

<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 style="text-align: center;">▶ 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; font-weight: bold;">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>SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY TRUST FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</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>TRUSTEES OF SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY TRUST</u></p> <p><u>1723 SOUTHWEST BLVD</u> <u>WICHITA, KS 67213</u></p>	<p>1c Effective date of plan <u>06/01/1970</u></p> <p>2b Employer Identification Number (EIN) <u>48-0413828</u></p> <p>2c Plan Sponsor's telephone number <u>316-941-4311</u></p> <p>2d Business code (see instructions) <u>525100</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.	02/13/2026	RICHARD L MORROW, CPA CGMA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/13/2026	RICHARD L MORROW, CPA CGMA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	185
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	174
	6a(2)	183
	6b	4
	6c	0
	6d	187
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	11

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:
4B 4F 4H 4U 4A

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(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 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>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 SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY TRUST FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY TRUST</p>	<p>D Employer Identification Number (EIN) 48-0413828</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
RELIANCE STANDARD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-0883760	68381	GL 162067	186	06/01/2024	05/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid 993</p>	<p>(b) Total amount of fees paid 135</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GALLAGHER BENEFIT SERVICES 10333 E 21ST ST N, SUITE 104 WICHITA, KS 67206

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
993	135	ADMINISTRATIVE & OTHER	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
(6) Total additions			7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶ AD&D

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	6207
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>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 SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY TRUST FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY TRUST</p>	<p>D Employer Identification Number (EIN) 48-0413828</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
RELIANCE STANDARD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-0883760	68381	LTD 131935	185	06/01/2024	05/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid 3862</p>	<p>(b) Total amount of fees paid 597</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GALLAGHER BENEFIT SERVICES INC **10333 E 21ST ST N, SUITE 104 WICHITA, KS 67206**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3862	597	ADMINISTRATIVE & OTHER	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	21483
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY TRUST	D Employer Identification Number (EIN) 48-0413828	

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)

MORROW & CO. LLC

10500 E BERKELEY SQ PWKY
WICHITA, KS 67206

48-1142797

(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?
50 10	AUDITOR	9000	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)

SOUTHWEST NATIONAL BANK TRUST DEPT.

PO BOX 1401
316-291-5205
WICHITA, KS 67201

(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 27	CUSTODIAN/INVESTMENT ADV	5637	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)

GALLAGHER BENEFIT SERVICES, INC

10333 E 21ST ST N,STE 104
WICHITA, KS 67226

36-4291971

(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?
16 50	ADMINISTRATIVE & OTHER	1500	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)

SPENCER FANE, LLP

1000 WALNUT STREET 1400
KANSAS CITY, MO 64106

44-0561981

(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?
50 29	LEGAL	9878	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY TRUST	D Employer Identification Number (EIN) 48-0413828

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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1876	2451
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9544	10292
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	479	118
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	407183	477653
(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)	457649	488324
(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	876731	978838
Liabilities			
g Benefit claims payable.....	1g	1643	
h Operating payables.....	1h	1126	654
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2769	654
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	873962	978184

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)	111856	
(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)		111856
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	21013	
(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)		21013
(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)	25495	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		25495
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	225565	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	204251	
(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)	-12205	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		167473

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4209	
(2) To insurance carriers for the provision of benefits	2e(2)	30998	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		35207
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)	7137	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	9000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	9878	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	2029	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		28044
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		63251

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		104222
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: MORROW & CO. LLC

(2) EIN: 48-1142797

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		150000
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 _____.

THE MORROW & CO. PROMISE:

At Morrow & Co. LLC, our theory of practice centers on client satisfaction. To this end, we promise that our clients come **FIRST**. We strive to uphold this promise by:

- Being **F**riendly
- Acting with **I**ntegrity
- Being **R**esponsible
- Providing Outstanding **S**ervice
- Being **T**imely

By putting you first, we make sure that we are ACCOUNTING FOR YOUR NEEDS™.



Morrow & Co.^{LLC}
CERTIFIED PUBLIC ACCOUNTANTS

Sheet Metal Workers Union

CLIENT

Local No. 29 Disability Trust Fund

PROJECT

Financial Statements

PERIOD

April 30, 2025

www.morrowandcompany.com

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND**

APRIL 30, 2025 AND 2024

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All other supplemental schedules required by the Department of Labor's Rules and Regulations for reporting and disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as they are not applicable.

