

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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. ▶

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LOCAL UNION 212 IBEW SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>503</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LOCAL UNION 212 IBEW SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST</u></p> <p><u>212 CROWNE POINT PLACE, SUITE 102</u> <u>CINCINNATI, OH 45241-1388</u></p>	<p>1c Effective date of plan <u>06/05/1972</u></p> <p>2b Employer Identification Number (EIN) <u>23-7278092</u></p> <p>2c Plan Sponsor's telephone number <u>513-861-4800</u></p> <p>2d Business code (see instructions) <u>238210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/10/2026	CHRISTOPHER ARCHIBALE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ZENITH AMERICAN SOLUTIONS, INC. ANDREA AESCHLIMANN 2625 BUTTERFIELD ROAD, SUITE 208E OAK BROOK, IL 60523		3b Administrator's EIN 52-1590516	
		3c Administrator's telephone number 312-649-1200	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	1677
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d):			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	1649
a(2) Total number of active participants at the end of the plan year		6a(2)	1681
b Retired or separated participants receiving benefits.....		6b	29
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1710
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	56

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan LOCAL UNION 212 IBEW SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION 212 IBEW SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST	D Employer Identification Number (EIN) 23-7278092	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

PNC BANK, NATIONAL ASSOCIATION

25-1211909

(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 65	NONE	13891	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

STRATEGIC CAPITAL INVESTMENT ADVISO

36-4268991

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	20000	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)

LEDBETTER PARTNERS, LLC

03-0599899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	12048	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)

KELLEY GALLOWAY SMITH GOOLSBY, PSC

61-1129886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	37091	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ZENITH AMERICAN SOLUTIONS, INC.

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	34740	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)

CUNI, RUST & STRENK

31-1227755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	9200	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)

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(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?
22 53	NONE	13073	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE G (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: x-small;">Department of Labor Employee Benefits Security Administration</p>	<p>Financial Transaction Schedules</p> <p>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).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan LOCAL UNION 212 IBEW SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND</p>	<p>B Three-digit plan number (PN) ▶ 503</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION 212 IBEW SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST</p>	<p>D Employer Identification Number (EIN) 23-7278092</p>

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
 Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
IBEW LOCAL 212 HEALTH	RELATED-PARTY EMPLOYEE	EXTENSION OF CREDIT RELATED TO UNTIMELY TRANS	639410		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
				639410	

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan LOCAL UNION 212 IBEW SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND	B Three-digit plan number (PN) 503
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION 212 IBEW SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST	D Employer Identification Number (EIN) 23-7278092

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 4728	4677
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 94980	101344
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 51860	34624
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 657301	421081
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 11831940	13213460
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	12640809	13775186
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	609548	648815
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	609548	648815
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12031261	13126371

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1141934	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1141934
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	22691	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22691
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	434337	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		434337
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		650108
c Other income	2c		21787
d Total income. Add all income amounts in column (b) and enter total.....	2d		2270857

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	982546	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		982546
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	34740	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	37091	
(5) Investment advisory and investment management fees	2i(5)	23268	
(6) Bank or trust company trustee/custodial fees	2i(6)	10623	
(7) Actuarial fees	2i(7)	9200	
(8) Legal fees	2i(8)	12048	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	32223	
(11) Other expenses.....	2i(11)	34008	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		193201
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1175747

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1095110
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KELLEY GALLOWAY SMITH GOOLSBY, PSC**

(2) EIN: **61-1129886**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	X		639410
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS
LOCAL UNION NO. 212
SUPPLEMENTAL UNEMPLOYMENT
BENEFIT FUND
FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
YEARS ENDED APRIL 30, 2025 AND 2024**

TOGETHER WITH INDEPENDENT AUDITOR'S REPORT

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION NO. 212

SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND

INDEX

April 30, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
International Brotherhood of Electrical Workers
Local Union No. 212
Supplemental Unemployment Benefit Fund
Cincinnati, Ohio

Opinion

We have audited the accompanying financial statements of the International Brotherhood of Electrical Workers, Local Union No. 212, 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 April 30, 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 the International Brotherhood of Electrical Workers, Local Union No. 212, Supplemental Unemployment Benefit Fund as of April 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the International Brotherhood of Electrical Workers, Local Union No. 212, 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the International Brotherhood of Electrical Workers, Local Union No. 212, Supplemental Unemployment Benefit Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the International Brotherhood of Electrical Workers, Local Union No. 212, 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 the International Brotherhood of Electrical Workers, Local Union No. 212, 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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year), schedule of reportable transactions, and schedule of nonexempt transactions 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 generally accepted auditing standards.

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

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

Other Supplementary Information

The supplemental schedules of administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements or required by 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The supplemental schedules of history of contribution rates, history of dividends paid, and historical information have not been subjected to the auditing procedures applied in the audits of the financial statements. Accordingly, we do not express an opinion or provide any assurance on these schedules.



Kelley Galloway Smith Goolsby, PSC

Cincinnati, Ohio
February 12, 2026

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 212
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

April 30, 2025 and 2024

	2025	2024
- <u>ASSETS</u> -		
Investments at Fair Value:		
Registered Investment Companies	\$ 13,213,459.67	\$ 11,831,939.53
Money Market Fund	51,444.84	51,755.24
Cash - Sweep Account	369,636.45	605,545.45
Contractor Contributions Receivable	101,344.16	94,979.96
Prepaid Expenses	20,038.46	25,206.58
Accrued Investment Income	14,585.35	10,506.44
Refund Receivable - Payroll Taxes and Withholdings	---	16,146.82
Cash in Bank - Checking	4,676.91	4,728.32
	<u>13,775,185.84</u>	<u>12,640,808.34</u>
 - <u>LIABILITIES</u> -		
Accounts Payable - I.B.E.W. Local Union No. 212	---	2,999.68
Accounts Payable - I.B.E.W. Local Union No. 212 Health and Welfare Fund	639,409.66	588,654.99
Accounts Payable - I.B.E.W. Local Union No. 212 Pension Fund	1,525.00	1,525.00
Accounts Payable - Trade	6,657.25	3,853.75
Accounts Payable - Other	832.69	749.15
Accrued Payroll Taxes and Withholdings	389.91	11,765.13
	<u>648,814.51</u>	<u>609,547.70</u>
 <u>Net Assets Available for Benefits</u>	<u>\$ 13,126,371.33</u>	<u>\$ 12,031,260.64</u>

