCIAL STATEMENTS

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

USE OF ESTIMATES

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

INVESTMENT VALUATION AND INCOME RECOGNITION

All investments are stated at their quoted market prices at December 31, 2024 and 2023. Interest income is recognized when earned and dividends when received. Net appreciation (depreciation) on investments held represents the change in market value of the investments from the beginning of the Plan year (or date the investments were purchased, if later) to the end of the Plan year.

PAYMENT OF BENEFITS

Benefit payments to participants are recorded upon distribution. The amounts of benefit payments are determined by an actuary from Alliance Pension Consultants, LLC.

NOTE 3—FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification (FASB ASC) 820-10, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's 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.

NOTES TO FINANCIAL STATEMENTS

NOTE 3—FAIR VALUE MEASUREMENTS (Continued)

Level 1 Fair Value Measurements

The fair value of mutual funds are based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 and Level 3 Fair Value Measurements

Level 2 and Level 3 Fair Value Measurements are not applicable to the Plan for 2024 and 2023.

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

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

	<u>Assets at Fair Value as of December 31, 2024</u>			
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash	\$ —	\$ —	\$ —	\$ —
Money Market Funds.....	—	—	—	—
Mutual Funds.....	—	—	—	—
Total	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

	<u>Assets at Fair Value as of December 31, 2023</u>			
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash	\$ 383,545	\$ 383,545	\$ —	\$ —
Money Market Funds.....	258,403	258,403	—	—
Mutual Funds.....	9,768,357	9,768,357	—	—
Total	<u>\$ 10,410,305</u>	<u>\$ 10,410,305</u>	<u>\$ —</u>	<u>\$ —</u>

NOTE 4—ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFIT

The accumulated plan benefits and actuarial present value of accumulated plan benefits are determined by an actuary from Alliance Pension Consultants, LLC.

NOTES TO FINANCIAL STATEMENTS

NOTE 4—ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFIT (Continued)

Accumulated plan benefits are those future periodic and lump-sum payments that are attributable to the service employees have rendered. The present value of accumulated plan benefits is calculated based on actuarial assumptions. The significant actuarial assumptions used in the valuations as of December 31, 2023 include segmented interests of 4.75% for years 0 to 5, 4.96% for years 6 to 20, and 5.59% for years over 20, and the 2024 IRS Optional Small Plan Combined Static Table. The benefit accruals under the plan were frozen effective July 31, 2007. Therefore, no salary scale was used in valuing the liabilities of the plan.

NOTE 5—INFORMATION CERTIFIED BY THE CUSTODIAN OF THE PLAN'S ASSETS

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Charles Schwab Bank, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and schedule is complete and accurate.

- a. Investments, as shown in the accompanying statements of net assets available for benefits, as of December 31, 2024 and 2023.
- b. Investment income, as shown in the accompanying statements of changes in net assets available for benefits, for the year ended December 31, 2024 and 2023.
- c. The schedule of assets (held at end of year) as of December 31, 2024, as shown on Schedule H, Line 4i.
- d. The schedule of reportable transactions as of December 31, 2024, as shown on Schedule H, Line 4j.

The Plan's independent 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 schedule.

NOTE 6—TAX STATUS

The Plan presently meets the requirements of Section 401(a) of the Internal Revenue Code and, accordingly, its income is exempt from federal income taxes under Section 501(a). A similar status exists for Illinois income taxes.

The Plan obtained its latest determination letter on July 20, 2012, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

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

NOTES TO FINANCIAL STATEMENTS

NOTE 7—RELATED PLANS

Indak Manufacturing Corporation also has a profit sharing plan.

For the purpose of computing statutory limitations of the maximum company contribution to a participant's account, all plans are aggregated.

NOTE 8—RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST

The Company provides to the Plan certain accounting and administrative services for which no fees are charged.

The Plan's investments are managed by Charles Schwab Corporate Trust Company which is considered a party-in-interest. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investments, as they are paid through revenue sharing, rather than a direct payment.

The Plan's actuary is Alliance Pension Consultants, LLC (formally known as Reed-Ramsey, Inc.), which is considered a party-in-interest. Fees are paid by the Plan.

The Plan also has a number of other service providers. Such parties are parties-in-interest under ERISA. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 9—PLAN TERMINATION

On May 13, 2024, the plan sponsor of the Plan approved a resolution to terminate the Plan, effective July 31, 2024. The Plan termination was carried out in accordance with the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA), and approval was obtained from both the Pension Benefit Guaranty Corporation (PBGC) and the Internal Revenue Service (IRS).

As of the termination date, all benefit accruals under the Plan ceased. During the year ended December 31, 2024, the Plan began the process of distributing assets to satisfy participant benefits. Participants had the option of receiving a lump sum payout of their vested accrued benefit or the purchase of nonparticipating annuity contracts from a qualified insurance provider to provide for future benefits.

All plan assets were distributed in accordance with ERISA regulations, and as of December 31, 2024, the Plan has fully settled all benefit obligations.

NOTE 10—CONCENTRATIONS OF CREDIT RISK

The Plan maintains its cash balances at financial institutions which, at times, may exceed federally insured limits. The Plan has not experienced any losses in such accounts. The Plan believes it is not exposed to any significant credit risk on cash.

NOTES TO FINANCIAL STATEMENTS

NOTE 11—RISKS AND UNCERTAINTIES

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

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

NOTE 12—SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 26, 2025, the date which the financial statements were available for issue. There were no subsequent events which require disclosure.

