

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan SHEET METAL WORKERS LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND
1b Three-digit plan number (PN) 801
1c Effective date of plan 10/20/1972
2a Plan sponsor's name (employer, if for a single-employer plan) BOARD OF TRUSTEES SHEET METAL WORKERS LOCAL NO. 292 S.U.B. FUND
2b Employer Identification Number (EIN) 23-7205462
2c Plan Sponsor's telephone number 248-813-9800
2d Business code (see instructions) 339900

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows for Paul Gualdoni (Plan administrator) and Michael Asher (Employer/plan sponsor).

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	679
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	679
	<b>6a(2)</b>	673
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	673
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	6

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4C 4Q 4U

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan SHEET METAL WORKERS LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND	<b>B</b> Three-digit plan number (PN) ▶	801
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SHEET METAL WORKERS LOCAL NO. 292 S.U.B. FUND	<b>D</b> Employer Identification Number (EIN) 23-7205462	

**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

BLACKROCK INVESTMETNS	100 BELLEVUE PARKWAY WILLMINGTON, DE 19809
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

WESTERN ASSET MANAGEMENT	385 E/ COLORADO BLVD PASADENA, CA 91101
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FEDERATED HERMES	1001 LIBERTY AVE, SUITE 2100 PITTSBURGH, PA 15222
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

EARNEST PARTNERS	1180 PEACHTREEEE ST NE, 2300 ATLANTA, GA 30309
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MONDRIAN

201 KING OF PRUSSIA ROAD, STE 620  
RADNOR, PA 19087

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

COHEN & STEERS, INC

1166 AVENUE OF THE AMERICAS  
30TH FLOOR  
NEW YORK, NY 10036

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

ALLSPRING GLOBAL INVESTMENTS

417 E. CHICAGO ST.  
MILWAUKEE, WI 53202

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

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

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

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

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

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

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

BENESYS, INC.

38-2383171

(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 13 15 50	NONE	74154	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)

MORGAN STANLEY SMITH BARNEY, LLC

20-8764829

(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?
19 50	NONE	16624	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)

BENDA, GRACE, STULZ & COMPANY, P.C.

38-2284921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	SEE ATTACHED	9250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE SEGAL COMAPNY

13-1975125

(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 50	NONE	7589	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)

WATKINS, PAWLICK, CALATI & PRIFTI

83-2893229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	SEE ATTACHED	6500	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)

CLEARBRIDGE INVESTMENTS

620 EIGHT AVENUE  
NEW YORK, NY 10009

(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?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

CUMBERLAND FINANCIAL

153 PATCHEN DRIVE  
LEXINGTON, KY 40517

(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?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

DELAWARE INVESTMENTS

610 MARKET ST  
PHILADELPHIA, PA 19106

(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?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ARISTOTLE INVESTMENTS

235 W GALENA  
MILWAUKEE, WI 53212

(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?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" 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
CLEARBRIDGE INVESTMENTS	28 52	
(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.	
MORGAN STANLEY SMITH BARNEY, LLC  20-8764829	0.7383% OF MARKET VALUE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CUMBERLAND FINANCIAL	28 52	
(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.	
MORGAN STANLEY SMITH BARNEY, LLC  20-8764829	0.7383% OF MARKET VALUE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DELAWARE INVESTMENTS	28 52	
(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.	
MORGAN STANLEY SMITH BARNEY, LLC  20-8764829	0.7383% OF MARKET VALUE	

**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
ARISTOTLE INVESTMENTS	28 52	
(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.	
MORGAN STANLEY SMITH BARNEY, LLC  20-8764829	0.7383% OF MARKET VALUE	
(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.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>SHEET METAL WORKERS LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>801</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES SHEET METAL WORKERS LOCAL NO. 292 S.U.B. FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>23-7205462</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	481271	516029
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	66485	55135
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	8644	10799
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	24801	39962
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	279846	329102
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	230383	226193
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	677377	846737
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	745091	633646
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	245981	212335

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	4077	3521
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	2763956	2873459
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	20889	12400
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	20889	12400
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	2743067	2861059

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	663445	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		663445
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	8	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	9562	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	26349	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		35919
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	9946	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	37962	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		47908
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	471867	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	480360	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-8493
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	22616	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-7734
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		753661

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	491933	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		491933
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	73713	
(3) Recordkeeping fees .....	<b>2i(3)</b>	350	
(4) IQPA audit fees .....	<b>2i(4)</b>	9250	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	21014	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	7589	
(8) Legal fees .....	<b>2i(8)</b>	6500	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	2947	
(11) Other expenses .....	<b>2i(11)</b>	22373	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		143736
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		635669

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		117992
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BENDA, GRACE, STULZ & COMPANY, P.C.**

(2) EIN: **38-2284921**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

**SHEET METAL WORKERS LOCAL UNION NO. 292  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND**

Troy, Michigan

**FINANCIAL STATEMENTS**

March 31, 2025

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John M. Grace, CPA  
Bryan D. Stulz, CPA  
George Benda, CPA  
(1941-2007)



## **INDEPENDENT AUDITOR'S REPORT**

Board of Trustees  
Sheet Metal Workers Local Union No. 292  
Supplemental Unemployment Benefit Fund  
700 Tower Drive, Suite 300  
Troy, MI 48098

Trustees:

### **Opinion**

We have audited the accompanying financial statements of Sheet Metal Workers Local Union No. 292 Supplemental Unemployment Benefit Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Sheet Metal Workers Local Union No. 292 Supplemental Unemployment Benefit Fund as of March 31, 2025 and 2024, and changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Sheet Metal Workers Local Union No. 292 Supplemental Unemployment Benefit Fund 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 audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Sheet Metal Workers Local Union No. 292 Supplemental Unemployment Benefit Fund's ability to continue as a going concern for one year after the date financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sheet Metal Workers Local Union No. 292 Supplemental Unemployment Benefit Fund'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 Sheet Metal Workers Local Union No. 292 Supplemental Unemployment Benefit Fund's ability to continue as a going concern for a reasonable period of time.