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION NO. 212

SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended April 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<u>Additions to Plan Assets Attributed to:</u>		
<u>Investment Income</u>		
Net Appreciation in Fair Value of Investments	\$ 650,108.11	\$ 481,534.83
Dividend Income	434,337.26	354,046.27
Interest Income	<u>22,691.43</u>	<u>16,641.33</u>
	1,107,136.80	852,222.43
Less: Investment Advisory Fees	<u>23,267.77</u>	<u>23,008.03</u>
<u>Net Investment Income</u>	1,083,869.03	829,214.40
Contractor Contributions	1,141,933.92	1,184,508.80
Miscellaneous Income	<u>21,786.77</u>	<u>21,013.80</u>
<u>Total Additions</u>	<u>2,247,589.72</u>	<u>2,034,737.00</u>
 <u>Deductions from Plan Assets Attributed to:</u>		
Benefit Payments -		
Weekly Unemployment Benefits	283,508.20	491,585.63
Separation Benefits	201,692.85	181,022.59
Death Benefits	16,174.82	29,047.15
Transfers to Welfare Reimbursement Plan	481,169.95	839,442.97
Administrative Expenses	150,850.82	151,179.17
Payroll Taxes	<u>19,082.39</u>	<u>18,235.06</u>
<u>Total Deductions</u>	<u>1,152,479.03</u>	<u>1,710,512.57</u>
<u>Net Increase</u>	1,095,110.69	324,224.43
Net Assets Available for Benefits - Beginning of Year	<u>12,031,260.64</u>	<u>11,707,036.21</u>
Net Assets Available for Benefits - End of Year	<u>\$ 13,126,371.33</u>	<u>\$ 12,031,260.64</u>

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 212
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND
NOTES TO FINANCIAL STATEMENTS

April 30, 2025 and 2024

NOTE A - Description of the Supplemental Unemployment Benefit Fund

The following brief description of the International Brotherhood of Electrical Workers, Local Union No. 212, Supplemental Unemployment Benefit Fund (“the Plan”) provides only general information. Participants should refer to the Plan Document and the Trust Agreement for a complete description of the Plan’s provisions.

General - The International Brotherhood of Electrical Workers, Local Union No. 212, Supplemental Unemployment Benefit Fund was established on June 5, 1972 by an agreement between the Cincinnati Chapter of the National Electrical Contractors’ Association and the International Brotherhood of Electrical Workers, Local Union No. 212, for the purpose of providing supplemental unemployment benefits to employees laid off by participating employers. A Supplemental Unemployment Benefit Trust Agreement has been executed between the employers and the Union and subscribed to and accepted by the Trustees under the terms of which a Supplemental Unemployment Benefit Fund shall be established to receive and hold contributions payable by the employers under this Plan, interest and other income to pay the benefits provided under said Plan, and the expenses of operating the Plan. Participants should refer to the Plan Document and the Trust Agreement for a complete description of the Plan.

Contributions - The participating employers contribute to the Plan in accordance with terms of the Collective Bargaining Agreement with the Union. The current agreement calls for a contribution by the employer of \$0.65 per hour worked to the Supplemental Unemployment Benefit Fund.

Forfeitures - Effective May 1, 2008 a participant shall be deemed to have incurred a break in service resulting in forfeiture when no employer contributions have been paid or owed to the Plan, when no benefit payments have been made under the Plan to the employee, when there have been no transfers to the Welfare Reimbursement Plan or contributions received by the International Brotherhood of Electrical Workers, Local Union No. 212, Pension Fund or Health and Welfare Fund, for a period of eighteen (18) consecutive months. Forfeitures affect member accounts as described in Note G.

Benefits - A member may receive supplemental unemployment benefit payments for involuntary layoffs in the amount of \$230 per week until the balance in their account is exhausted. Effective March 20, 2020, the Board of Trustees approved a temporary increase to the maximum weekly benefit to \$450 due to the COVID-19 pandemic. This increase was effective for all supplemental unemployment benefits paid from March 20, 2020 through May 31, 2021. Upon retirement, death, or separation from the trade, the member may apply for a distribution of their entire account balance. Effective May 1, 2008, the maximum benefit that an employee may accrue in his individual account is \$25,000. Account balances in excess of \$25,000 are rolled over and transferred annually to the participant’s account in the Welfare Reimbursement Plan (WRP) of the International Brotherhood of Electrical Workers, Local Union No. 212, Health and Welfare Fund for the payment of unreimbursed healthcare costs and medical expenses. Prior to July 1, 2012, participants with account balances in excess of \$5,000 up to \$25,000 could elect to rollover amounts to the Welfare Reimbursement Plan. Effective July 1, 2012, optional transfers to the Welfare Reimbursement Plan ceased for active participants, but retired participants were not affected by this change.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
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NOTES TO FINANCIAL STATEMENTS

April 30, 2025 and 2024

NOTE B - Summary of Significant Accounting Policies

Administration of Plan Assets and Benefit Claims -

Zenith American Solutions, Inc. provides for the administration of plan assets and payment of benefits. Plan expenses are paid by the Plan as provided by the Plan Document.

Basis of Accounting and Use of Estimates -

The accompanying financial statements are prepared on the accrual basis of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Contractor and Reciprocity Contributions Receivable and Related Allowance for Credit Losses -

Accounting Standards Update (ASU) 2016-13, Topic 326 requires measurement and recognition of expected versus incurred losses for financial assets held. Financial assets held by the Plan that are subject to ASU 2016-13 include contributions receivable from contractors and reciprocity agreements. Contractor and reciprocity contributions received following the end of the Plan year, which are attributable to the current fiscal year, are recorded as a receivable. On a periodic basis, the Plan evaluates its contributions receivable and establishes an allowance for credit losses, when deemed necessary, based on its history of past write-offs and collections and current and estimated credit conditions. As of April 30, 2025 and 2024, the Plan considers its contributions receivable to be fully collectible; accordingly, no allowance for credit losses is provided in the financial statements.

Valuation of Investments and Income Recognition -

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Board of Trustees determine the Plan's valuation policies utilizing information provided by its investment advisors and custodians. See Note F for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits -

Benefit payments to participants are recorded upon distribution.

Subsequent Events -

The Plan has evaluated all subsequent events through February 12, 2026, which is the date the financial statements were available to be issued.

NOTE C - Concentration of Credit Risk

The Plan covers participants in the greater Cincinnati, Ohio geographical area and receives contributions primarily from employers located in this area.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
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April 30, 2025 and 2024

The Plan maintains its cash accounts with a financial institution located in Cincinnati, Ohio. These accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Management believes that the Plan's cash accounts were fully insured as of April 30, 2025 and 2024.

NOTE D - Tax Status

The Plan and Trust together obtained its latest determination letter on April 18, 1973, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code, Section 501(c)(9). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to April 30, 2022.

NOTE E - Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, in the unlikely event of termination and in order to safeguard against any unforeseen contingencies, the Trustees reserve the right to discontinue the Plan or reduce benefits. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such a manner as will in the opinion of the Trustees bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

NOTE F - Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan 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;

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 212
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND
NOTES TO FINANCIAL STATEMENTS

April 30, 2025 and 2024

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2025 and 2024.