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Sheet Metal Workers Union Local No. 29
Disability Trust Fund

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

We have performed audits of the accompanying financial statements of Sheet Metal Workers Union Local No. 29 Disability Trust Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits and of plan benefit obligations as of April 30, 2025 and 2024 and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

The Plan administrator, having determined it is permissible in the circumstances, has elected to have the audits of Sheet Metal Workers Union Local No. 29 Disability Trust Fund's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

The Plan administrator has obtained certifications from Southwest National Bank as of and for the years ended April 30, 2025 and 2024 stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Sheet Metal Workers Union Local 29 Disability Trust 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Sheet Metal Workers Union Local No. 29 Disability Trust 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Sheet Metal Workers Local Union No. 29 Disability Trust Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Sheet Metal Workers Local No. 29 Disability Trust Fund's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Mater - 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 schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information, some of which is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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



Morrow & Co. LLC
Wichita, Kansas

February 13, 2026

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
APRIL 30, 2025 AND 2024**

	2025	2024
ASSETS		
Investments at Fair Value <i>(Note 3)</i>		
Money Market Funds	\$ 477,653	\$ 407,183
Mutual Funds	488,324	457,649
Total Investments at Fair Value	965,977	864,832
Receivables		
Employer Contributions	10,292	9,544
Accrued Income	118	108
Other	-	371
Total Receivables	10,410	10,023
Cash	2,451	1,876
TOTAL ASSETS	978,838	876,731
LIABILITIES		
Accounts Payable	640	442
Accrued Benefit Payroll Taxes	14	684
TOTAL LIABILITIES	654	1,126
NET ASSETS AVAILABLE FOR BENEFITS	\$ 978,184	\$ 875,605

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

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED APRIL 30, 2025 AND 2024**

	2025	2024
ADDITIONS		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 9,109	\$ 55,521
Interest and Dividends	46,508	33,190
Gross Investment Income	55,617	88,711
Less Investment Fees	(5,637)	(5,372)
Total Investment Income	49,980	83,339
Employer Contributions	111,856	112,902
 Total Additions	 161,836	 196,241
 DEDUCTIONS		
Benefits Paid to Participants	5,852	13,279
Long-term Disability, Life, and AD&D Premiums	30,998	31,608
Mo-Kan Plan Retiree Healthcare Subsidy	-	-
Administrative Expense	-	-
Benefits Payroll Tax Expense	557	1,338
Financial Statement Audit Fees	6,800	6,350
Payroll Audit Fees	1,425	2,250
Payroll Tax Preparation	775	1,215
Legal Expenses	9,878	-
Insurance & Bonding	1,472	1,472
Benefit Consulting	1,500	1,500
 Total Deductions	 59,257	 59,012
 NET INCREASE (DECREASE)	 102,579	 137,229
 NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	875,605	738,376
 END OF YEAR	 \$ 978,184	 \$ 875,605

The accompanying notes to financial statements are an integral part of this statement.

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
YEARS ENDED APRIL 30, 2025 AND 2024**

	2025	2024
AMOUNTS CURRENTLY PAYABLE		
Short - Term Disability Claims Payable	\$ -	\$ 200
	-	200
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE		
Claims Incurred but Not Reported	-	1,443
Other	-	-
	-	1,443
TOTAL AMOUNTS CURRENTLY PAYABLE AND OTHER OBLIGATIONS FOR CURRENT COVERAGE	-	1,643
ESTIMATED FUTURE POST-RETIREMENT BENEFIT PAYMENTS		
Current Retirees & Spouses	27,096	25,455
Less Amount Prefunded	(34,363)	(41,069)
Net Current Retirees & Spouses	(7,267)	(15,614)
Others Fully Eligible	49,638	30,079
Other Participants	629,880	480,510
Subtotal of Benefits Projected to be Paid By the Plan	672,251	494,975
Less Amount Expected to be Funded By Participants' Future Contributions	-	-
Net Post-Retirement Benefit Obligations	672,251	494,975
NET BENEFIT OBLIGATIONS	\$ 672,251	\$ 496,618

The accompanying notes to financial statements are an integral part of this statement.