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500 - Part IV
EIN: 36-2101210
Plan Number 001
As of December 31, 2024

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	Cost	Current Value
First Bank of Highland Park.....	Cash.....	\$ —	\$ —
* Schwab Institutional.....	Money Market Deposit Account.....	—	—
American Funds Europacific Growth.....	Mutual Fund.....	—	—
Calamos Market Neutral Income Fund Class A.....	Mutual Fund.....	—	—
Dodge & Cox Income Fund.....	Mutual Fund.....	—	—
Dodge & Cox International Stock Fund.....	Mutual Fund.....	—	—
Gateway Fund Class Y.....	Mutual Fund.....	—	—
Pimco All Asset Fund Institutional Class.....	Mutual Fund.....	—	—
Pimco Total Return Fund Institutional Class.....	Mutual Fund.....	—	—
Primecap Odyssey Aggressive Growth Fund.....	Mutual Fund.....	—	—
* Schwab Total Stock Market Fund.....	Mutual Fund.....	—	—
Tweedy Browne Global Value Fund.....	Mutual Fund.....	—	—
Vanguard Developed Markets Index Admiral.....	Mutual Fund.....	—	—
Vanguard FTSE All World Ex US Small Cap.....	Mutual Fund.....	—	—
Vanguard GNMA Fund Admiral.....	Mutual Fund.....	—	—
Vanguard Growth Index Fund Admiral.....	Mutual Fund.....	—	—
Vanguard Mid Cap Index Fund Admiral.....	Mutual Fund.....	—	—
Vanguard Mid Cap Value Index Fund Admiral.....	Mutual Fund.....	—	—
Vanguard Reit Index Fund Admiral.....	Mutual Fund.....	—	—
Vanguard Short-Term Investment-Grade Admiral....	Mutual Fund.....	—	—
Vanguard Small Cap Growth Index Admiral.....	Mutual Fund.....	—	—
Vanguard Small Cap Index Fund Admiral.....	Mutual Fund.....	—	—
Vanguard Small Cap Value Index Admiral.....	Mutual Fund.....	—	—
Vanguard Total Intl Stock Index Admiral Fund.....	Mutual Fund.....	—	—
Vanguard Value Index Fund Admiral.....	Mutual Fund.....	—	—
		\$ —	\$ —

* Represents a Party in Interest.



TRUST BANK

INDAK EMPLOYEES PEN PLAN (COMBINED)
 ACCOUNT NUMBER: 201476
 REPORTING PERIOD: 12/31/23 TO 12/31/24
 PAGE : 35

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
 BY BROKER
 COMPUTED ON A 12/31/23 VALUE OF \$10,035,142.40

TRADE DATE	SHARES/PV	DESCRIPTION	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
CHARLES SCHWAB & CO.					
1/22/24	48.239 S	VANGUARD GNMA FUND ADMIRAL SHRS TICKER: VFIJX	0.00	444.28	-415.49
1/23/24	45.339 S	VANGUARD GROWTH INDEX FD ADMIRAL TICKER: VIGAX	0.00	7,500.00	-2,627.52
1/23/24	128.008 S	VANGUARD VALUE INDEX ADMIRAL TICKER: VVIAX	0.00	7,500.00	-4,800.25
1/23/24	209.688 S	DODGE & COX INTERNATIONAL STOCK I TICKER: DODFX	0.00	10,000.00	-8,519.59
1/23/24	368.460 S	TWEEDY BROWNE INTL VALUE FUND TICKER: TBGVX	0.00	10,000.00	-9,056.28
1/23/24	471.921 S	PRIMECAP ODYSSEY AGGR GROWTH FD TICKER: POAGX	0.00	20,000.00	-22,772.92
1/23/24	70.050 S	VANGUARD MID CAP INDEX FUND ADMIRAL TICKER: VIMAX	0.00	20,000.00	-11,083.57
1/23/24	198.886 S	VANGUARD SMALL CAP INDEX ADMIRAL SH TICKER: VSMAX	0.00	20,000.00	-11,708.49
1/23/24	303.877 S	SCHWAB TOTAL STK MKT INDEX TICKER: SWTSX	0.00	25,000.00	-10,964.67
2/ 1/24	0.097 S	VANGUARD GNMA FUND ADMIRAL SHRS TICKER: VFIJX	0.00	0.90	-0.90
3/21/24	117.758 S	GATEWAY FUND CL Y TICKER: GTEYX	0.00	5,000.00	-3,721.80
3/21/24	154.416 S	VANGUARD TOTAL INTL STOCK INDEX ADM TICKER: VTIAX	0.00	5,000.00	-4,450.53
3/21/24	198.807 S	DODGE & COX INTERNATIONAL STOCK I TICKER: DODFX	0.00	10,000.00	-8,077.50
3/21/24	169.693 S	AMERICAN FUNDS EUROPACIFIC GROWTH R6 TICKER: RERGX	0.00	10,000.00	-7,777.57
3/21/24	125.565 S	VANGUARD MID CAP VALINDEX ADMIRAL TICKER: VMVAX	0.00	10,000.00	-6,466.84
3/21/24	109.709 S	VANGUARD SMALL CAP GROWTH INDEX ADMI TICKER: VSGAX	0.00	10,000.00	-7,983.96
3/21/24	621.118 S	VANGUARD DEVELOPED MKTS INDEX ADM TICKER: VTMGX	0.00	10,000.00	-7,165.71
3/21/24	184.615 S	VANGUARD SMALL CAP VALUE INDEX ADMIR TICKER: VSIAX	0.00	15,000.00	-9,498.91
3/21/24	48.970 S	VANGUARD MID CAP INDEX FUND ADMIRAL TICKER: VIMAX	0.00	15,000.00	-7,776.48
3/21/24	137.969 S	VANGUARD SMALL CAP INDEX ADMIRAL SH TICKER: VSMAX	0.00	15,000.00	-8,122.29
3/21/24	397.519 S	VANGUARD VALUE INDEX ADMIRAL TICKER: VVIAX	0.00	25,000.00	-14,969.18
3/21/24	337.838 S	SCHWAB TOTAL STK MKT INDEX TICKER: SWTSX	0.00	30,000.00	-12,190.07
3/21/24	224.643 S	VANGUARD GROWTH INDEX FD ADMIRAL TICKER: VIGAX	0.00	40,000.00	-13,054.47
5/ 7/24	1,288.169 S	VANGUARD REAL ESTATE IN FD ADM SHRS TICKER: VGSLX	0.00	149,968.63	-141,279.07
5/ 7/24	6,358.142 S	VANGUARD FTSE ALL WRLD EX US SM CAP TICKER: VFSAX	0.00	184,576.86	-208,816.10
5/ 7/24	26,786.076 S	PIMCO TOTAL RETURN FUND INSTL CLASS TICKER: PTRRX	0.00	226,342.34	-275,900.61
5/ 7/24	2,818.172 S	VANGUARD SMALL CAP GROWTH INDEX ADMI	0.00	249,943.67	-205,089.59