Interest bearing cash and money market funds: Valued at the daily closing unit/share price of one dollar (\$1.00).

Registered investment companies (mutual funds): Valued at the daily closing share price as reported on the New York Stock Exchange or NASDAQ. The mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission and are deemed to be actively traded.

For the years ended April 30, 2025 and 2024, there were no significant transfers into or out of level 1, level 2, or level 3 investments.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2025 and 2024.

Investment at Fair Value as of April 30, 2025

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Fund and Sweep Account	\$ 421,081.29	\$ ---	\$ ---	\$ 421,081.29
Registered Investment Companies	<u>13,213,459.67</u>	<u>---</u>	<u>---</u>	<u>13,213,459.67</u>
Total Assets at Fair Value	<u>\$13,634,540.96</u>	<u>\$ ---</u>	<u>\$ ---</u>	<u>\$13,634,540.96</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
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April 30, 2025 and 2024

Investments at Fair Value as of April 30, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Fund and Sweep Account	\$ 657,300.69	\$ --- --	\$ --- --	\$ 657,300.69
Registered Investment Companies	<u>11,831,939.53</u>	<u>--- --</u>	<u>--- --</u>	<u>11,831,939.53</u>
Total Assets at Fair Value	<u>\$12,489,240.22</u>	<u>\$ --- --</u>	<u>\$ --- --</u>	<u>\$12,489,240.22</u>

NOTE G - Analysis of Member Accounts

The Plan is an account balance Plan whereby each member's account balance is increased by contractor contributions received and any discretionary dividends declared by the Trustees during the Plan year. Each member's account balance is decreased by benefits paid (e.g., supplemental unemployment benefits, separation benefits, and death benefits), transfers to the Welfare Reimbursement Plan, and any forfeitures recorded during the Plan year. The following table summarizes the total activity in member accounts during the years ended April 30, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
<u>Balance at Beginning of Year</u>	<u>\$11,602,600.22</u>	<u>\$10,962,567.14</u>
<u>Add -</u>		
Contractor Contributions	1,141,933.92	1,184,508.80
Earnings Credit	<u>--- --</u>	<u>1,000,000.00</u>
Total Additions	<u>1,141,933.92</u>	<u>2,184,508.80</u>
<u>Deduct -</u>		
Weekly Unemployment Benefits Paid	283,508.20	491,585.63
Separation Benefits Paid	201,692.85	181,022.59
Death Benefits Paid	16,174.82	29,047.15
Transfers to Welfare Reimbursement Plan	481,169.95	839,442.97
Forfeitures	<u>1,064.37</u>	<u>3,377.38</u>
Total Deductions	<u>983,610.19</u>	<u>1,544,475.72</u>
<u>Balance at End of Year</u>	<u>\$11,760,923.95</u>	<u>\$11,602,600.22</u>

NOTE H - Plan Risks and Uncertainties

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 212
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND
NOTES TO FINANCIAL STATEMENTS

April 30, 2025 and 2024

NOTE I - Related Party and Party-in-Interest Transactions

The Plan paid administrative expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

NOTE J - Plan Amendments

Effective October 16, 2024, the Plan was amended to increase the maximum WRP transfer limit for retirees from \$4,000 to \$5,000 per quarter. Participants should refer to the applicable Summary of Material Modifications (SMM) for specific details.

NOTE K - Nonexempt Prohibited Transactions

During the year ended April 30, 2025, the Plan engaged in the following transactions with related parties that constitute prohibited transactions under ERISA Section 406 and Internal Revenue Code Section 4975:

- The Plan received a loan from the International Brotherhood of Electrical Workers, Local Union No. 212, Health and Welfare Fund (the "Health and Welfare Fund") in the amount of \$639,409.66 related to the untimely transfer of individual SUB account balances exceeding \$25,000 on April 30, 2025, and recurring quarterly transfers authorized by retirees that were not processed for the total amount requested. As of April 30, 2024, this loan balance was \$588,654.99 as reported on the statements of net assets available for benefits. The Health and Welfare Fund is a related-party employee benefit plan of the Plan Sponsor. This transaction represents an extension of credit between the Plan and a party in interest and is considered a prohibited transaction under ERISA Section 406(a)(1)(B). On February 10, 2026, the Plan Administrator transferred these funds from the Plan back to the Health and Welfare Fund in order to correct this administrative error and effectively repay the full amount of the loan.

This transaction has been reported on the appropriate schedules to Form 5500. The Plan Administrator and the Plan's legal counsel are currently evaluating and taking corrective actions as required by Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The possible effects of this prohibited transaction include the imposition of excise taxes and the requirement for corrective action by the Plan, including restoration for lost earnings, as applicable. The Plan has disclosed the nature and amount of this transaction in accordance with the requirements of FASB ASC 965-205-50-1(g).

SUPPLEMENTAL INFORMATION

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION NO. 212

SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

Years Ended April 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<u>Administrative Expenses:</u>		
Lost Time Wages and Benefits	\$ 1,992.71	\$ 2,999.68
Dues and Subscriptions	1,525.00	1,425.00
Insurance	13,400.70	17,144.89
Postage	---	1,484.94
Printing	---	1,596.84
Actuary Consulting Fees	9,200.00	7,980.00
Audit and Accounting Fees	37,090.53	36,105.74
Third Party Administrator Fees	34,740.20	32,310.99
Legal Fees	12,048.00	13,373.00
Conferences and Meetings	30,230.67	26,784.75
Bank Service Fees and Miscellaneous	10,623.01	9,973.34
	<u>150,850.82</u>	<u>151,179.17</u>
<u>Total Administrative Expenses</u>	<u>\$ 150,850.82</u>	<u>\$ 151,179.17</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 212
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND

SCHEDULE H, LINE 4I

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

April 30, 2025

Plan's Employer Identification Number: 23-7278092

Plan Number: 503

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor, or similar party</u>	<u>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
*	PNC Bank	51,444.840 shares Federated Hermes Government Obligations Fund Premium Shares (4.28% Yield)	\$ 51,444.84	\$ 51,444.84
*	PNC Bank	369,636.450 shares Government Obligations Fund Class SS (3.9880% Average Yield)	369,636.45	369,636.45
	Baird	613,287.549 shares Intermediate Bond Fund Institutional Shares	6,674,865.73	6,421,120.64
	Vanguard	25,363.506 shares Total Stock Market Index Fund Admiral Shares	1,151,866.41	3,369,541.77
	Vanguard	328,168.481 shares Short Term Investment Grade Fund Admiral Shares	<u>3,498,973.28</u>	<u>3,422,797.26</u>
	Total		<u>\$ 11,746,786.71</u>	<u>\$ 13,634,540.96</u>

* Party-in-interest

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 212
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND

SCHEDULE H, LINE 4J

SCHEDULE OF REPORTABLE TRANSACTIONS

April 30, 2025

Plan's Employer Identification Number: 23-7278092

Plan Number: 503

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(e) Lease Rental</u>	<u>(f) Expense Incurred with Transaction</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or (Loss)</u>
PNC Bank	Government Obligations Fund	\$ 1,257,883.42	\$ ----	\$ ----	\$ ----	\$ ----	\$ 1,257,883.42	\$ ----
PNC Bank	Government Obligations Fund	----	1,476,454.28	----	----	1,476,454.28	1,476,454.28	----

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 212
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND

SCHEDULE G, LINE III

SCHEDULE OF NONEXEMPT TRANSACTIONS

April 30, 2025

Plan's Employer Identification Number: 23-7278092
 Plan Number: 503

<u>(a) Identity of Party Involved</u>	<u>(b) Relationship to Plan, Employer, or Other Party-in-Interest</u>	<u>(c) Description of Transaction Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value</u>	<u>(d) Purchase Price</u>	<u>(e) Selling Price</u>	<u>(f) Lease Rental</u>	<u>(g) Transaction Expenses</u>	<u>(h) Cost of Asset</u>	<u>(i) Current Value of Asset</u>	<u>(j) Net Gain or (Loss) on Each Transaction</u>
I.B.E.W. Local Union No. 212 Health and Welfare Fund	Related-Party Employee Benefit Plan of Plan Sponsor	Extension of Credit Related to Untimely Transfer of Account Balances	\$ 639,409.66	\$ ----	\$ ----	\$ ----	\$ ----	\$ 639,409.66	\$ ----

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 212
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND

HISTORY OF CONTRIBUTION RATES

June 1, 1972	\$	0.20
June 1, 1982	\$	0.40
June 1, 1989	\$	0.50
May 31, 1993	\$	0.60
January 1, 1994	\$	0.65

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 212
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND

HISTORY OF DIVIDENDS PAID

Years Ended April 30,	Dividend Declared	Dividend Rate
1978	\$ 102,649.16	5.00%
1979	\$ 156,427.13	6.00%
1980	\$ 488,336.58	15.00%
1981	\$ 542,572.77	13.50%
1982	\$ 680,166.72	17.75%
1983	\$ 432,751.22	12.00%
1984	\$ 315,455.45	8.25%
1985	\$ 360,086.75	9.00%
1986	\$ 246,428.42	6.50%
1987	\$ 184,881.21	4.75%
1988	\$ 223,077.32	5.25%
1989	\$ 332,537.70	7.00%
1990	\$ 439,091.71	8.00%
1991	\$ 467,468.56	8.25%
1992	\$ 352,597.83	6.75%
1993	\$ 277,598.82	5.25%
1994	\$ 240,203.72	4.25%
1995	\$ ---	0.00%
1996	\$ ---	0.00%
1997	\$ ---	0.00%
1998	\$ 238,196.36	3.50%
1999	\$ 663,295.78	9.00%
2000	\$ 38,683.05	0.48%
2001	\$ 649,693.13	8.00%
2002	\$ 370,616.23	4.25%
2003	\$ 245,845.98	2.75%
2004	\$ ---	0.00%
2005	\$ 30,602.71	0.40%
2006	\$ ---	0.00%
2007	\$ 348,834.01	4.50%
2008	\$ 115,804.70	1.50%
2009	\$ ---	0.00%
2010	\$ ---	0.00%
2011	\$ ---	0.00%
2012	\$ ---	0.00%
2013	\$ ---	0.00%
2014	\$ ---	0.00%
2015	\$ ---	0.00%
2016	\$ ---	0.00%
2017	\$ ---	0.00%
2018	\$ 299,013.55	4.61%
2019	\$ 293,422.79	4.15%
2020	\$ ---	0.00%
2021	\$ 1,998,290.74	12.52%
2022	\$ ---	0.00%
2023	\$ ---	0.00%
2024	\$ 1,000,000.00	9.51%
2025	\$ ---	0.00%

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 212
SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN

HISTORICAL INFORMATION

Years Ended April 30,	Employer Contributions	Benefits Paid	Supplemental Unemployment Benefits
1978	\$ 523,488.67	\$ 100,400.09	\$ 67,217.15
1979	\$ 562,035.07	\$ 68,105.27	\$ 27,830.60
1980	\$ 619,910.81	\$ 97,512.03	\$ 48,393.97
1981	\$ 610,568.31	\$ 285,676.87	\$ 180,696.94
1982	\$ 425,175.95	\$ 1,107,487.07	\$ 973,077.04
1983	\$ 587,219.25	\$ 1,446,665.30	\$ 1,303,096.63
1984	\$ 622,940.28	\$ 830,691.24	\$ 737,467.12
1985	\$ 589,670.12	\$ 731,415.27	\$ 495,397.55
1986	\$ 438,045.44	\$ 991,575.93	\$ 638,587.17
1987	\$ 501,505.83	\$ 638,807.67	\$ 351,506.04
1988	\$ 608,232.87	\$ 432,717.51	\$ 238,819.07
1989	\$ 657,973.82	\$ 365,249.52	\$ 185,746.06
1990	\$ 848,383.80	\$ 422,638.38	\$ 217,127.17
1991	\$ 897,722.58	\$ 1,120,878.27	\$ 595,313.21
1992	\$ 689,690.32	\$ 1,595,919.40	\$ 724,090.43
1993	\$ 730,078.39	\$ 983,811.03	\$ 472,912.42
1994	\$ 877,204.04	\$ 809,026.20	\$ 406,904.48
1995	\$ 1,182,913.33	\$ 608,482.62	\$ 137,482.66
1996	\$ 1,017,654.75	\$ 1,142,534.96	\$ 625,849.27
1997	\$ 1,011,838.97	\$ 929,693.20	\$ 529,949.15
1998	\$ 1,150,027.40	\$ 708,389.30	\$ 343,923.17
1999	\$ 1,173,230.31	\$ 847,337.64	\$ 277,970.82
2000	\$ 1,423,720.92	\$ 891,030.33	\$ 124,058.20
2001	\$ 1,382,085.11	\$ 1,461,557.78	\$ 819,290.77
2002	\$ 1,315,060.01	\$ 1,764,649.51	\$ 792,478.14
2003	\$ 1,487,954.99	\$ 1,460,079.25	\$ 678,059.95
2004	\$ 1,483,196.22	\$ 1,904,999.45	\$ 1,088,846.96
2005	\$ 1,189,362.91	\$ 1,900,544.98	\$ 1,167,558.91
2006	\$ 1,260,334.32	\$ 1,407,324.00	\$ 714,145.77
2007	\$ 1,284,568.39	\$ 656,690.94	\$ 409,930.46
2008	\$ 1,275,776.80	\$ 680,569.66	\$ 551,855.19
2009	\$ 1,090,175.04	\$ 973,096.03	\$ 972,683.43
2010	\$ 905,470.51	\$ 1,642,404.72	\$ 1,189,639.02
2011	\$ 889,549.66	\$ 678,724.48	\$ 641,027.49
2012	\$ 1,011,950.97	\$ 412,615.13	\$ 366,578.51
2013	\$ 979,184.75	\$ 611,770.46	\$ 559,823.12
2014	\$ 895,258.53	\$ 544,851.13	\$ 529,185.77
2015	\$ 1,015,410.28	\$ 314,031.08	\$ 274,699.01
2016	\$ 995,728.44	\$ 496,987.34	\$ 471,293.35
2017	\$ 1,061,981.72	\$ 404,228.92	\$ 341,007.50
2018	\$ 1,071,266.23	\$ 385,570.34	\$ 342,835.10
2019	\$ 1,107,494.30	\$ 404,574.78	\$ 353,669.84
2020	\$ 1,098,449.88	\$ 709,603.30	\$ 669,745.38
2021	\$ 1,226,241.45	\$ 563,409.47	\$ 534,365.84
2022	\$ 1,197,565.66	\$ 528,846.98	\$ 405,462.16
2023	\$ 1,267,732.24	\$ 503,994.30	\$ 281,085.22
2024	\$ 1,184,508.80	\$ 701,655.37	\$ 491,585.63
2025	\$ 1,141,933.92	\$ 501,375.87	\$ 283,508.20