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



Sterling Heights, Michigan  
December 11, 2025

**SHEET METAL WORKERS LOCAL UNION NO. 292  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND**

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**

	March 31,	
	2025	2024
<b><u>ASSETS</u></b>		
Investments at fair value (Notes B, D):		
Common stocks	\$ 846,737	\$ 677,377
Mutual funds	633,646	745,091
U. S. government securities	329,102	279,846
Corporate bonds and notes	226,193	230,383
Municipal bonds	212,335	245,981
Money market funds	39,962	24,801
Total investments	2,287,975	2,203,479
Receivables:		
Employer contributions (Note B)	55,135	66,485
Accrued income	8,620	8,584
Unsettled investment transactions	2,167	48
Other	12	12
Total receivables	65,934	75,129
Other assets:		
Cash	516,029	481,271
Prepaid expenses	2,433	1,371
Unexpired insurance premiums	1,088	2,706
Total other assets	519,550	485,348
Total assets	2,873,459	2,763,956
<b><u>LIABILITIES</u></b>		
Accounts payable	12,400	20,889
<b><u>NET ASSETS AVAILABLE FOR BENEFITS</u></b>	<b>\$ 2,861,059</b>	<b>\$ 2,743,067</b>

The accompanying notes are an integral part of these financial statements.

**SHEET METAL WORKERS LOCAL UNION NO. 292  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	Years ended March 31,	
	2025	2024
<b><u>ADDITIONS</u></b>		
Investment income:		
Interest	\$ 83,827	\$ 65,732
Net appreciation in fair value of investments (Notes B, D)	6,389	95,262
	90,216	160,994
Less - investment expenses	21,014	16,770
Net investment income	69,202	144,224
Employer contributions	663,445	696,889
Total additions	732,647	841,113
<b><u>DEDUCTIONS</u></b>		
Benefit payments	491,933	393,903
Administrative expenses:		
Administrative manager's fees	73,713	69,886
Office and administrative fees	17,485	7,836
Audit fees	9,250	8,900
Actuarial fees	7,589	5,007
Legal fees	6,500	5,387
Trustee and fiduciary liability insurance and bonding	3,262	8,288
Meetings and seminars	2,947	4,709
Storage fees	1,626	1,659
Payroll audit fees	350	289
Total administrative expenses	122,722	111,961
Total deductions	614,655	505,864
<b><u>INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS</u></b>	117,992	335,249
<b><u>EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS</u></b>		
Beginning of year	2,743,067	2,407,818
End of year	\$ 2,861,059	\$ 2,743,067

The accompanying notes are an integral part of these financial statements.

**SHEET METAL WORKERS LOCAL UNION NO. 292  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND**

**NOTES TO FINANCIAL STATEMENTS**

**Note A: Description of the Plan**

The following brief description of the Sheet Metal Workers Local Union No. 292 Supplemental Unemployment Benefit Fund (the “Plan”), as in effect on March 31, 2025, is provided for general purposes only. For more complete information, refer to the amended plan document.

1. General – The Plan was established effective November 1, 1972, as a result of collective bargaining between the Associated Metal Fabricators and Engineers and the Sheet Metal Workers Local Union No. 292. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan provides unemployment compensation to eligible employees who have accumulated 12 credits within a 24-month period. One credit is earned for each month that 120 hours but fewer than 140 hours are worked for a contributing employer. Two credits are earned each month in which 140 or more hours are worked for a contributing employer. No more than 26 credits shall be accumulated in any employee’s account at any time. One credit shall be cancelled for each weekly benefit paid.
2. Funding – The Plan is funded through a trust fund, which receives contributions from employers at rates specified in the collective bargaining agreement. The agreement provides for employers to contribute to the Plan on the basis of participants’ hours worked.
3. Payment of Benefits – The weekly benefit rate shall be determined by resolution of the Trustees, taking into account the financial condition of the trust fund. The amount of benefits payable may be established in relationship to the rate at which the employers have contributed in respect to the work performed by the individual employee.
4. Forfeited Credits – The credits accumulated in the account of any employee shall be cancelled and the employee shall be required to re-establish initial eligibility if no contributions are due as a result of work performed by that employee for a period of 24 consecutive months.

**Note B: Summary of Significant Accounting Policies**

1. General – The accounting records of the Plan are maintained on the accrual basis. Revenue is recognized when earned and expenses are recognized when incurred. Contributions received subsequent to March 31, 2025, attributed to hours worked prior to April 1, 2025, have been reflected as contributions due from employers as of March 31, 2025, in accordance with the consistent policy of the Plan.
2. Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results may differ from those estimates.

Significant estimates are used in determining the Plan’s postemployment benefit obligations.

**SHEET METAL WORKERS LOCAL UNION NO. 292  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note B: Summary of Significant Accounting Policies (Continued)**

3. Valuation of Investments – Quoted prices, where available, are used to value investments at fair value. The change in the difference between cost and fair value from the beginning of the year to the end of the year, as well as the realized gains and losses during the year, is reflected as net appreciation (depreciation) in fair value of investments. Investments with no quoted market price represent estimated fair value.
4. Payment of Benefits – Benefits are recorded when paid.

**Note C: Fair Value Measurements**

FASB Accounting Standards Codification (ASC) 820 Fair Value Measurements and Disclosures provide 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 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in 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. These level 3 fair value measurements are based primarily on management's own estimates, using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the assets. Significant level 3 inputs include information provided by fund managers, third-party appraisals, year-end audited financial statements, projected discounted cash flows, and net asset value with adjustments related to certain restrictions. Management assesses the valuation of these investments through the engagement of a third-party investment advisor and periodic meetings to review these investments.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgement and considers factors specific to each asset.