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS
YEARS ENDED APRIL 30, 2025 AND 2024**

	2025	2024
AMOUNTS CURRENTLY PAYABLE AND OTHER OBLIGATIONS FOR CURRENT COVERAGE		
Balance at Beginning of Year	\$ 200	\$ -
Claims Reported and Approved for Payment	5,652	13,479
Claims Paid	(5,852)	(13,279)
Balance at End of Year	-	200
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT ESTIMATED AMOUNTS		
Balance at Beginning of Year	1,443	1,571
Net Change During the Year		
Claims Incurred but Not Reported	(1,443)	(128)
Balance at End of Year	-	1,443
ESTIMATED FUTURE POST-RETIREMENT BENEFIT PAYMENTS		
Net Balance at Beginning of Year	494,975	487,148
Increase (Decrease) During the Year Attributable to:		
Benefits Earned Net of Gain/Loss, Contrib. Rec.	177,276	7,827
Plan Amendment	-	-
Changes in Assumptions	-	-
Increase in Benefits Expected to be Funded by Participant Contributions	-	-
Net Balance at End of Year	672,251	494,975
NET BENEFIT OBLIGATIONS	\$ 672,251	\$ 496,618

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

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024**

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Sheet Metal Workers Union Local No. 29 - Disability Trust Fund (the Plan) provides only general information. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan was formed under an agreement between the Association of Mechanical and Sheet Metal Contractors of Kansas (Contractors' Association) and Local Union No. 29, Sheet Metal Workers International Association, Wichita, KS (Union). The Plan covers all members of the Union employed under the terms of the collective bargaining agreement with the members of the Contractors' Association. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The amounts accumulated for payment of the insurance and the benefits are maintained by the Southwest National Bank - Trust Department, which holds and invests Plan assets.

Benefits

Short Term Disability

The Plan provides short term disability benefits and life insurance coverage. The short term disability benefit cannot exceed \$500 per week and will not be reduced by any other disability benefit received from other Plans during the period. The maximum number of weeks due to any short-term disability is 180 days. Effective May 1, 2025, the maximum short term disability benefit per week is \$650. Effective January 1, 2026, a 90% benefit was added for 5th year apprentices. This benefit is entirely self-funded by the Plan.

	Full Time Journeyman	Full Time 4th Year Apprentice	Full Time 3rd Year Apprentice	Full Time 2nd Year Apprentice	Full Time 1st Year Apprentice
Benefit Percentage	100%	75%	65%	60%	55%
Maximum Weekly Benefit	\$500	\$413	\$358	\$330	\$303

Long Term Disability

Effective June 1, 2005, the Plan purchased long-term disability insurance with an outside carrier. This benefit is completely insured and the Plan bears no additional risk of loss. This coverage provides benefits as follows:

	Full Time Journeyman	Full Time 4th Year Apprentice	Full Time 3rd Year Apprentice	Full Time 2nd Year Apprentice	Full Time 1st Year Apprentice
Benefit Percentage	60%	60%	60%	60%	60%
Maximum Monthly Benefit	\$3,706	\$2,779	\$2,409	\$2,224	\$2,039
Minimum Monthly Benefit	\$100	\$100	\$100	\$100	\$100

Effective January 1, 2026, 5th year apprentices were added as an additional class for coverage under the long-term disability insurance.

(continued)

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024**

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Benefits (Continued)

Long Term Disability (Continued)

The amount of the Total Disability Monthly Benefit equals:

The insured employee's basic monthly earnings multiplied by the benefit percentage less any other income benefits. This monthly benefit cannot exceed the maximum monthly benefit and can not be less than the minimum monthly benefit.

The amount of partial disability monthly benefit equals the lesser of lost income or total disability monthly benefit, as defined below:

Lost Income - The insured employee's pre-disability income, minus all other income benefits (including earnings from partial disability employment).

Total Disability Monthly Benefit - The insured employee's basic monthly earnings multiplied by the benefit percentage less any other income benefits. This monthly benefit cannot exceed the maximum monthly benefit and cannot be less than the minimum monthly benefit.

Maximum Benefit Period:

<u>Age at Disability</u>	<u>Period</u>	<u>Age at Disability</u>	<u>Period</u>
Less than 62	Lessor of 60 months or to age 65	65	24 months
62	42 months	66	21 months
63	36 months	67	18 months
64	30 months	68	15 months
		Over 69	12 months

The Long Term Disability Benefit is subject to an elimination period, whereby no benefit is payable for 180 days of disability caused by the same or a related sickness or injury, which must be accumulated within a 360 day calendar day period.

This is only a summary of the policy's terms and conditions. The actual policy contains a more detailed description of the terms and conditions.