See accompanying independent auditors' report.



TRUST BANK

INDAK EMPLOYEES PEN PLAN (COMBINED)
 ACCOUNT NUMBER: 201476
 REPORTING PERIOD: 12/31/23 TO 12/31/24
 PAGE : 36

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
 BY BROKER
 COMPUTED ON A 12/31/23 VALUE OF \$10,035,142.40

TRADE DATE	SHARES/PV	DESCRIPTION	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
5/ 7/24	4,602.314 S	TICKER: VSGAX AMERICAN FUNDS EUROPACIFIC GROWTH R6	0.00	271,306.41	-210,938.82
5/ 7/24	8,682.964 S	TICKER: RERGX VANGUARD TOTAL INTL STOCK INDEX ADM	0.00	282,804.14	-250,257.63
5/ 7/24	5,675.631 S	TICKER: VTIAAX DODGE & COX INTERNATIONAL STOCK I	0.00	293,203.10	-230,599.99
5/ 7/24	19,067.002 S	TICKER: DODFX VANGUARD DEVELOPED MKTS INDEX ADM	0.00	306,406.72	-219,972.18
5/ 7/24	11,569.685 S	TICKER: VTMGX TWEEDY BROWNE INTL VALUE FUND	0.00	340,611.53	-284,368.18
5/ 7/24	3,237.361 S	TICKER: TBGVX VANGUARD SMALL CAP INDEX ADMIRAL SH	0.00	343,742.99	-191,057.23
5/ 7/24	4,390.071 S	TICKER: VSMAX VANGUARD MID CAP VALINDEX ADMIRAL	0.00	346,815.61	-226,097.04
5/ 7/24	34,190.715 S	TICKER: VMVAX VANGUARD SHORT-TERM INVST GRADE ADM	0.00	347,719.57	-363,260.35
5/ 7/24	4,371.302 S	TICKER: VFSUX VANGUARD SMALL CAP VALUE INDEX ADMIR	0.00	349,660.45	-224,914.60
5/ 7/24	29,391.313 S	TICKER: VSIAX DODGE & COX INCOME I	0.00	362,982.72	-398,017.77
5/ 7/24	36,349.591 S	TICKER: DODIX PIMCO ALL ASSET FUND INSTL	0.00	400,572.49	-435,195.37
5/ 7/24	1,523.362 S	TICKER: PAAXX VANGUARD MID CAP INDEX FUND ADMIRAL	0.00	460,207.66	-241,911.14
5/ 7/24	12,980.670 S	TICKER: VIMAX PRIMECAP ODYSSEY AGGR GROWTH FD	0.00	579,457.11	-626,392.40
5/ 7/24	19,271.802 S	TICKER: POAGX GATEWAY FUND CL Y	0.00	815,389.94	-609,556.81
5/ 7/24	56,582.064 S	TICKER: GTEYX CALCALAMOS MARKET NEUTRAL INC CLA	0.00	830,058.88	-756,592.43
5/ 7/24	9,761.300 S	TICKER: CVSIX SCHWAB TOTAL STK MKT INDEX	0.00	857,725.43	-352,212.93
5/ 7/24	5,419.232 S	TICKER: SWTSX VANGUARD GROWTH INDEX FD ADMIRAL	0.00	957,740.87	-314,922.92
5/ 7/24	15,593.077 S	TICKER: VIGAX VANGUARD VALUE INDEX ADMIRAL	0.00	969,421.60	-587,181.00
5/17/24	757,484.330 B	TICKER: VVIAX SCH TREAS OBLIGATION MMF INVESTOR SH	0.00	-757,484.33	757,484.33
7/ 1/24	210.360 B	TICKER: SNOXX SCH TREAS OBLIGATION MMF INVESTOR SH	0.00	-210.36	210.36
7/ 1/24	24.924 S	TICKER: SNOXX PIMCO TOTAL RETURN FUND INSTL CLASS	0.00	210.36	-210.61
7/ 1/24	270.800 B	TICKER: PTTRX SCH TREAS OBLIGATION MMF INVESTOR SH	0.00	-270.80	270.80
7/ 1/24	26.601 S	TICKER: SNOXX VANGUARD SHORT-TERM INVST GRADE ADM	0.00	270.80	-270.54
7/ 1/24	3,114.940 B	TICKER: VFSUX SCH TREAS OBLIGATION MMF INVESTOR SH	0.00	-3,114.94	3,114.94
7/ 1/24	3,624.000 S	TICKER: SNOXX SCH TREAS OBLIGATION MMF INVESTOR SH	0.00	3,624.00	-3,624.00
8/ 1/24	0.030 B	TICKER: SNOXX SCH TREAS OBLIGATION MMF INVESTOR SH	0.00	-0.03	0.03
8/ 1/24	0.003 S	TICKER: SNOXX VANGUARD SHORT-TERM INVST GRADE ADM	0.00	0.03	-0.03
8/ 1/24	0.040 B	TICKER: VFSUX SCH TREAS OBLIGATION MMF INVESTOR SH	0.00	-0.04	0.04

See accompanying independent auditors' report.