**SHEET METAL WORKERS LOCAL UNION NO. 292  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note C: Fair Value Measurements (Continued)**

The following valuation methodologies have been used to value the Plan's investments:

**U.S. government securities, corporate bonds and notes, and municipal bonds** – These investments are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

**Common stocks** – Common stocks, which are primarily comprised of U.S. common stocks, are valued at closing quoted prices reported in active markets.

**Mutual funds** – Mutual funds are valued at closing quoted prices reported in active markets.

**Money market funds and interest-bearing cash** – These investments are stated at estimated fair values, which approximate their cost.

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 estimate fair value could result in a different fair value measurement at the reporting date.

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

Fair Value Measurement at March 31, 2025

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stocks	\$ 846,737	\$ 846,737	\$ -	\$ -
Mutual funds	633,646	633,646	-	-
U. S. government securities	329,102	-	329,102	-
Corporate bonds and notes	226,193	-	226,193	-
Municipal bonds	212,335	-	212,335	-
Money market funds	39,962	-	39,962	-
	<u>\$ 2,287,975</u>	<u>\$ 1,480,383</u>	<u>\$ 807,592</u>	<u>\$ -</u>

**SHEET METAL WORKERS LOCAL UNION NO. 292  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note C: Fair Value Measurements (Continued)**

Fair Value Measurement at March 31, 2024

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stocks	\$ 677,377	\$ 677,377	\$ -	\$ -
Mutual funds	745,091	745,091	-	-
U. S. government securities	279,846	-	279,846	-
Corporate bonds and notes	230,383	-	230,383	-
Municipal bonds	245,981	-	245,981	-
Money market funds	24,801	-	24,801	-
	<u>\$ 2,203,479</u>	<u>\$ 1,422,468</u>	<u>\$ 781,011</u>	<u>\$ -</u>

**Note D: Investments**

The following is a comparison of cost to market value of investments, other than cash, held at March 31, 2025:

	Market Value	Cost	Market Value Over (Under)
Common stocks	\$ 846,737	\$ 708,377	\$ 138,360
Mutual funds	633,646	578,864	54,782
U. S. government securities	329,102	332,479	(3,377)
Corporate bonds and notes	226,193	227,137	(944)
Municipal bonds	212,335	254,810	(42,475)
Money market funds	39,962	39,962	-
	<u>\$ 2,287,975</u>	<u>\$ 2,141,629</u>	<u>\$ 146,346</u>

**Note E: Postemployment Benefit Obligations**

The postemployment benefit obligation represents the total actuarial value of those estimated future benefits that are attributed to participant service rendered through year end. Postemployment benefits include future benefits expected to be paid to or for currently unemployed participants and their beneficiaries and dependents and active participants and their beneficiaries and dependents after separation of service. Prior to an active participant's full eligibility date, the postemployment benefit obligation is the portion of the expected postemployment benefit obligation that is attributed to that participant's service rendered to the valuation date.

The following tables present the components of the Plan's postemployment benefit obligations and the related changes in the Plan's postemployment benefit obligations.

**SHEET METAL WORKERS LOCAL UNION NO. 292  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note E: Postemployment Benefit Obligations (Continued)**

	March 31,	
	2025	2024
Accumulated eligibility credits and total postemployment benefit obligations	\$ 1,836,036	\$ 1,914,289
	Years ended March 31,	
	2025	2024
Postemployment benefit obligations, beginning of year	\$ 1,914,289	\$ 2,070,478
Benefits earned	388,980	301,596
Claims paid	(491,933)	(393,903)
Changes in assumptions and plan amendments	24,700	(63,882)
	\$ 1,836,036	\$ 1,914,289

The benefit payment rate used in the calculation of the Plan's postemployment benefit obligation is the rate currently in effect. Those rates are as follows:

	2025	2024
Journeyman and apprentice	\$225 per credit	\$225 per credit
Production A and B	\$102 per credit	\$102 per credit
Production C	\$30 per credit	\$30 per credit

The Plan's actuary made the following assumptions in the calculation of the Plan's postemployment benefit obligations:

- All credits to be exhausted over a seven-year period, therefore, the discount rate increased from 4.77% to 4.43% which was incorporated in the calculation.
- 100 percent of the current ineligible credits would ultimately be paid out versus forfeited.

These assumptions are consistent with those used to measure the postemployment benefit obligations at March 31, 2024.

**Note F: Tax Status**

The Internal Revenue Service has determined and informed the Plan by letter that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the letter of determination. However, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require 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 taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**SHEET METAL WORKERS LOCAL UNION NO. 292  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note G: Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, 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 statement 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 estimates 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.

In addition to investments and cash equivalents, financial instruments, which potentially subject the Plan to concentrations of credit risk consist principally of cash. The Plan places its cash with tier I financial institutions. At times, the amount of cash on deposit in banks may be in excess of the respective financial institution's FDIC insurance limit.

**Note H: Reportable Transactions**

The United States Department of Labor requires all transactions in excess of 5% of the current value of the Plan's net assets for non-participant-directed investments to be disclosed separately in the financial statements as a reportable transaction.

**Note I: Party-in-Interest Transactions**

Plan investments are held at Morgan Stanley (the custodian). The transactions of the custodian qualify as party-in-interest transactions.

Fees paid during the year for legal, auditing, investment manager, and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

**Note J: Plan Termination**

Although there has been no expressed intent to do so, the Trustees reserve the right to terminate the Plan at any time. If the Plan is terminated, the Plan will continue to pay benefits until the plan assets are exhausted.