Separation Benefits	Death Benefits	Surplus Benefits	Transfers to Welfare Reimbursement Plan Under \$25,000	Transfers to Welfare Reimbursement Plan Over \$25,000
\$ 27,385.67	\$ 5,797.27	\$ ----	\$ ----	\$ ----
\$ 31,453.83	\$ 8,820.84	\$ ----	\$ ----	\$ ----
\$ 43,759.44	\$ 5,358.62	\$ ----	\$ ----	\$ ----
\$ 80,193.74	\$ 24,786.19	\$ ----	\$ ----	\$ ----
\$ 124,849.96	\$ 9,560.07	\$ ----	\$ ----	\$ ----
\$ 136,011.87	\$ 7,556.80	\$ ----	\$ ----	\$ ----
\$ 93,224.12	\$ ----	\$ ----	\$ ----	\$ ----
\$ 210,574.55	\$ 25,443.17	\$ ----	\$ ----	\$ ----
\$ 331,971.64	\$ 21,017.12	\$ ----	\$ ----	\$ ----
\$ 278,953.53	\$ 8,348.10	\$ ----	\$ ----	\$ ----
\$ 184,621.84	\$ 9,276.60	\$ ----	\$ ----	\$ ----
\$ 179,497.06	\$ 6.40	\$ ----	\$ ----	\$ ----
\$ 204,356.17	\$ 1,155.04	\$ ----	\$ ----	\$ ----
\$ 487,075.00	\$ 38,490.06	\$ ----	\$ ----	\$ ----
\$ 403,363.12	\$ 7,997.44	\$ 460,468.41	\$ ----	\$ ----
\$ 178,622.09	\$ 21,120.28	\$ 311,156.24	\$ ----	\$ ----
\$ 153,613.03	\$ 40.00	\$ 248,468.69	\$ ----	\$ ----
\$ 199,123.06	\$ 13,481.82	\$ 258,395.08	\$ ----	\$ ----
\$ 318,284.86	\$ 28,485.82	\$ 169,915.01	\$ ----	\$ ----
\$ 240,727.74	\$ ----	\$ 159,016.31	\$ ----	\$ ----
\$ 182,915.62	\$ 1,714.74	\$ 179,835.23	\$ ----	\$ ----
\$ 288,402.45	\$ 17,162.53	\$ 263,801.84	\$ ----	\$ ----
\$ 276,087.77	\$ 9,813.41	\$ 481,070.95	\$ ----	\$ ----
\$ 248,031.71	\$ 30,198.87	\$ 364,036.43	\$ ----	\$ ----
\$ 427,665.83	\$ 1,058.59	\$ 543,446.95	\$ ----	\$ ----
\$ 387,304.83	\$ 562.79	\$ 394,151.68	\$ ----	\$ ----
\$ 390,201.81	\$ 8,148.21	\$ 417,802.47	\$ ----	\$ ----
\$ 370,039.16	\$ 42,111.09	\$ 320,835.82	\$ ----	\$ ----
\$ 367,327.48	\$ ----	\$ 325,850.75	\$ ----	\$ ----
\$ 245,788.20	\$ 972.28	\$ ----	\$ 816,697.24	\$ ----
\$ 97,876.85	\$ 30,837.62	\$ ----	\$ 992,309.62	\$ ----
\$ 116.20	\$ 296.40	\$ ----	\$ 789,590.25	\$ ----
\$ 452,765.70	\$ ----	\$ ----	\$ 734,172.62	\$ ----
\$ 37,696.99	\$ ----	\$ ----	\$ 649,623.25	\$ ----
\$ 43,331.18	\$ 2,705.44	\$ ----	\$ 591,222.11	\$ 722.80
\$ 51,947.34	\$ ----	\$ ----	\$ 261,149.55	\$ 9,999.14
\$ 8,674.10	\$ 6,991.26	\$ ----	\$ 46,277.95	\$ 21,239.89
\$ 35,343.08	\$ 3,988.99	\$ ----	\$ 126,667.42	\$ 26,478.23
\$ 25,460.31	\$ 233.68	\$ ----	\$ 227,874.51	\$ 22,360.25
\$ 41,794.17	\$ 21,427.25	\$ ----	\$ 239,221.07	\$ 22,579.03
\$ 34,356.78	\$ 8,378.46	\$ ----	\$ 217,879.98	\$ 28,775.58
\$ 50,792.49	\$ 112.45	\$ ----	\$ 225,681.32	\$ 57,559.01
\$ 24,942.72	\$ 14,915.20	\$ ----	\$ 207,540.46	\$ 41,471.38
\$ 29,043.63	\$ ----	\$ ----	\$ 120,705.35	\$ 581,829.70
\$ 117,092.82	\$ 6,292.00	\$ ----	\$ 174,479.47	\$ 119,821.32
\$ 222,909.08	\$ ----	\$ ----	\$ 250,843.84	\$ 155,889.70
\$ 181,022.59	\$ 29,047.15	\$ ----	\$ 344,302.84	\$ 495,140.13
\$ 201,692.85	\$ 16,174.82	\$ ----	\$ 322,956.03	\$ 158,213.92



March, 2025

Re: 2024 Form 5500 Schedule C – Direct and Indirect Compensation and 408(b)(2) Disclosure

Dear Plan Administrator,

We are providing the enclosed direct and indirect compensation information for 2024 to aid you in completing Schedule C to your plan's Form 5500 for the plan year beginning in calendar year 2024. We are also enclosing a disclosure statement that provides a current overview of the investment, trust and administrative services provided by PNC Bank, National Association (PNC Bank) and certain of its affiliates, and the fees and other compensation charged for or otherwise related to such services, attributable to your Plan's retention of PNC Bank as Plan Trustee, Custodian and/or Investment Manager. This disclosure statement is designed to cover the information required by the Department of Labor's final regulation under Section 408(b)(2) of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

In general, plan administrators for large plans (generally those with 100 or more participants) must list on Schedule C each plan service provider that receives \$5,000 or more of direct – meaning fees paid directly from the plan – and/or indirect compensation – meaning compensation received by the service provider from third parties, such as mutual fund companies, with respect to the services being provided to the plan. PNC Bank has elected to provide this disclosure to all plan administrators regardless of the amount of fees received by PNC Bank from the plan.