TRUST BANK

INDAK EMPLOYEES PEN PLAN (COMBINED)
ACCOUNT NUMBER: 201476
REPORTING PERIOD: 12/31/23 TO 12/31/24
PAGE : 37

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
BY BROKER
COMPUTED ON A 12/31/23 VALUE OF \$10,035,142.40

Table with 6 columns: TRADE DATE, SHARES/PV, DESCRIPTION, TRANSACTION EXPENSE, PURCHASE/SALE PROCEEDS, COST/ADJUSTED HISTORICAL COST. Rows include transactions for PINCO TOTAL RETURN FUND INSTL CLASS and SCH TREAS OBLIGATION MMF INVESTOR SH.

See accompanying independent auditors' report.

**Indak Manufacturing Corporation
The Indak Employees' Combined Pension Plan and Trust**

**Attachment to 2024 Form 5500
Schedule SB, Line 26 - Schedule of Active Participant Data
EIN/PN: 36-2101210/001**

**Schedule of Active Participant Data
As of 1/1/2024**

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	1	3	0	0	0	4
55 to 59	0	0	0	0	0	4	1	0	2	0	7
60 to 64	0	0	0	0	1	0	2	5	3	0	11
65 to 69	0	0	0	0	0	1	0	1	0	0	2
70 and up	0	0	0	0	0	1	0	1	0	1	3
Total	0	0	0	0	1	7	6	7	5	1	27

Average Age: 61.3
Average Service: 31.0

Indak Manufacturing Corporation
The Indak Employees' Combined Pension Plan and Trust

Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/PN: 36-2101210/001

Valuation Date January 1, 2024

Actuarial Cost Method

Funding Target Liability

The Funding Target Liability is determined using the Unit Credit Actuarial Cost Method. Under this method, an accrued benefit is determined for each individual based upon service and compensation / benefit components as of the beginning of the plan year; a present value of this amount is then determined based upon each individual's anticipated future date(s) of decrement (allowing for anticipated future eligibility for benefits).

Target Normal Cost

Target Normal Cost is determined as the increase in a participant's accrued benefit (inherent in the determination of the Target Liability) for an additional year of service earned during the plan year. Target Normal Cost also includes the assumed value of any administrative expenses payable from the plan trust for the plan year.

Actuarial Value of Assets Method

Fair value of assets, including the discounted value of any receivable contributions and excluding the accumulated value of any advance contributions.

Excess Assets

The excess of the Plan's Actuarial Value of Assets (reduced for any Carryover Balance / Prefunding Balance) over the Plan's Funding Target Liability, if any.

Funding Shortfall

The excess of the Plan's Funding Target Liability over the Plan's Actuarial Value of Assets (reduced for any Carryover Balance / Prefunding Balance), if any.

Amortization of Funding Shortfall

The Plan's Funding Shortfall is amortized using a 15-year closed amortization method.

Under this method, the Plan's Funding Shortfall is determined each year and a new shortfall amortization charge is established (if applicable). The new shortfall amortization charge is determined as the amortization of the difference in the Funding Shortfall and the present value of all remaining shortfall amortizations. Once established, a shortfall amortization is maintained and amortized over a 15-year period (unless and until the Plan no longer has a Funding Shortfall).

A new shortfall amortization charge is not established for a plan year if the Funding Shortfall (determined without reduction for any Carryover Balance) is less than zero.

Indak Manufacturing Corporation
The Indak Employees' Combined Pension Plan and Trust

Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/PN: 36-2101210/001

Minimum Required Contribution	<p>Equal to the Target Normal Cost plus any Shortfall Amortization Charges, less the value of any Excess Assets.</p> <p>Certain assumptions used for the purposes of determining the Minimum Required Contribution are prescribed by law and subject to sponsor elections.</p>
Maximum Deductible Contribution	<p>Equal to the Funding Target Liability, plus Target Normal Cost, plus a Cushion Amount (50% of the Funding Target Liability), plus an adjustment to the Funding Target Liability for assumed salary increases (if applicable), less the value of the Actuarial Value of Assets.</p> <p>Certain assumptions used for the purposes of determining the Maximum Deductible Contribution are prescribed by law and subject to sponsor elections.</p>
Determination of Vested Funding Target Liability	<p>Determined under the same methodology as the Funding Target Liability but based upon the vested amount of a participant's accrued benefit considering the participant's age and service as of the valuation date. At each future decrement age, only benefits for which a participant is fully or partially vested as of the valuation date are valued.</p> <p>For these purposes, pre-retirement death benefits are considered vested based upon a participant's age and service as of the valuation date.</p>
Roll-Forward Methodology	<p>The current methodology is to prepare a robust valuation every year, based on census information as of the Valuation Date. There is no roll-forward methodology used.</p>
Inclusion Date	<p>Employees are included in the valuation upon attaining eligibility to participate in the Plan; no future or re-hired employees or participants are anticipated as of the valuation date, and former non-vested participants are excluded from the valuation as provided under Treasury Regulation §1.430(d)-1(e)(2).</p>
Compensation	<p>Current year plan compensation is provided by Indak Manufacturing Corporation and is used directly to prepare the Funding Target Liability and Target Normal Cost as of the valuation date.</p>

Indak Manufacturing Corporation
The Indak Employees' Combined Pension Plan and Trust

Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/PN: 36-2101210/001

**American Rescue Plan Act
(ARPA) of 2021**

The results have been prepared reflecting the provisions of the American Rescue Plan Act (ARPA) of 2021. This includes the changes to the provisions of IRC Section 430(h)(2)(C)(iv) regarding the stabilized interest rates required to be used for the actuarial valuation.