Life and Accidental Death & Dismemberment Insurance

The Life and Accidental Death & Dismemberment (AD&D) Insurance is fully insured and the Plan bears no risk of additional loss. The coverage provides benefits as follows:

	<u>Life Insurance</u>	<u>AD&D Insurance</u>
Benefit Amount	\$ 15,000	\$ 15,000

Personal Life and AD&D insurance will be reduced as follows:

- At age 65, benefits will be reduced by 35% of the original amount.
- At age 70, benefits will be reduced by an additional 25% of the original amount.
- At age 75, benefits will be reduced by an additional 20% of the original amount.
- Benefits will terminate when the insured person retires.

(continued)

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024**

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Benefits (Continued)

Life and Accidental Death & Dismemberment Insurance (Continued)

The policy contains an extension of death benefit feature, whereby, life insurance will be continued, without payment of premiums, for an insured person who:

- (1) Becomes totally disabled while insured under this policy and before reaching age 60;
- (2) Remains totally disabled for at least 9 months in a row; and
- (3) Submits satisfactory proof within 1 year from the date the disability began.

The extension of death benefit feature will terminate automatically on:

- (1) The day the person ceases to meet the definition of totally disabled;
- (2) The day the person reaches age 70;
- (3) The day the person refuses to be examined for or furnish proof of total disability; or
- (4) The date the person retires.

This is only a summary of the policy's terms and conditions. The actual policy contains a more detailed description of the terms and conditions.

Post Employment Benefits

During the April 30, 2013 Plan year, the trustees instituted a Retiree Benefit Program. The program is available to retired employees meeting normal eligibility requirements for retiree benefits and eligible dependents of retired members. Eligible retirees must be members in Sheet Metal Workers Local 29 in continuous good standing for a period of three years and must be retired and receiving a pension from the National Pension Fund or Social Security Disability. Benefits terminate at age 65 or death of the member. Plan assets for this program are transferred to the Mo-Kan Sheet Metal Workers Welfare Plan (Mo-Kan Plan) and no longer remain assets of this Plan. Assets owned by the Mo-Kan Plan are designated to subsidize retiree self-contribution premiums and the Trustees of the Mo-Kan Plan have the ability to use these funds for the general expenses of the Mo-Kan Plan. Benefits for this program are governed by the Mo-Kan Plan document.

Self-Contribution Health Premiums will be subsidized by this Plan by transferring assets to the Mo-Kan Plan on a periodic basis. Eligible retirees will be eligible for a \$15 monthly premium credit for every year of service while enrolled in the Mo-Kan Plan as an active employee. Since the retiree is fully insured by the Mo-Kan Plan, this Plan bears no risk of additional loss over and above the premium subsidy.

Eligibility

Members are eligible for benefits under the Plan upon completion of six months of employment with an average of 80 hours per month and employment in four of the six consecutive months. Short-term disability benefits cease if no hours are worked by the participant for a three month consecutive period, if the participant does not work at least 800 hours in the coverage year, the date the participant elects not to accept employment with a contributing employer, at the end of the month in which the participant continues employment with a participating employer whose contract with the Union is no longer in force, or the date on which no funds are available within the trust to continue payment of benefits.

(continued)

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024**

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Contributions

Employers contribute to the Fund for individual employees based on the number of hours each employee has worked. The contributions are set forth as part of the collective bargaining agreement.

The Fund's liability to provide these coverages exists only as long as monies are being provided to the Fund by the employers who are signatory to the collective bargaining agreement.

Other

The Plan's board of trustees, as Sponsor, have the right under the Plan to modify the benefits provided to active participants. The Plan may be terminated only by joint agreement between the Contractors Association and the Union, subject to the provisions set forth in ERISA.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Administrative Expenses

Part of the administration expenses are paid from a separate Administration Fund created for the sole purpose of paying the trust administration expenses and is based on an agreement between the Southwest National Bank - Trust Department and the Union.

Valuation of Investments

Investments are valued at market as determined by the custodian as of the Plan's year-end. The fair value of these investments may fluctuate subsequent to year-end due to changes in economic conditions. It is the policy of the Fund to record the fluctuations in market values as current year income or loss.

Basis of Accounting

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

Member Benefits

For purposes of the Statements of Changes in Net Assets Available for Benefits, member benefits are expensed when paid.

Plan Benefit Obligations

In the Statements of Plan Benefit Obligations, obligations are provided for those events which are known to have occurred or estimated to have occurred at fiscal year end. No provision is made for disabling events which have not yet occurred.