**Note K: Subsequent Events**

The date to which events occurring after March 31, 2025, the date of the most recent Statement of Net Assets Available for Benefits, have been evaluated for possible adjustment to the financial statements or disclosures is December 11, 2025, which is the date on which the financial statements were available to be issued.

**SHEET METAL WORKERS LOCAL UNION NO. 292  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND**

**SUPPLEMENTAL SCHEDULES**



John M. Grace, CPA  
Bryan D. Stulz, CPA  
George Benda, CPA  
(1941-2007)



**INDEPENDENT AUDITOR'S  
REPORT ON SUPPLEMENTAL SCHEDULES**

Board of Trustees  
Sheet Metal Workers Local Union No. 292  
Supplemental Unemployment Benefit Fund  
700 Tower Drive, Suite 300  
Troy, MI 48098

Trustees:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investments and schedule of reportable transactions for the year ended March 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Benda, Grace, Stulz & Company, P.C.*

Sterling Heights, Michigan  
December 11, 2025

SHEET METAL WORKERS' LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 23-7205462 - Plan No. 801  
March 31, 2025

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>INTEREST BEARING CASH</b>				
*	Morgan Stanley Bank N.A.	Money Market Fund	\$ 39,962	\$ 39,962
<b>U.S. GOVERNMENT SECURITIES</b>				
	United States Government	U.S. Treasury nt 4.750% due 07/31/2025	4,010	4,006
	United States Government	U.S. Treasury nt 3.625% due 08/31/2029	15,091	14,800
	United States Government	U.S. Treasury nt II 1.875% due 07/15/2034	5,199	5,102
	United States Government	U.S. Treasury bd 3.000% due 02/15/2049	10,376	7,540
	United States Government	GNMA 2.000% due 11/20/2050	27,216	27,789
	United States Government	FNMA 2.500% due 10/01/2051	5,145	5,080
	United States Government	FNMA 2.500% due 12/01/2051	3,362	3,343
	United States Government	FHLMC 30yr Gold 2.500% due 02/01/2052	646	657
	United States Government	FNMA 3.000% due 04/01/2052	18,316	17,870
	United States Government	FNMA 2.000% due 04/01/2052	1,384	1,377
	United States Government	FNMA 3.000% due 06/01/2052	1,590	1,600
	United States Government	FNMA 4.500% due 07/01/2052	8,169	7,907
	United States Government	FNMA 4.000% due 09/01/2052	9,020	8,758
	United States Government	FHLMC 30yr Gold 4.500% due 09/01/2052	1,608	1,635
	United States Government	FNMA 4.000% due 01/01/2053	23,208	23,689
	United States Government	FNMA 5.5005 due 10/01/2053	17,264	17,466
	United States Government	FNMA 4.500% due 01/01/2055	9,291	9,457
	United States Government	U.S. Treasury nt 4.125% due 07/31/2028	25,139	25,161
	United States Government	U.S. Treasury nt 3.250% due 06/30/2029	43,163	43,775
	United States Government	U.S. Treasury nt 4.000% due 02/15/2034	34,218	34,467
	United States Government	U.S. Treasury bd 4.125% due 08/15/2053	29,114	27,560
	United States Government	Fed Farm Cr Bk 5.480% due 10/02/2028	39,950	40,063
	<b>TOTAL U.S. GOVERNMENT SECURITIES</b>		<b>332,479</b>	<b>329,102</b>
<b>COMMON STOCK</b>				
	AO Smith Corp	Common Stock	3,795	3,209
	Acadia Rlty TR SBI	Common Stock	2,253	2,849
	Accenture PLC Ireland Cl A	Common Stock	1,398	1,476
	Adobe Inc	Common Stock	629	832
	Agree Realty Corp	Common Stock	1,797	2,221
	Airbnb Inc CL A	Common Stock	1,523	1,293
	Akamai Technologies Inc	Common Stock	3,539	2,305
	Albany Intl A New	Common Stock	1,838	1,452
	Albemarle Corporation	Common Stock	2,303	1,479
	Alphabet Inc CL A	Common Stock	2,045	1,917

SHEET METAL WORKERS' LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 23-7205462 - Plan No. 801  
March 31, 2025

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>COMMON STOCK-Continued</b>				
	Amazon Com Inc	Common Stock	4,749	9,128
	American Homes 4 Rent CL A	Common Stock	428	452
	American Tower Corp	Common Stock	10,354	11,813
	Americold Realty Trust Inc	Common Stock	2,398	1,852
	Ansys Inc	Common Stock	3,187	3,007
	Apple Inc	Common Stock	1,945	5,287
	Archrock Inc	Common Stock	3,220	5,353
	Arrow Electronics	Common Stock	2,543	2,388
	ASML Holding NV NY Reg New	Common Stock	1,517	1,704
	Avalonbay	Common Stock	1,135	1,090
	Bio Rad Lab A	Common Stock	2,999	2,327
	Borg Warner Inc	Common Stock	2,396	2,020
	Box Inc CL A	Common Stock	2,808	3,333
	Boyd Gaming Corp	Common Stock	880	974
	BXP Inc	Common Stock	2,947	3,125
	Cabot Corp	Common Stock	2,188	2,562
	Caesars Entertainment Inc New	Common Stock	1,827	1,201
	CBRE Group Inc A	Common Stock	3,587	5,617
	Cellnex Telecom SA Uns ADR	Common Stock	1,156	1,182
	Ce4ntene Corpotation	Common Stock	3,017	2,665
	CF Industries Holdings Inc	Common Stock	3,765	3,863
	Charles River Labs Intl Inc	Common Stock	3,703	2,570
	Cirrus Logic Inc	Common Stock	2,245	2,891
	Conmed Corp	Common Stock	2,634	1,974
	Copt Defense Properties	Common Stock	1,606	1,922
	Crown Castle Inc	Common Stock	7,455	7,334
	D R Horton Inc	Common Stock	2,653	2,342
	Darden Restaurants	Common Stock	2,789	3,524
	Digital Realty Trust Inc	Common Stock	7,128	7,103
	Douglas Emmett Inc	Common Stock	249	246
	Dream Indl Real Estate Invt TR	Common Stock	822	686
	East West Bancorp	Common Stock	2,501	2,476
	Eastgroup Properties Inc	Common Stock	2,067	2,078
	Eastman Chemical company	Common Stock	2,470	2,639
	Eaton Corp Plc Shs	Common Stock	1,294	2,094
	Eli Lilly & Co	Common Stock	1,056	1,779
	Equinix Inc	Common Stock	6,251	6,820
	Essential Properties Realty	Common Stock	2,036	2,092
	Essex Property Trust Inc	Common Stock	2,724	3,605
	Extra Space Storage Inc	Common Stock	4,283	4,351
	Firstcash Hldgs Inc	Common Stock	2,403	2,512