This also includes the provisions of IRC §430(c)(8) regarding the reset of all prior shortfall amortizations and the extension of the amortization period to 15 years for all subsequent shortfall amortizations.

The results have been prepared based upon our understanding of the provisions of ARPA, and represent a good faith effort to adhere to the provisions of the law. Future guidance provided by the Internal Revenue Service may conflict with this understanding; ultimate results will conform to all guidance provided regarding the act.

Indak Manufacturing Corporation
The Indak Employees' Combined Pension Plan and Trust
Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/PN: 36-2101210/001

Interest Rates Election: IRS published rates for January of 2024

	<u>For Minimum Required:</u>	<u>For Maximum Deductible:</u>
First Segment	4.75%	4.37%
Second Segment	4.96%	4.96%
Third Segment	5.59%	4.95%
Effective Interest Rate	5.07%	

Mortality 2024 Optional Small Plan Combined Static Table

Retirement Normal Retirement Age, or end of plan year if later

**Other Pre-Retirement
Decrements** None

Election of Form of Payment Normal Form

**Administrative Expenses
payable from Plan Trust** \$137,621

**Future Increases in Maximum
Benefits / Plan Compensation
Limits** Benefits expected to be paid in future years are limited to the maximum benefit currently allowed under IRC Section 415 and are determined using compensation limited by the maximum allowed under IRC Section 401(a)(17). Future increases in the maximum benefit or maximum compensation limit are not reflected in the valuation.

**Indak Manufacturing Corporation
The Indak Employees' Combined Pension Plan and Trust**

**Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/PN: 36-2101210/001**

**Changes Since the Last
Actuarial Valuation**

The interest rate assumptions were changed from the 3-segment rates (based on the 24-month average of monthly yields) for January 2023 (as adjusted for the 25-year average segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv), reflecting ARPA) to the 3-segment rates for January 2024 (as adjusted for the 25-year average segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv), reflecting ARPA), as prescribed by law.

The post-retirement mortality assumption was changed from the 2023 Combined Static Mortality Table for males and females to the 2024 Combined Static Mortality Table for males and females (each as identified in IRS Notice 2022-22, and IRS Notice 2023-73, respectively), as prescribed by law.

The administrative expenses assumption was changed from \$105,553 for the 2023 plan year to \$137,621 for the 2024 plan year.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

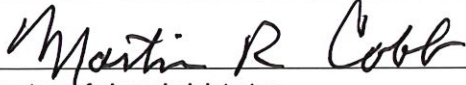
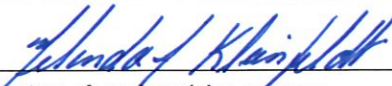
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II	Basic Plan Information—enter all requested information
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1a Name of plan THE INDAK EMPLOYEES' COMBINED PENSION PLAN AND TRUST	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/15/1959</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 07/15/1959			
1b Three-digit plan number (PN) ▶	001						
1c Effective date of plan 07/15/1959							
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) INDAK MANUFACTURING CORPORATION 1915 TECHNY ROAD NORTHBROOK IL 60062	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) 36-2101210</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 847-272-0343</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 335900</td> </tr> </table>	2b Employer Identification Number (EIN) 36-2101210		2c Plan Sponsor's telephone number 847-272-0343		2d Business code (see instructions) 335900	
2b Employer Identification Number (EIN) 36-2101210							
2c Plan Sponsor's telephone number 847-272-0343							
2d Business code (see instructions) 335900							

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

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

SIGN HERE		<u>10 Oct 25</u>	MARTIN COBB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>Oct. 10, 2025</u>	MELINDA J. KLEINFELDT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 187
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 27 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I 3H 1H

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

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____



TRUST BANK

INDAK EMPLOYEES PEN PLAN (COMBINED)
 ACCOUNT NUMBER: 201476
 REPORTING PERIOD: 12/31/23 TO 12/31/24
 PAGE : 35

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
 BY BROKER
 COMPUTED ON A 12/31/23 VALUE OF \$10,035,142.40