Expenses

All administrative expenses and premiums being paid by the Plan are accounted for on the accrual basis of accounting.

Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect: (1) the reported amounts of assets and liabilities, (2) disclosures such as contingencies, and (3) the reported amounts of income and expenses included in such financial statements. Actual results could differ from those estimates.

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024**

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED)

The Plan's Investments are held by Southwest National Bank, the custodian of the Plan. Financial information relating to the assets held by Southwest National Bank is included in the accompanying financial statements based on information provided by the custodian.

The following information has been certified by the custodian as complete and accurate.

	2025		2024	
	Basis	Fair Value	Basis	Fair Value
SWNB Money Market	\$ 477,653	\$ 477,653	\$ 407,183	\$ 407,183
American Funds New World Class F2	27,756	30,291	27,614	29,521
Avantis US Small Cap Value ETF	10,979	9,583	-	-
Columbia Dividend Income Class Z	55,374	60,280	60,230	67,408
Fidelity High Dividend ETF	62,607	62,326	-	-
Goldman Sachs GQG Ptnrs Int'l Opps R6	81,783	92,695	74,953	88,492
JP Morgan Core Bond Fund Class R6	63,480	59,967	61,355	54,826
JP Morgan Equity Income Fund R6	-	-	36,997	42,871
MFS Growth R6	59,709	66,309	55,202	65,717
Needham Aggressive Growth	8,603	9,854	20,480	24,900
Palmer Square Income Plus	-	-	2,355	2,381
PIMCO Funds Income Fund Instl Class	23,737	22,868	21,974	20,319
Vanguard 500 Index Admiral	43,153	47,885	28,067	30,793
Vanguard Info Tech Index Fund	21,600	26,266	26,675	30,421
	<u>\$ 936,434</u>	<u>\$ 965,977</u>	<u>\$ 823,085</u>	<u>\$ 864,832</u>

During the year, the Plan's investments (including investments bought, sold, and held during the year) incurred a total realized and unrealized appreciation (depreciation) in fair market value as follows:

	2025	2024
Realized and Unrealized Gains (Losses)	\$ 9,109	\$ 55,521
Interest and Dividends	46,508	33,190
Gross Investment Income	<u>55,617</u>	<u>88,711</u>

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024**

NOTE 4: FAIR VALUE MEASUREMENTS

FASB ASC 820, Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 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 for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets.
 - Quoted prices for identical or similar assets or liabilities in inactive markets.
 - Inputs other than quoted prices that are observable for the asset or liability.
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

- | | |
|--------------------------|--|
| Money Market Funds | - Fair value is determined using the amortized cost valuation method which approximates the fair value of the underlying net assets of the fund. |
| US Government Securities | - Fair value is determined based on the closing price reported in the active market in which the individual securities are traded. |
| Mutual Funds | - Valued at the net asset value (NAV) of shares held by the Plan at year end. |

The preceding methods described 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.

(continued)

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024**

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

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.

<u>Assets at Fair Value as of April 30, 2025 (Unaudited)</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
SWNB Money Market	\$ -	\$ 477,653	\$ -	\$ 477,653
American Funds New World Class F2	30,291	-	-	30,291
Avantis US Small Cap Value ETF	9,583	-	-	9,583
Goldman Sachs GQG Ptnrs Int'l Opps R6	92,695	-	-	92,695
Columbia Dividend Income Class Z	60,280	-	-	60,280
Fidelity High Dividend ETF	62,326	-	-	62,326
JP Morgan Core Bond Fund Class R6	59,967	-	-	59,967
MFS Growth R6	66,309	-	-	66,309
Needham Aggressive Growth	9,854	-	-	9,854
PIMCO Funds Income Fund Instl Class	22,868	-	-	22,868
Vanguard 500 Index Admiral	47,885	-	-	47,885
Vanguard Info Tech Index Fund	26,266	-	-	26,266
	<u>\$ 488,324</u>	<u>\$ 477,653</u>	<u>\$ -</u>	<u>\$ 965,977</u>