SHEET METAL WORKERS' LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 23-7205462 - Plan No. 801  
March 31, 2025

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>COMMON STOCK-Continued</b>				
	Formfactor Inc	Common Stock	2,628	1,831
	Gatx Corp	Common Stock	3,852	4,902
	Healthcare TR Amer Inc CL A	Common Stock	2,104	2,265
	Hexcel Corp New	Common Stock	3,079	2,469
	Hologic Inc	Common Stock	3,204	2,750
	Host Hotels & Resorts Inc	Common Stock	1,655	1,346
	Houlihan Lokey Inc CL A	Common Stock	2,929	3,814
	Huntington Ingalls Industries	Common Stock	3,629	3,241
	Icon PLC	Common Stock	489	387
	Insperty Inc	Common Stock	3,318	2,631
	Intuit Inc	Common Stock	1,761	2,109
	Intuitive Surgical Inc	Common Stock	1,197	1,981
	Invitation Homes Inc	Common Stock	4,904	5,297
	Iron Mountain Inc	Common Stock	2,199	2,758
	Kilroy Realty Corporation	Common Stock	447	438
	Kite Rlty Group Tr	Common Stock	1,877	1,983
	Marsh & McLennan Cos Inc	Common Stock	1,474	2,147
	Meta Platforms Inc CL A	Common Stock	2,452	6,185
	Microsoft Corp	Common Stock	3,340	7,329
	Middleby Corp Del	Common Stock	2,978	3,437
	Monolithic Pwr Sstems Inc	Common Stock	3,089	2,815
	Monster Beverage Corp New Com	Common Stock	1,189	1,852
	Moog Inc CL A	Common Stock	3,449	4,281
	Myriad Genetic Inc	Common Stock	2,036	868
	Netflix Inc	Common Stock	1,389	3,754
	Netstreit Corp	Common Stock	1,074	958
	Novo Nordisk A/S Adr	Common Stock	857	681
	Nvidia Corporation	Common Stock	326	8,246
	Omega Healthcare Inv Inc	Common Stock	1,535	1,499
	On Semiconductor corp	Common Stock	3,004	1,591
	Outfront Media Inc New	Common Stock	1,660	1,469
	Pacs Group Inc	Common Stock	1,238	584
	Palo Alto Networks Inc	Common Stock	431	2,157
	Papa Johns Intl Inc	Common Stock	1,995	1,437
	Paypal Hldgs Inc	Common Stock	2,342	1,663
	Penn Entertainment Inc	Common Stock	1,334	1,014
	Prologis Inc	Common Stock	5,289	4,916
	Public Storage	Common Stock	3,917	3,990
	Qiagen Nv	Common Stock	2,793	2,570
	Raymond James Fincl Inc	Common Stock	3,331	4,142
	Rayonier Incorporated	Common Stock	3,465	3,067

SHEET METAL WORKERS' LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 23-7205462 - Plan No. 801  
March 31, 2025

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>COMMON STOCK-Continued</b>				
	Reinsurance Group of America	Common Stock	3,830	4,491
	Republic Services Inc	Common Stock	2,817	3,939
	RTX Corporation	Common Stock	726	1,513
	Ryder Systems Inc	Common Stock	3,407	4,192
	S&P Global Inc	Common Stock	1,044	1,966
	Salesforce Inc	Common Stock	1,832	2,495
	SBA Communictns Corp New CL A	Common Stock	4,174	4,259
	Sherwin Williams company Ohio	Common Stock	1,314	1,856
	Simon PPTY Group Inc	Common Stock	3,561	4,339
	Snap-On Inc	Common Stock	3,603	4,169
	Sonoco Products Co	Common Stock	2,728	2,281
	Starbucks Cor Washington	Common Stock	648	679
	Stryker Corp	Common Stock	1,141	1,834
	Sun Communities Inc	Common Stock	4,699	4,821
	Synopsys Inc	Common Stock	1,740	1,433
	Taiwan Smcndctr mfg Co	Common Stock	1,756	1,841
	Target Corporation	Common Stock	1,529	1,275
	Teledyne Tech Inc	Common Stock	3,898	4,524
	Tesla Inc	Common Stock	1,481	1,845
	Thermo Fisher Scientific	Common Stock	850	1,509
	Uber Technologies Inc	Common Stock	657	1,473
	UDR Inc	Common Stock	2,194	2,784
	Union Pacific Corp	Common Stock	1,679	1,707
	Unitedhealth GP Inc	Common Stock	1,181	2,567
	Valmont Industries	Common Stock	2,648	2,774
	Vici Properties Inc	Common Stock	1,846	2,029
	Visa Inc CL A	Common Stock	3,092	5,551
	W W Grainger Inc	Common Stock	604	2,159
	Webster Finclo Corp	Common Stock	2,570	2,806
	Wec Energy Group Inc	Common Stock	2,218	3,034
	Welltower Inc	Common Stock	7,131	12,602
	Wex Inc	Common Stock	3,193	2,470
	Weyerhaeuser Cor	Common Stock	1,651	1,530
	Wintrust Fin Corp	Common Stock	3,039	2,619
	Woodward Inc	Common Stock	3,189	4,318
	Workday Inc CL A	Common Stock	1,910	1,769
	Zoetis Inc Class-A	Common Stock	1,183	1,439
	Adobe Inc	Common Stock	2,031	2,685
	Air Prod & Chem Inc	Common Stock	2,411	2,329
	Alcon Inc	Common Stock	1,551	2,468
	Alphabet Inc CL C	Common Stock	2,684	2,498