Under Schedule C, the disclosure of service provider compensation falls into one of three general categories: direct compensation, indirect compensation, and eligible indirect compensation.

- **Direct Compensation** means payments made directly by the plan for services rendered to the plan or because of the person's position with the plan. As our trust accounting systems operate on a cash basis, our disclosures of direct compensation will be made on a cash basis (*i.e.*, disclosures are based on when cash is disbursed from the trust account and not when services were actually rendered).

For disclosure of the direct compensation paid by the plan to PNC Bank, please refer to the plan's quarterly invoices. If you need copies of the quarterly invoices, please contact your PNC Institutional Trust Officer. PNC Bank's EIN is 22-1146430.

- **Indirect Compensation** means compensation received from sources other than directly from the plan or the plan sponsor, where such compensation was received in connection with services rendered to the plan or the person's position with the plan. For purposes of Schedule C reporting, compensation is considered to have been received in connection with the person's position with the plan or for services rendered to the plan if the person's eligibility for the payment or the amount of the payment is based, in whole or in part, on services that were rendered to the plan or on a transaction or series of transactions with the plan. However, indirect compensation does not include compensation that would have been received had the service not been rendered or the transaction had not taken place. For disclosure of indirect compensation received by PNC Bank, please refer to the enclosed PNC Bank Plan Year 2024 Indirect Compensation Disclosure Grid.

- ***Eligible Indirect Compensation*** is indirect compensation that is eligible for an alternative reporting method permitted under the Schedule C rules. Specifically, eligible indirect compensation is fees or expense reimbursement payments charged to investment funds and reflected in the value of the investment or return on the investment of the participating plan, or finders' fees, "soft dollar" revenue, float revenue, brokerage commissions and/or other transaction-based fees for transactions or services involving the plan that were not paid directly by the plan or the plan sponsor. For our disclosures of eligible indirect compensation received by PNC Bank, please refer to enclosed PNC Bank Plan Year 2024 Indirect Compensation Disclosure Grid.

In completing and filing the plan's 2024 Form 5500 Schedule C, we recommend that you consult with the plan's legal counsel, accountants, and other representatives, as applicable.

Please provide this Schedule C disclosure to your plan's IRS Form 5500 preparer.

If you have questions regarding any of this information or our disclosures, please contact your PNC Institutional Trust Officer.

The PNC Financial Services Group, Inc. ("PNC") uses the marketing name PNC Institutional Asset Management® for the various discretionary and non-discretionary institutional investment, trustee, custody, consulting, and related services provided by PNC Bank, National Association ("PNC Bank"), which is a **Member FDIC**, and investment management activities conducted by PNC Capital Advisors, LLC, a wholly-owned subsidiary of PNC Bank. PNC does not provide legal, tax, or accounting advice unless, with respect to tax advice, PNC Bank has entered into a written tax services agreement. PNC Bank is not registered as a municipal advisor under the Dodd-Frank Wall Street Reform and Consumer Protection Act.

"PNC Institutional Asset Management" is a registered mark of The PNC Financial Services Group, Inc.

Investments: Not FDIC Insured. No Bank Guarantee. May Lose Value.

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PNC Bank, National Association EIN: 22-1146430
2024 Plan Year Indirect Compensation Disclosure Grid

Type of Indirect Compensation	Purpose/Description of Indirect Compensation	Description of Formula or Estimate	Party Paying Compensation	Party Receiving Compensation
<p>Float Revenue</p> <p><i>This disclosure is intended to meet the disclosure requirements for Eligible Indirect Compensation under the Instructions to Form 5500 Schedule C.</i></p>	<p>Where provided for in the plan’s agreement with us, we may retain any earnings on the float associated with plan transactions as part of our compensation for providing the services contemplated in the agreement.</p>	<p>PNC Bank, National Association (“PNC Bank”) maintains omnibus accounts in the form of a demand deposit and/or time deposit account to facilitate the transactions of employee benefit accounts.</p> <p>Incoming contributions are received into PNC Bank’s related omnibus Demand Deposit Account (“DDA”) by wire, ACH, check deposit or transfer from a plan’s PNC Bank DDA and credited to the appropriate plan account on the day they are received and within standard guidelines.</p> <p>All distributions, including benefit payments, lump sum distributions and loan disbursements, paid by check from plan accounts are drawn on an omnibus account. The “float period” commences on the payable date and ends when the check is presented for payment. Checks are mailed to the payee no later than the business day following the payable date. To minimize the duration of the float period, PNC Bank provides the Plan Administrator with reports identifying outstanding checks on a quarterly basis. In addition, if a participant/beneficiary check is not presented for payment within 90 days, PNC Bank sends a notice to the payee inquiring as to the status of the uncashed check. This process is repeated after 120 days. Distributions by direct deposit do not result in a float period.</p> <p>PNC Bank anticipates benefiting from the use of the balances held in omnibus accounts during the float period at a rate that approximates the Fed Funds rate in effect at such time or times.</p>	<p>N/A</p>	<p>PNC Bank</p>

* Unless otherwise indicated, references to “PNC” means The PNC Financial Services Group, Inc. and its affiliates.