<u>Assets at Fair Value as of April 30, 2024 (Unaudited)</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
SWNB Money Market	\$ -	\$ 407,183	\$ -	\$ 407,183
American Funds New World Class F2	29,521	-	-	29,521
Goldman Sachs GQG Ptnrs Int'l Opps R6	88,492	-	-	88,492
Columbia Dividend Income Class Z	67,408	-	-	67,408
JP Morgan Core Bond Fund Class R6	54,826	-	-	54,826
JP Morgan Equity Income Fund R6	42,871	-	-	42,871
MFS Growth R6	65,717	-	-	65,717
Needham Aggressive Growth	24,900	-	-	24,900
Palmer Square Income Plus	2,381	-	-	2,381
PIMCO Funds Income Fund Instl Class	20,319	-	-	20,319
Vanguard 500 Index Admiral	30,793	-	-	30,793
Vanguard Info Tech Index Fund	30,421	-	-	30,421
	<u>\$ 457,649</u>	<u>\$ 407,183</u>	<u>\$ -</u>	<u>\$ 864,832</u>

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024**

NOTE 5: BENEFIT OBLIGATIONS

Claims Payable

Claims Payable represents amounts due to participants but unpaid as of Plan year end.

Other Obligations for Current Benefit Coverage

Claims incurred but not reported represents future amounts due to participants for disabling events which occurred prior to year end. These incurred but not reported claims are estimated by management.

Estimated Future Post-Retirement Benefit Payments

During the April 30, 2013 Plan year, the trustees instituted a Retiree Benefit Program. See Note 1 for more information about benefits available.

A post-retirement benefit obligation has been recognized for the cost of retiree coverage under the Mo-Kan Sheet Metal Workers Welfare Plan. These benefit obligations represent the present value (assuming a 3.5% rate) of the cost of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements. The obligations represent the amounts that are expected to be funded by contributions from existing assets of the Plan. Post-retirement benefits include future benefits expected to be paid for (a) currently retired or terminated employees and their beneficiaries and dependents, and (b) active employees and their beneficiaries and dependents after retirement from service of the Union.

The foregoing assumptions are based on the presumption that the Plan will continue with the current benefit structure. If the Plan were to terminate, different assumptions and other factors might be applicable in determining the present value of the post-retirement benefit obligation.

NOTE 6: TAX STATUS

The Plan received its latest exemption letter from the IRS dated February 20, 2007, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the IRC. 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 IRC. However, as a result of the Plan's investment types, from time to time, the trust may be subject to income taxes. No federal or state income taxes have been recorded in the years ended April 30, 2025 and 2024 for unrelated business income taxable income. In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or Kansas Department of Revenue. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's Federal Organization Exempt from income Tax Returns (Form 990) are subject to examination by the IRS, generally for three years after they were filed.

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024**

NOTE 7: PLAN TERMINATION

Although it has not expressed an intention to do so, the Union and participating employers have the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of termination of the Plan, the Trustees will apply all funds to the continuation of providing benefits for the participants and to provide for the payment of reasonable and necessary expenses incurred in the termination of the Fund until the Fund shall be exhausted.

NOTE 8: SUBSEQUENT EVENTS

Subsequent events were evaluated for disclosure through February 13, 2026, the date which the financial statements were available to be issued, and no reportable events were noted.

NOTE 9: CONCENTRATION OF RISK

The Plan is dependent on the local economy and the health of the sheet metal industry.

NOTE 10: PLEDGED SECURITIES

The Plan's investments are held by Southwest National Bank as custodian. It is the policy of Southwest National Bank to ensure that to the extent that the funds are not insured by the F.D.I.C., the bank shall set aside collateral as security, appropriately pledged to their Trust Department. The collateral pledged will satisfy the requirements of 12 CFR 9.10(b)(2). The bank's Trust Department will monitor and review the quality and amount of securities pledged and will approve any substitutions or removal of pledged securities prior to any changes made by the bank.

NOTE 11: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at April 30, 2025 and 2024 to Form 5500.

	<u>2025</u>	<u>2024</u>
Net Assets Available for Benefits at April 30, per the Financial Statements	\$ 978,184	\$ 875,605
Adjustment for Claims Incurred but Not Reported and Short-Term Disability in Pay Status	-	(1,643)
Net Assets Available for Benefits at April 30, per Form 5500	<u>\$ 978,184</u>	<u>\$ 873,962</u>

The following is a reconciliation of net increase (decrease) in net assets per the financial statements at April 30, 2025 and 2024 to Form 5500.