SHEET METAL WORKERS' LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 23-7205462 - Plan No. 801  
March 31, 2025

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>COMMON STOCK-Continued</b>				
	Amer Intl Gp Inc	Common Stock	2,423	2,842
	American Water Works Co	Common Stock	2,080	2,396
	Ameriprise Fincl Inc	Common Stock	1,153	4,357
	Amgen Inc	Common Stock	1,840	2,804
	Ansys Inc	Common Stock	2,000	2,899
	Atmos Energy Cp	Common Stock	2,150	3,061
	Blackstone Inc	Common Stock	1,835	2,204
	Capital One Financial cor	Common Stock	1,879	3,765
	Coca Cola Co	Common Stock	1,944	2,577
	Commerce Bancshares	Common Stock	892	1,242
	Constellation Brands Inc CL A	Common Stock	1,724	1,323
	Corteva Inc	Common Stock	1,602	3,902
	Coterra Energy Inc	Common Stock	1,596	2,514
	Cullen Frost Bankers Inc	Common Stock	1,197	1,753
	Danaher Corporation	Common Stock	1,361	2,255
	Ecolab Inc	Common Stock	2,401	2,746
	Equity Lifestyle Properties	Common Stock	1,770	1,722
	Genl Dynamics Corp	Common Stock	1,510	2,181
	Lennar Corporation	Common Stock	1,233	2,755
	Lowe's Companies Inc	Common Stock	2,016	2,227
	Martin Marietta Materials	Common Stock	1,453	2,757
	Medtronic PLC SHS	Common Stock	2,085	1,756
	Merck & Co Inc New com	Common Stock	1,960	1,823
	Microchip Technology Inc	Common Stock	1,683	1,840
	Microsoft Corp	Common Stock	1,346	3,648
	Mitsubishi Ufj Fincl Grp Ads	Common Stock	892	2,481
	Oshkosh Corp	Common Stock	1,622	1,411
	Parker Hannifin Corp	Common Stock	1,475	5,471
	PNC Finl SVCS GP	Common Stock	1,432	2,171
	Procter & Gamble	Common Stock	1,874	2,386
	Qualcomm Inc	Common Stock	1,370	2,765
	RPM Inc	Common Stock	1,371	2,545
	Sony Group Corporation ADR	Common Stock	1,537	3,428
	Teledyne Tech Inc	Common Stock	2,032	2,406
	Totalenergies SE sponsored Ads	Common Stock	2,204	2,247
	US Bancorp Com New	Common Stock	1,822	2,317
	Verizon Communications	Common Stock	2,449	2,645
	Xcel Energy Inc	Common Stock	2,189	2,335
	Xylem Inc	Common Stock	1,655	2,389
	3i Group PLC Unspns Adr	Common Stock	1,400	1,917
	Abb Ltd Adr	Common Stock	2,757	2,510

SHEET METAL WORKERS' LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 23-7205462 - Plan No. 801  
March 31, 2025

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>COMMON STOCK-Continued</b>				
	Adyen N V Unspnsred Adr	Common Stock	1,044	998
	Airbus Se Un-sponsored Adr	Common Stock	3,194	3,020
	Argenx Se Adr	Common Stock	2,930	3,283
	Asml Holding NV NY Reg New	Common Stock	1,936	3,247
	Astrazeneca Plc Adr	Common Stock	3,515	3,721
	Atlas Copco As a adr A new	Common Stock	2,678	2,856
	Banco Bilbao Viz Arg Sa Ads	Common Stock	2,397	3,119
	Brambles Ltd Sponsored Adr	Common Stock	2,301	2,796
	Byd Company Ltd Unspn Adr	Common Stock	917	946
	Check Point Software Tech Ltd	Common Stock	2,934	3,334
	Compass Group Plc Spd Adr	Common Stock	3,437	3,887
	CRH Plc	Common Stock	2,341	3,286
	Danone Sponsored Adr	Common Stock	4,096	4,346
	Deutsche Boerse Ag Unspn ADR	Common Stock	1,137	1,842
	Dutsche Telekom Ag Adr	Common Stock	2,717	4,584
	Edp SA Adr	Common Stock	1,135	937
	Ferrari Nv	Common Stock	2,612	2,712
	Givaudan Sa Adr	Common Stock	2,078	2,523
	Haleon Plc Adr	Common Stock	659	905
	HDFC Bank	Common Stock	2,911	3,133
	Hermes Intl Sca Unspn ADR	Common Stock	1,972	2,142
	Hoya corp Spons Adr	Common Stock	2,861	2,660
	Industria De Diseno Textil Ind	Common Stock	2,399	3,789
	Intesa Sanpaolo SPA Adr	Common Stock	2,659	4,081
	L'Oreal Co Adr	Common Stock	2,506	2,933
	Lenovo Group Ltd Spons ADR	Common Stock	2,027	1,866
	Linde PLC	Common Stock	1,648	2,998
	Lloyds Banking Group PLC	Common Stock	3,018	4,003
	London Stk Exchange Group Adr	Common Stock	3,504	5,288
	LVMH Moet Hennessy Luis Vuitton	Common Stock	2,665	3,183
	Mitsubishi Heavy Inds Ltd Adr	Common Stock	2,327	2,196
	Mitsubishi Ufj Fincl Grp Ads	Common Stock	2,547	2,849
	Monotaro Co Ltd Adr	Common Stock	487	693
	Natwest Group Plc Adr	Common Stock	1,786	1,776
	Nomura Resh Inst Ltd Adr	Common Stock	1,321	1,480
	Novo Nordisk A/S Adr	Common Stock	4,494	5,059
	Olympus Corp Adr	Common Stock	560	433
	Prysmian S P A Milano Adr	Common Stock	1,789	1,447
	Publicis Groupe Sa Adr	Common Stock	2,290	1,992
	Relx Plc Sponsored Adr	Common Stock	3,164	4,453
	Rentokil Initial Plc Adr	Common Stock	1,023	876