PNC Bank, National Association EIN: 22-1146430
2024 Plan Year Indirect Compensation Disclosure Grid

Type of Indirect Compensation	Purpose/Description of Indirect Compensation	Description of Formula or Estimate	Party Paying Compensation	Party Receiving Compensation
<p>PNC Bank Deposit Sweep Program</p> <p><i>This disclosure is intended to meet the disclosure requirements for Eligible Indirect Compensation under the Instructions to Form 5500 Schedule C.</i></p>	<p>PNC may utilize a FDIC-insured demand deposit account at PNC Bank as the sweep vehicle for cash balances in eligible accounts that are awaiting investment, reinvestment, or distribution (the “Deposit Sweep”). The Deposit Sweep is designed to provide a reasonable rate of interest.</p>	<p>PNC does not charge a fee for use of the Deposit Sweep. However, PNC Bank uses Deposit Sweep deposits to fund current and new lending and for investment activities. PNC Bank earns net income from the difference (if any) between the interest it pays on Deposit Sweep deposits and the income it earns on loans, investments, and other assets.</p> <p>For more information regarding the Deposit Sweep, please refer to the <i>PNC Bank Demand Deposit Sweep Notice and Disclosure</i> provided with your account documentation and available from your PNC Institutional Trust Officer.</p>	<p>N/A</p>	<p>PNC Bank</p>
<p>Soft Dollar Benefits Received by PNC</p> <p><i>This disclosure is intended to meet the disclosure requirements for Eligible Indirect Compensation under the Instructions to Form 5500 Schedule C.</i></p>	<p>Where the plan receives discretionary advisory services from either PNC Bank or PNC Capital Advisors, LLC (“PCA”) (each, an “Adviser”), the Adviser may have received research products or services in connection with securities trades placed by the Adviser on behalf of the plan through so-called “soft dollar” arrangements.</p>	<p>For more information regarding Soft Dollars, please consult the applicable soft dollar disclosure documents(s) contained herein, “<i>PNC Capital Advisors, LLC Soft Dollar Disclosure</i>” and/or “<i>PNC Bank, National Association Soft Dollar Disclosure</i>” and, where applicable, PCA’s Form ADV, Part 2A, Item 12. Brokerage Practices (https://pnccapitaladvisors.com/adv-forms/).</p>	<p>As provided for in the Adviser’s <i>Soft Dollar Disclosure Document for Form 5500 Schedule C Reporting</i>.</p>	<p>PNC Bank/ PCA</p>
<p>Proxy Delivery Services</p>	<p>PNC, acting as a financial intermediary, has certain obligations to forward proxy materials to its clients, which are provided by issuers of the securities in which such clients maintain investments. The issuers of these securities compensate PNC for the cost of the delivery of these materials.</p>	<p>PNC has engaged, at PNC’s expense, a third-party service provider to help facilitate the delivery of these materials. PNC does not expect the amount of the compensation received from the issuers to materially differ from the service provider’s cost of delivering such materials. Nevertheless, in the event that the compensation received from the issuers exceeds the cost of delivering such materials, the aggregate value of such excess will not exceed one-tenth of one basis point (0.001%) of total customer assets under management.</p>	<p>N/A</p>	<p>N/A</p>

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PNC Bank, National Association EIN: 22-1146430
2024 Plan Year Indirect Compensation Disclosure Grid

Type of Indirect Compensation	Purpose/Description of Indirect Compensation	Description of Formula or Estimate	Party Paying Compensation	Party Receiving Compensation
<p>Conferences and Training provided to PNC by certain third-party vendors</p>	<p>From time to time, PNC may receive marketing and training support payments, conference subsidies, and other types of financial and non-financial compensation and incentives from broker-dealers, fund companies, certain service providers and other vendors to support the sale of their products and services to our clients, including our ERISA plan clients.</p>	<p>Based on our historical experience, the aggregate value of these payments to PNC in any particular year has represented less than ½ of one basis point (0.005%) of total customer assets that may be used to procure vendors' products and services. Note that the level of vendor support is not dependent on, or related to, the level of assets invested by your plan or any other of our clients in or with the products or services of the particular vendor.</p>	<p>For a list of those vendors, please contact your PNC Institutional Trust Officer.</p>	<p>PNC</p>

* Unless otherwise indicated, references to “PNC” means The PNC Financial Services Group, Inc. and its affiliates.

PNC Bank, National Association EIN: 22-1146430
2024 Plan Year Indirect Compensation Disclosure Grid

Type of Indirect Compensation	Purpose/Description of Indirect Compensation	Description of Formula or Estimate	Party Paying Compensation	Party Receiving Compensation
Receipt of gifts, gratuities and non-monetary compensation by PNC from third parties with respect to our services to plans	From time to time, third-party vendors (<i>i.e.</i> , mutual fund companies, broker-dealers, recordkeepers, etc.) may provide PNC with non-monetary gifts and gratuities, such as promotional items (<i>i.e.</i> , coffee mugs, calendars or gift baskets), meals and access to certain industry related conferences (collectively, “gifts”). PNC has implemented policies and procedures intended to identify, quantify, and track gifts received by it and its affiliates. Pursuant to rules established by the Department of Labor, PNC has implemented a policy for allocating the value of a gift among multiple clients, where applicable. Under such policy, where potentially reportable compensation is reviewed by PNC in connection with several clients, PNC will first divide the fair market value of such gift by the number of individual clients to which such gift is reasonably applicable and then allocate the results to each affected client to determine if it exceeds the <i>de minimis</i> threshold specified in the Schedule C instructions.	Unless otherwise notified in writing by us, during the past calendar year, PNC did not identify any gift that, after applying PNC’s allocation policy, resulted in the receipt by PNC of reportable indirect compensation.	N/A	N/A
Residual Dividends/Capital Gains	From time to time, dividends/capital gains with respect to a plan may be received by PNC from a mutual fund company after the plan’s account with PNC has closed.	If the amount of the residual dividends/capital gains received by PNC with respect to a plan in any month is less than \$10.00, PNC will retain the amount as compensation for services provided to the plan.	Mutual Fund Company	PNC Bank

* Unless otherwise indicated, references to “PNC” means The PNC Financial Services Group, Inc. and its affiliates.

PNC Bank, National Association
Soft Dollar Disclosure Document
Form 5500 Schedule C Reporting and ERISA Section 408(b)(2)
(March 2025)

During calendar year 2024, PNC Bank, National Association (the “Bank”) received research products and services in connection with securities traded on behalf of its clients through “soft dollar” arrangements. If you have any questions about this disclosure, please contact your PNC Relationship Manager or Investment Advisor.

Description of research providers or services/reason for receipt of such research products or services. The Bank acquires research products and services from broker-dealers in connection with brokerage transactions entered into on behalf of the Bank’s clients, which include ERISA plan clients. The Bank’s use of client brokerage transactions to acquire research products and services is intended to qualify for the safe harbor provided by Section 28(e) of the Securities Exchange Act of 1934.

The research products and services received by the Bank include both third-party research (in which the broker-dealer provides research products or services prepared by a third-party) and proprietary research (in which the research products or services provided are prepared by the broker-dealer providing them).

- **Third-Party Research.** The Bank has arrangements with brokerage firms who agree to provide, in addition to execution services, research products and/or services provided by third-parties (collectively, “Third-Party Research”), in exchange for commissions generated via client brokerage transactions. Such research products and services are paid for by commissions generated from security purchase and sale transactions in client accounts (or “soft dollars”). The types of Third-Party Research that the Bank may receive include: research reports; market and statistical information; research-oriented computer software and services; compilations of securities prices, earnings, dividends and similar data; quotation services; and services related to economic and other consulting services.
- **Proprietary Research.** Certain full-service broker-dealers provide both trade execution services and internally created research products and services (collectively, “Proprietary Research”). The types of Proprietary Research that the Bank may receive include: tangible research products (such as research reports and publications); investment ideas; access to the brokers’ traders and analysts; analyses and reports concerning issuers, industries, securities, economic factors and trends, portfolio strategy; and access to management of companies with which the broker has a relationship.