TRADE DATE	SHARES/PV	DESCRIPTION	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
CHARLES SCHWAB & CO.					
1/22/24	48.239 S	VANGUARD GNMA FUND ADMIRAL SHRS TICKER: VFIJX	0.00	444.28	-415.49
1/23/24	45.339 S	VANGUARD GROWTH INDEX FD ADMIRAL TICKER: VIGAX	0.00	7,500.00	-2,627.52
1/23/24	128.008 S	VANGUARD VALUE INDEX ADMIRAL TICKER: VVIAX	0.00	7,500.00	-4,800.25
1/23/24	209.688 S	DODGE & COX INTERNATIONAL STOCK I TICKER: DODFX	0.00	10,000.00	-8,519.59
1/23/24	368.460 S	TWEEDY BROWNE INTL VALUE FUND TICKER: TBGVX	0.00	10,000.00	-9,056.28
1/23/24	471.921 S	PRIMECAP ODYSSEY AGGR GROWTH FD TICKER: POAGX	0.00	20,000.00	-22,772.92
1/23/24	70.050 S	VANGUARD MID CAP INDEX FUND ADMIRAL TICKER: VIMAX	0.00	20,000.00	-11,083.57
1/23/24	198.886 S	VANGUARD SMALL CAP INDEX ADMIRAL SH TICKER: VSMAX	0.00	20,000.00	-11,708.49
1/23/24	303.877 S	SCHWAB TOTAL STK MKT INDEX TICKER: SWTSX	0.00	25,000.00	-10,964.67
2/ 1/24	0.097 S	VANGUARD GNMA FUND ADMIRAL SHRS TICKER: VFIJX	0.00	0.90	-0.90
3/21/24	117.758 S	GATEWAY FUND CL Y TICKER: GTEYX	0.00	5,000.00	-3,721.80
3/21/24	154.416 S	VANGUARD TOTAL INTL STOCK INDEX ADM TICKER: VTIAX	0.00	5,000.00	-4,450.53
3/21/24	198.807 S	DODGE & COX INTERNATIONAL STOCK I TICKER: DODFX	0.00	10,000.00	-8,077.50
3/21/24	169.693 S	AMERICAN FUNDS EUROPACIFIC GROWTH R6 TICKER: RERGX	0.00	10,000.00	-7,777.57
3/21/24	125.565 S	VANGUARD MID CAP VALINDEX ADMIRAL TICKER: VMVAX	0.00	10,000.00	-6,466.84
3/21/24	109.709 S	VANGUARD SMALL CAP GROWTH INDEX ADMI TICKER: VSGAX	0.00	10,000.00	-7,983.96
3/21/24	621.118 S	VANGUARD DEVELOPED MKTS INDEX ADM TICKER: VTMGX	0.00	10,000.00	-7,165.71
3/21/24	184.615 S	VANGUARD SMALL CAP VALUE INDEX ADMIR TICKER: VSIAX	0.00	15,000.00	-9,498.91
3/21/24	48.970 S	VANGUARD MID CAP INDEX FUND ADMIRAL TICKER: VIMAX	0.00	15,000.00	-7,776.48
3/21/24	137.969 S	VANGUARD SMALL CAP INDEX ADMIRAL SH TICKER: VSMAX	0.00	15,000.00	-8,122.29
3/21/24	397.519 S	VANGUARD VALUE INDEX ADMIRAL TICKER: VVIAX	0.00	25,000.00	-14,969.18
3/21/24	337.838 S	SCHWAB TOTAL STK MKT INDEX TICKER: SWTSX	0.00	30,000.00	-12,190.07
3/21/24	224.643 S	VANGUARD GROWTH INDEX FD ADMIRAL TICKER: VIGAX	0.00	40,000.00	-13,054.47
5/ 7/24	1,288.169 S	VANGUARD REAL ESTATE IN FD ADM SHRS TICKER: VGSLX	0.00	149,968.63	-141,279.07
5/ 7/24	6,358.142 S	VANGUARD FTSE ALL WRLD EX US SM CAP TICKER: VFSAX	0.00	184,576.86	-208,816.10
5/ 7/24	26,786.076 S	PIMCO TOTAL RETURN FUND INSTL CLASS TICKER: PTRRX	0.00	226,342.34	-275,900.61
5/ 7/24	2,818.172 S	VANGUARD SMALL CAP GROWTH INDEX ADMI	0.00	249,943.67	-205,089.59

See accompanying independent auditors' report.



TRUST BANK

INDAK EMPLOYEES PEN PLAN (COMBINED)
 ACCOUNT NUMBER: 201476
 REPORTING PERIOD: 12/31/23 TO 12/31/24
 PAGE : 36

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
 BY BROKER
 COMPUTED ON A 12/31/23 VALUE OF \$10,035,142.40