SHEET METAL WORKERS' LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 23-7205462 - Plan No. 801  
March 31, 2025

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>COMMON STOCK-Continued</b>				
	Safran SA	Common Stock	2,600	3,519
	Sap Ag	Common Stock	3,992	6,861
	Schneider Elec Sa Uhnsp Adr	Common Stock	3,219	3,111
	Sea Limited Adr	Common Stock	2,920	4,521
	Shopify Inc CL A	Common Stock	1,549	2,161
	Sika Ag Adr	Common Stock	919	822
	Sony Group Corporation Adr	Common Stock	4,309	6,348
	Spotify Technology SA	Common Stock	1,557	2,177
	Straumann Hldg Ag Adr	Common Stock	1,697	1,545
	Taiwan Smcndctr Mfg Co LTd Adr	Common Stock	2,065	2,449
	Terumo Corp Adr Unspns Adr	Common Stock	2,297	2,263
	Thomson Reuters Corp	Common Stock	1,346	2,516
	Toki Marine Holding Ins Adr	Common Stock	2,770	2,855
	Tokyo Electron Ltd Unspn Adr	Common Stock	4,059	3,638
	Trane Technologies Plc	Common Stock	2,822	2,532
	Ucb Sa Unspn Adr	Common Stock	1,193	1,093
	Unicredit Spa-Adr	Common Stock	1,818	1,696
	Unilever Plc Ads	Common Stock	3,303	3,454
	Zai Lab Ltd-Adr	Common Stock	1,430	1,741
	AIA Group Ltd spon Adr	Common Stock	962	891
	Allianz Se Adr	Common Stock	5,373	7,987
	Banco Santander S.A/	Common Stock	4,287	7,893
	Bouygues Sa Unspn Adr	Common Stock	4,423	5,317
	BP Plc Ads	Common Stock	4,800	5,001
	British Amer Tob Spon Adr	Common Stock	6,305	6,950
	CK Hutchison Hldgs Ltd Adr	Common Stock	5,102	4,122
	Deu7tsche Post Ag Adr	Common Stock	6,340	6,482
	Enel Societa Per Azioni Adr	Common Stock	6,638	7,596
	Fujifilm Hldgs Corp Adr	Common Stock	4,298	4,451
	Fujitsu Ltd Adr	Common Stock	5,465	6,808
	GSK Plc Adr	Common Stock	6,586	6,896
	Hitachi 10 Com new Adr	Common Stock	3,293	4,717
	Honda Motor company Ltd Adr	Common Stock	3,347	3,473
	Imperial Brands Plc Spd Adr	Common Stock	1,609	2,727
	Kao Corp	Common Stock	2,339	2,606
	Kddi Corp Unspn Adr	Common Stock	6,068	5,875
	Kering S A Adr New	Common Stock	4,273	2,599
	Koninklijke Ahold Delhaize NV	Common Stock	664	827
	Koninklijke Phil El Sp Adr	Common Stock	4,124	5,385
	Lloyds Banking Group Plc	Common Stock	4,917	7,606
	Mitsubishi Electric Adr	Common Stock	4,241	5,384

SHEET METAL WORKERS' LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 23-7205462 - Plan No. 801  
March 31, 2025

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>COMMON STOCK-Continued</b>				
	Mondi Plc Adr	Common Stock	3,366	2,162
	Nestle Spon Adr Rep Reg Shr	Common Stock	6,271	7,106
	Novartis Ag Adr	Common Stock	749	1,040
	Pernod Ricard Sa Adr	Common Stock	4,218	3,726
	Roche Holdings Adr	Common Stock	1,925	2,175
	Sanofi Adr	Common Stock	4,852	5,657
	Secom Ltd Adr	Common Stock	3,268	3,249
	Shell Plc Adr	Common Stock	4,305	5,942
	Singapore Telecom Ltd Adr	Common Stock	2,943	3,369
	Snam SPA Adr	Common Stock	6,702	6,744
	Sony Group corporation Adr	Common Stock	5,230	8,049
	SSE Plc Spon Adr	Common Stock	6,688	6,996
	Toyota Industries Corp Adr	Common Stock	3,364	4,535
	Upm Kymmene Corp Adr	Common Stock	818	700
	Utd Overseas Bk Ltd Spon Adr	Common Stock	5,188	7,084
	Vinci SA Adr	Common Stock	5,452	5,778
	WH Group Adr	Common Stock	2,873	3,321
	Wpp Plc Spon New Adr	Common Stock	4,382	3,024
	<b>TOTAL COMMON STOCK</b>		<b>708,377</b>	<b>846,737</b>
<b>CORPORATE BONDS AND NOTES</b>				
	Nextera Energy Capital Holdings Inc	4.625% due 07/15/2027	6,995	7,027
	Verizon Communications Inc	4.329% due 09/21/2028	5,892	5,964
	Bank of America	6.204% due 11/10/2028	6,209	6,233
	Goldman Sachs Group Inc	4.223% due 05/01/2029	5,848	5,913
	Unitedhealth Group Inc	5.300% due 02/15/2030	6,098	6,182
	Apple Inc	3.350% due 08/08/2032	10,980	11,201
	Oracle Corp	6.250% due 11/09/2032	6,324	6,395
	Comcast Corp	5.500% due 11/15/2032	6,108	6,223
	Citigroup Inc	6.270% due 11/17/2033	6,274	6,355
	Conocophillips	6.500% due 02/01/2039	6,504	6,648
	BHP Billiton Finance	5.000% due 09/30/2043	5,571	5,640
	JPMorgan Chase & Co	3.328% due 04/22/2052	6,857	6,915
	Intel Corp	5.700% due 02/10/2053	6,179	6,407
	Lowe's Cos Inc	5.625% due 04/15/2053	6,711	6,734
	Pfizer Investment Enterprises Pte Ltd	4.450% due 05/19/2026	39,273	40,064
	JPMorgan Chase & Co	5.350% due 06/01/2034	45,392	45,645
	Conocophillips Co	5.300% due 05/15/2053	49,922	46,647
	<b>TOTAL CORPORATE BONDS AND NOTES</b>		<b>227,137</b>	<b>226,193</b>