Formula used to determine or value research products or services received or description of eligibility conditions. The Bank becomes eligible to receive Third-Party and Proprietary Research by allocating client trades to those broker-dealers who agree to both execute such trades and provide the Bank with either Third-Party or Proprietary Research, as the case may be.

- **The Cost of Third-Party Research.** The Bank knows the amount of total client-paid commissions that are directed to specific broker-dealers to obtain Third-Party Research. However, the Bank lacks information about what specific transactions and related commissions were used by the broker-dealer to pay the third-party research providers, or the timing of such payments. Accordingly, amounts made available by the broker-dealers for the purpose of obtaining Third-Party Research for the benefit of the Bank, as provided for below, are based on the rate of commissions charged by the broker-dealer. As a general matter, the Bank estimates that for calendar year 2024, when using a broker-dealer that provides soft dollar credits that can be used for the acquisition of Third-Party Research, approximately one-quarter of the commission cost was allocated to pay for execution services, with the remaining three-quarters allocated to pay for the Third-Party Research.

PNC Bank, National Association
Soft Dollar Disclosure Document
Form 5500 Schedule C Reporting and ERISA Section 408(b)(2)
(March 2025)

For calendar year 2024, the additional amounts made available for payment to third-party research providers for the purpose of providing the Bank with Third-Party Research was as follows:

Brokers who provided access to Third Party Research for the Benefit of the Bank	Additional Amounts made available for obtaining Third-Party Research for the period 1/1/2024 - 12/31/2024
Cowen	\$ 2,706,866
Instinet	706,628
Janney Montgomery, Scott	25,130
Totals	\$ 3,438,624

This table represents amounts made available, for the period, by the applicable broker-dealer for the purpose of obtaining Third-Party Research with respect to commissions paid by all of the Bank's advisory clients. Certain broker-dealers listed may also provide Proprietary Research, and if so, are included in the table below.

From time to time, the Bank may choose to use one or more commission sharing arrangement (CSA) administrators (currently, Westminster Research Associates LLC), which aggregate soft dollar commission balances and facilitate payment for Third-Party Research and/or Proprietary Research.

- The Cost of Proprietary Research.** Client-paid commissions allocated by the Bank to certain full-service broker-dealers entitle the Bank to receive Proprietary Research from the broker-dealer. Bundled into the commission charged to the client are the costs for execution services and the provision of the Proprietary Research. As the broker-dealer does not provide the Bank with information regarding what portion of a client's total commission paid is allocable to pay for the Proprietary Research, the Bank can only estimate this cost. As a general matter, the Bank estimates that for calendar year 2024, when using a full-service broker-dealer to execute a trade, approximately one-quarter of the commission cost was allocated to pay for execution services, with the remaining three-quarters allocated to pay for the Proprietary Research.

Below is a list of the full-service broker-dealers (based on total client-paid commissions allocated to them by the Bank) that provided trade execution services and access to Proprietary Research during calendar year 2024.

Proprietary Research Providers	Amounts paid for obtaining Proprietary Research for the period 1/1/2024 – 12/31/2024
AllianceBernstein	\$ 101,368
Bank of America/Merrill Lynch	241,334
Barclays Capital Inc.	204,219
Citigroup Global Markets Inc	168,064
Cowen	46,875
Goldman Sachs	202,906
ISI Group Inc	80,097
JP Morgan Chase, Inc.	299,485
Morgan Stanley	175,184

**PNC Bank, National Association
Soft Dollar Disclosure Document
Form 5500 Schedule C Reporting and ERISA Section 408(b)(2)
(March 2025)**

Strategas	160,982
UBS	171,235
Totals	\$ 1,851,749

From time to time, the Bank may choose to use one or more CSA administrators (currently, Westminster Research Associates LLC), which aggregates soft dollar commission balances and facilitates payment for Third-Party Research and/or Proprietary Research.

The disclosures contained herein are intended to meet the disclosure requirements for Eligible Indirect Compensation under the Instructions to Form 5500 Schedule C and ERISA Section 408(b)(2).

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

- 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 ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL UNION 212 IBEW SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND	1b Three-digit plan number (PN) ▶ 503
	1c Effective date of plan 06/05/1972
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL UNION 212 IBEW SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST 212 CROWNE POINT PLACE, SUITE 102 CINCINNATI OH 45241-1388	2b Employer Identification Number (EIN) 23-7278092
	2c Plan Sponsor's telephone number 513-861-4800
	2d Business code (see instructions) 238210

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	<i>Christopher Archibale</i>	<i>02-12-26</i>	CHRISTOPHER ARCHIBALE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>ZENITH AMERICAN SOLUTIONS, INC.</p> <p>ANDREA AESCHLIMANN</p> <p>2625 BUTTERFIELD ROAD, SUITE 208E</p> <p>OAK BROOK IL 60523</p>	<p>3b Administrator's EIN</p> <p style="text-align: center;">52-1590516</p> <p>3c Administrator's telephone number</p> <p style="text-align: center;">312-649-1200</p>
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 1677</p>
<p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p>	
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<p>6a(1) 1649</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 1681</p>
<p>b Retired or separated participants receiving benefits</p>	<p>6b 29</p>
<p>c Other retired or separated participants entitled to future benefits</p>	<p>6c 0</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c.</p>	<p>6d 1710</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p>	<p>6e</p>
<p>f Total. Add lines 6d and 6e.</p>	<p>6f</p>
<p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p>	<p>6g(1)</p>
<p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p>	<p>6g(2)</p>
<p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</p>	<p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7 56</p>

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

Federal Statements**LOCAL UNION 212 IBEW SUPPLEMENTAL UNEMPLOYMENT
Plan: 503****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>								
PNC BANK	GOVERNMENT OBLIGATIONS FUND	\$ 1257883	\$	\$	\$	\$	\$ 1257883	\$
PNC BANK	GOVERNMENT OBLIGATIONS FUND		1476454			1476454	1476454	

Federal Statements

LOCAL UNION 212 IBEW SUPPLEMENTAL UNEMPLOYMENT
Plan: 503

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
X	PNC BANK	FEDERATED HERMES GOV	\$ 51,445	\$ 51,445
X	PNC BANK	GOVERNMENT OBLIGATIO	369,636	369,636
	BAIRD	INTERMEDIATE BOND FU	6,674,866	6,421,121
	VANGUARD	TOTAL STOCK MARKET I	1,151,866	3,369,542
	VANGUARD	SHORT TERM INVESTMEN	3,498,973	3,422,797