TRADE DATE	SHARES/PV	DESCRIPTION	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
5/ 7/24	4,602.314 S	TICKER: VSGAX AMERICAN FUNDS EUROPACIFIC GROWTH R6	0.00	271,306.41	-210,938.82
5/ 7/24	8,682.964 S	TICKER: RERGX VANGUARD TOTAL INTL STOCK INDEX ADM	0.00	282,804.14	-250,257.63
5/ 7/24	5,675.631 S	TICKER: VTIAAX DODGE & COX INTERNATIONAL STOCK I	0.00	293,203.10	-230,599.99
5/ 7/24	19,067.002 S	TICKER: DODFX VANGUARD DEVELOPED MKTS INDEX ADM	0.00	306,406.72	-219,972.18
5/ 7/24	11,569.685 S	TICKER: VTMGX TWEEDY BROWNE INTL VALUE FUND	0.00	340,611.53	-284,368.18
5/ 7/24	3,237.361 S	TICKER: TBGVX VANGUARD SMALL CAP INDEX ADMIRAL SH	0.00	343,742.99	-191,057.23
5/ 7/24	4,390.071 S	TICKER: VSMAX VANGUARD MID CAP VALINDEX ADMIRAL	0.00	346,815.61	-226,097.04
5/ 7/24	34,190.715 S	TICKER: VMVAX VANGUARD SHORT-TERM INVST GRADE ADM	0.00	347,719.57	-363,260.35
5/ 7/24	4,371.302 S	TICKER: VFSUX VANGUARD SMALL CAP VALUE INDEX ADMIR	0.00	349,660.45	-224,914.60
5/ 7/24	29,391.313 S	TICKER: VSIAX DODGE & COX INCOME I	0.00	362,982.72	-398,017.77
5/ 7/24	36,349.591 S	TICKER: DODIX PIMCO ALL ASSET FUND INSTL	0.00	400,572.49	-435,195.37
5/ 7/24	1,523.362 S	TICKER: PAAXX VANGUARD MID CAP INDEX FUND ADMIRAL	0.00	460,207.66	-241,911.14
5/ 7/24	12,980.670 S	TICKER: VIMAX PRIMECAP ODYSSEY AGGR GROWTH FD	0.00	579,457.11	-626,392.40
5/ 7/24	19,271.802 S	TICKER: POAGX GATEWAY FUND CL Y	0.00	815,389.94	-609,556.81
5/ 7/24	56,582.064 S	TICKER: GTEYX CALCALAMOS MARKET NEUTRAL INC CLA	0.00	830,058.88	-756,592.43
5/ 7/24	9,761.300 S	TICKER: CVSIX SCHWAB TOTAL STK MKT INDEX	0.00	857,725.43	-352,212.93
5/ 7/24	5,419.232 S	TICKER: SWTSX VANGUARD GROWTH INDEX FD ADMIRAL	0.00	957,740.87	-314,922.92
5/ 7/24	15,593.077 S	TICKER: VIGAX VANGUARD VALUE INDEX ADMIRAL	0.00	969,421.60	-587,181.00
5/17/24	757,484.330 B	TICKER: VVIAX SCH TREAS OBLIGATION MMF INVESTOR SH	0.00	-757,484.33	757,484.33
7/ 1/24	210.360 B	TICKER: SNOXX SCH TREAS OBLIGATION MMF INVESTOR SH	0.00	-210.36	210.36
7/ 1/24	24.924 S	TICKER: SNOXX PIMCO TOTAL RETURN FUND INSTL CLASS	0.00	210.36	-210.61
7/ 1/24	270.800 B	TICKER: PTTRX SCH TREAS OBLIGATION MMF INVESTOR SH	0.00	-270.80	270.80
7/ 1/24	26.601 S	TICKER: SNOXX VANGUARD SHORT-TERM INVST GRADE ADM	0.00	270.80	-270.54
7/ 1/24	3,114.940 B	TICKER: VFSUX SCH TREAS OBLIGATION MMF INVESTOR SH	0.00	-3,114.94	3,114.94
7/ 1/24	3,624.000 S	TICKER: SNOXX SCH TREAS OBLIGATION MMF INVESTOR SH	0.00	3,624.00	-3,624.00
8/ 1/24	0.030 B	TICKER: SNOXX SCH TREAS OBLIGATION MMF INVESTOR SH	0.00	-0.03	0.03
8/ 1/24	0.003 S	TICKER: SNOXX VANGUARD SHORT-TERM INVST GRADE ADM	0.00	0.03	-0.03
8/ 1/24	0.040 B	TICKER: VFSUX SCH TREAS OBLIGATION MMF INVESTOR SH	0.00	-0.04	0.04

See accompanying independent auditors' report.



TRUST BANK

INDAK EMPLOYEES PEN PLAN (COMBINED)
ACCOUNT NUMBER: 201476
REPORTING PERIOD: 12/31/23 TO 12/31/24
PAGE : 37

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
BY BROKER
COMPUTED ON A 12/31/23 VALUE OF \$10,035,142.40

Table with 6 columns: TRADE DATE, SHARES/PV, DESCRIPTION, TRANSACTION EXPENSE, PURCHASE/SALE PROCEEDS, COST/ADJUSTED HISTORICAL COST. Rows include transactions for PINCO TOTAL RETURN FUND INSTL CLASS and SCH TREAS OBLIGATION MMF INVESTOR SH.

See accompanying independent auditors' report.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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.


A Name of plan THE INDAK EMPLOYEES' COMBINED PENSION PLAN AND TRUST		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INDAK MANUFACTURING CORPORATION		D Employer Identification Number (EIN) 36-2101210	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value.....			2a 10,410,305
b Actuarial value.....			2b 10,410,305
3 Funding target/participant count breakdown			
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
b For terminated vested participants.....	109	6,771,237	6,771,237
c For active participants.....	51	933,586	933,586
d Total.....	27	1,876,491	1,876,491
d Total.....	187	9,581,314	9,581,314
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			4b
5 Effective interest rate.....			5 5.07%
6 Target normal cost			
a Present value of current plan year accruals.....			6a 137,621
b Expected plan-related expenses.....			6b 0
c Target normal cost.....			6c 137,621

Statement by Enrolled Actuary

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

SIGN HERE		
	Signature of actuary	06/17/2025
	NICHOLE ALEXANDER, FSA, EA, MAAA	Date
	Type or print name of actuary	2307799
	ALLIANCE PENSION CONSULTANTS, LLC	Most recent enrollment number
	Firm name	847-291-9440
	1751 LAKE COOK ROAD, SUITE 400	Telephone number (including area code)
	DEERFIELD IL 60015	
	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

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

**Schedule SB (Form 5500) 2024
v. 240311**

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

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---	---	-----

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INDAK MANUFACTURING CORPORATION	D Employer Identification Number (EIN) 36-2101210
---	---

E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500
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Part I Basic Information

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d Total.....	187	9,581,314	9,581,314


4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b

5 Effective interest rate..... **5** 5.07%

6 Target normal cost	
a Present value of current plan year accruals.....	6a 137,621
b Expected plan-related expenses.....	6b 0
c Target normal cost.....	6c 137,621

Statement by Enrolled Actuary
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SIGN HERE		
	Signature of actuary	Date 06/17/2025
	NICHOLE ALEXANDER, FSA, EA, MAAA	Date 2307799
	Type or print name of actuary	Most recent enrollment number 847-291-9440
	ALLIANCE PENSION CONSULTANTS, LLC	Telephone number (including area code)
	Firm name	
	1751 LAKE COOK ROAD, SUITE 400	
	DEERFIELD IL 60015	
	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

**Indak Manufacturing Corporation
The Indak Employees' Combined Pension Plan and Trust**

**Attachment to 2024 Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
EIN/PN: 36-2101210/001**

All Participants are assumed to retire as of their normal retirement age, which is age 65.