SHEET METAL WORKERS' LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 23-7205462 - Plan No. 801  
March 31, 2025

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>MUTUAL FUNDS</b>				
	iShares	Core S & P 500 ETF	57,415	109,570
	Allspring	Mngd Acct Corblld Cp	235,822	238,449
	Federated Hermes	Govt Obl Avr	285,627	285,627
	<b>TOTAL MUTUAL FUNDS</b>		<b>578,864</b>	<b>633,646</b>
<b>MUNICIPAL BONDS</b>				
	Rhode Island Hsg Mtg Fin Corp	3.836% due 04/01/2025	42,862	40,000
	Beaumont Tex Indpt Sch Dist	5.410% due 02/15/2027	40,632	40,010
	California St Univ Rev	3.065% due 11/01/2042	40,000	30,398
	San Francisco Calif City & Cnty Redev	4.375% due 08/01/2044	44,296	34,286
	ST of New York Auth	3.879% due 07/01/2046	43,660	32,000
	Granite City Ill	4.680% due 03/01/2047	43,360	35,641
	<b>TOTAL MUNICIPAL BONDS</b>		<b>254,810</b>	<b>212,335</b>
	<b>TOTAL ASSETS HELD FOR INVESTMENT</b>		<b>\$ 2,141,629</b>	<b>\$ 2,287,975</b>

SHEET METAL WORKERS' LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS  
Employer I.D. No. 23-7205462 - Plan No. 801  
Year ended March 31, 2025

Identity of Party Involved	Description of Asset (Include Rate of Return and Maturity in Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<b>i) SINGLE TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE OF PLAN ASSETS</b>								
Morgan Stanley	Federated Hermes Govt Obl Avr		135,000			135,000	135,000	-
<b>iii) SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE OF PLAN ASSETS</b>								
Morgan Stanley	Money Market Fund							
	124 Purchases	540,244				540,244	540,244	
	26 Sales		408,190			513,524	408,190	(105,334)

There were no reportable transactions under categories (ii) and (iv).

BOARD OF TRUSTEES  
SHEET METAL WORKERS LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT  
BENEFIT FUND

FORM 5500 - 2024  
23-7205462  
PLAN NO. 801

Schedule C, Part 1, Line 2, Item (c):

For service provider, Watkins, Pawlick, Calati & Prifti, PC, Employer  
Identification Number 83-2893229, relationship to employer organization or  
person known to be a party-in-interest:

Attorney for Local Union 292, an employee organization that is a party-in-  
interest.

For service provider, Benda, Grace, Stulz & Company, P.C., Employer  
Identification Number 38-2284921, relationship to employer organization or  
person known to be a party-in-interest:

Accountant for Local Union 292, an employee organization that is a party-  
in-interest.

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

**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  the DFVC program

**D** Check box if filing under:  Form 5558  automatic extension  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**

<b>1a</b> Name of plan <b>SHEET METAL WORKERS LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>801</b>
<b>2a</b> 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) <b>BOARD OF TRUSTEES SHEET METAL WORKERS LOCAL NO. 292 S.U.B. FUND</b>  <b>700 TOWER DRIVE, SUITE 300</b>  <b>Troy MI 48098</b>	<b>1c</b> Effective date of plan <b>10/20/1972</b>  <b>2b</b> Employer Identification Number (EIN) <b>** - ** 5462</b>  <b>2c</b> Plan Sponsor's telephone number <b>248-813-9800</b>  <b>2d</b> Business code (see instructions) <b>339900</b>

**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		12/11/25	Paul Gualdoni
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		12/11/25	Michael Asher
	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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 679
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b> 679
<b>a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b> 673
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b> 0
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b> 0
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .	<b>6d</b> 673
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<b>6e</b>
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .	<b>6f</b>
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b> 6

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

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

4C 4Q 4U

<b>9a</b> 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	<b>9b</b> 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)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) - Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

1950 BOARD OF TRUSTEES SHEET METAL

23-7205462

FYE: 3/31/2025

### Federal Statements

### SHEET METAL WORKERS LOCAL NO. 292 SUPPLEMENTAL

Plan: 801

**Plan transactions in excess of 5% of plan assets**

<u>Name</u>		<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>
	<u>Description</u>							
	SEE ATTACHED FINANCIAL STMT	\$	\$	\$	\$	\$	\$	\$

1950 BOARD OF TRUSTEES SHEET METAL

23-7205462

**Federal Statements**

FYE: 3/31/2025 **SHEET METAL WORKERS LOCAL NO. 292 SUPPLEMENTAL**  
**Plan: 801**

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	See Attached Financial Statement		\$	\$