Indak Manufacturing Corporation
The Indak Employees' Combined Pension Plan and Trust

Attachment to 2024 Form 5500
Schedule SB, Part V - Summary of Plan Provisions
EIN/PN: 36-2101210/001

Plan Effective Date	July 15, 1959
Date of Last Amendment	Last amended and restated January 24, 2022 (effective February 1, 2022)
Plan Year Date	January 1, 2024
Eligibility Requirements	Any Employee hired on or before March 31, 2005, or an Employee who was an Employee of Borg Indak, Inc. on or before March 31, 2005 and is employed by Indak Manufacturing Corporation on or after April 1, 2005.
Benefit Eligibility	
Normal Retirement	Later of age 65 or 5 years of participation
Early Retirement	Age 55 and 15 years of vesting service
Disability Retirement	None
Pre-Retirement Death	Death prior to retirement date with a vested benefit
Compensation	W-2 wages for the calendar year that contains the first day of the plan year.
Year of Service	A Year of Service is a plan year in which a participant works at least 1,000 hours.
Vesting	100% after 5 Years of Service
Accrued Benefit	.75% of Comp up to integration level + 1.209% of Comp in excess of integration level, not to exceed 35 yrs. Credit after 35 yrs = .75% of all Comp. Accrued benefits were frozen effective July 31, 2007.
Benefit Amounts	
Normal Retirement	The Participant's Accrued Benefit
Early Retirement	The Participant's Accrued Benefit reduced 1/15 th for each of the first 5 years and 1/30 th for each of the next 5 years.
Death Benefit	The survivor portion of 66 2/3 rds of the Participant's Accrued Benefit payable as of the Participant's earliest retirement date.
Vested Benefit	The Participant's Accrued Benefit at date of termination, payable at Normal Retirement, or earlier if eligible for Early Retirement.

Indak Manufacturing Corporation
The Indak Employees' Combined Pension Plan and Trust

Attachment to 2024 Form 5500
Schedule SB, Part V - Summary of Plan Provisions
EIN/PN: 36-2101210/001

Normal Form of Benefit	Single Life Annuity for single Participants Unreduced Joint & 2/3rds Annuity for married Participants
Optional Forms of Benefit	75% Joint and Survivor Annuity Lump Sum Payment
Actuarial Equivalence	
Mortality	RP-2000 Healthy Annuitant Male
Interest	6.00%
Benefit Not Valued	All benefits provided under the plan have been valued
Significant Events Since the Last Actuarial Valuation	None
Changes Since the Last Actuarial Valuation	Effective December 1, 2023, the plan was amended to allow for in-service distributions on attainment of age 59 1/2 and to allow payment in the form of a lump sum for all terminated participants.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500 - Part IV
EIN: 36-2101210
Plan Number 001
As of December 31, 2024

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	Cost	Current Value
First Bank of Highland Park.....	Cash.....	\$ —	\$ —
* Schwab Institutional.....	Money Market Deposit Account.....	—	—
American Funds Europacific Growth.....	Mutual Fund.....	—	—
Calamos Market Neutral Income Fund Class A.....	Mutual Fund.....	—	—
Dodge & Cox Income Fund.....	Mutual Fund.....	—	—
Dodge & Cox International Stock Fund.....	Mutual Fund.....	—	—
Gateway Fund Class Y.....	Mutual Fund.....	—	—
Pimco All Asset Fund Institutional Class.....	Mutual Fund.....	—	—
Pimco Total Return Fund Institutional Class.....	Mutual Fund.....	—	—
Primecap Odyssey Aggressive Growth Fund.....	Mutual Fund.....	—	—
* Schwab Total Stock Market Fund.....	Mutual Fund.....	—	—
Tweedy Browne Global Value Fund.....	Mutual Fund.....	—	—
Vanguard Developed Markets Index Admiral.....	Mutual Fund.....	—	—
Vanguard FTSE All World Ex US Small Cap.....	Mutual Fund.....	—	—
Vanguard GNMA Fund Admiral.....	Mutual Fund.....	—	—
Vanguard Growth Index Fund Admiral.....	Mutual Fund.....	—	—
Vanguard Mid Cap Index Fund Admiral.....	Mutual Fund.....	—	—
Vanguard Mid Cap Value Index Fund Admiral.....	Mutual Fund.....	—	—
Vanguard Reit Index Fund Admiral.....	Mutual Fund.....	—	—
Vanguard Short-Term Investment-Grade Admiral....	Mutual Fund.....	—	—
Vanguard Small Cap Growth Index Admiral.....	Mutual Fund.....	—	—
Vanguard Small Cap Index Fund Admiral.....	Mutual Fund.....	—	—
Vanguard Small Cap Value Index Admiral.....	Mutual Fund.....	—	—
Vanguard Total Intl Stock Index Admiral Fund.....	Mutual Fund.....	—	—
Vanguard Value Index Fund Admiral.....	Mutual Fund.....	—	—
		\$ —	\$ —

* Represents a Party in Interest.

Indak Manufacturing Corporation
The Indak Employees' Combined Pension Plan and Trust

Attachment to 2024 Form 5500
Schedule SB, Line 32 - Schedule of Amortization Bases
EIN/PN: 36-2101210/001

Schedule of Amortization Bases
As of 1/1/2024

Date Established	Type of Amortization Base	Number of Years Remaining	Initial Amortization Base	Annual Amortization	Present Value of Remaining Amortizations
1/1/2024	Shortfall	15	\$ (1,413,359)	\$ (129,174)	\$ (1,413,359)
1/1/2023	Shortfall	14	2,864,613	262,344	2,737,219
Total			\$ 1,451,254	\$ 133,170	\$ 1,323,860