	<u>2025</u>
Net Increase (Decrease) in Net Assets per the Financial Statements	\$ 102,579
Adjustment for Claims Incurred but Not Reported and Short-Term Disability in Pay Status:	
Current Year	-
Prior Year	1,643
Net Increase (Decrease) in Net Assets per Form 5500	<u>\$ 104,222</u>

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024**

NOTE 12: RELATED PARTIES AND PARTIES IN INTEREST

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

SUPPLEMENTAL INFORMATION

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
EIN 48-0413828 PLAN # 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
(UNAUDITED)
APRIL 30, 2025**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	SWNB Money Market	477,653 shares	\$ 477,653	\$ 477,653
	American Funds New World Class F2	380.454 shares	27,756	30,291
	Avantis US Small Cap Value ETF	116.000 shares	10,979	9,583
	Columbia Dividend Income Class Z	1,845.111 shares	55,374	60,280
	Fidelity High Dividend ETF	1,299.000 shares	62,607	62,326
	Goldman Sachs GQG Ptnrs Int'l Opps R6	4,301.411 shares	81,783	92,695
	JP Morgan Core Bond Fund Class R6	5,805.107 shares	63,480	59,967
	MFS Growth R6	352.744 shares	59,709	66,309
	Needham Aggressive Growth	228.222 shares	8,603	9,854
	PIMCO Funds Income Fund Instl Class	2,143.185 shares	23,737	22,868
	Vanguard 500 Index Admiral	93.125 shares	43,153	47,885
	Vanguard Info Tech Index Fund	93.280 shares	21,600	26,266
			<u>\$ 936,434</u>	<u>\$ 965,977</u>

See independent auditors' report

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
EIN 48-0413828 PLAN # 501
SCHEDULE H, LINE 4j --- SCHEDULE OF REPORTABLE TRANSACTIONS
(UNAUDITED)
APRIL 30, 2025**

(a) Identity of Party Involved	(b) Description Of Asset (Include Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
SWNB Money Market	Money Market Fund	-	106,867	-	106,867	106,867	-
SWNB Money Market	Money Market Fund (Series of Transactions)	177,338	-	-	177,338	177,338	N/A
SWNB Investment	1,299 shares Fidelity High Dividend ETF (Series of Transactions)	62,607	-	-	62,607	62,607	N/A

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
EIN 48-0413828 PLAN # 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
(UNAUDITED)
APRIL 30, 2025**

(a) <u>Party</u>	(b) <u>Identity of Issue, Borrower, Lessor, or Similar</u>	(c) <u>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	* SWNB Money Market	477,653 shares	\$ 477,653	\$ 477,653
	American Funds New World Class F2	380.454 shares	27,756	30,291
	Avantis US Small Cap Value ETF	116.000 shares	10,979	9,583
	Columbia Dividend Income Class Z	1,845.111 shares	55,374	60,280
	Fidelity High Dividend ETF	1,299.000 shares	62,607	62,326
	Goldman Sachs GQG Ptnrs Int'l Opps R6	4,301.411 shares	81,783	92,695
	JP Morgan Core Bond Fund Class R6	5,805.107 shares	63,480	59,967
	MFS Growth R6	352.744 shares	59,709	66,309
	Needham Aggressive Growth	228.222 shares	8,603	9,854
	PIMCO Funds Income Fund Instl Class	2,143.185 shares	23,737	22,868
	Vanguard 500 Index Admiral	93.125 shares	43,153	47,885
	Vanguard Info Tech Index Fund	93.280 shares	21,600	26,266
			<u>\$ 936,434</u>	<u>\$ 965,977</u>

See independent auditors' report

**SHEET METAL WORKERS UNION LOCAL NO. 29
DISABILITY TRUST FUND
EIN 48-0413828 PLAN # 501
SCHEDULE H, LINE 4j --- SCHEDULE OF REPORTABLE TRANSACTIONS
(UNAUDITED)
APRIL 30, 2025**

(a) Identity of Party Involved	(b) Description Of Asset (Include Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
SWNB Money Market	Money Market Fund	-	106,867	-	106,867	106,867	-
SWNB Money Market	Money Market Fund (Series of Transactions)	177,338	-	-	177,338	177,338	N/A
SWNB Investment	1,299 shares Fidelity High Dividend ETF (Series of Transactions)	62,607	-	-	62,607	62,607	N/A

2024 Form 5500 *e-file* Signature Authorization

TRUSTEES OF SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY
TRUST
SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY TRUST FUND 501
1723 SOUTHWEST BLVD
WICHITA, KS 67213

Employer Identification Number: 48-0413828

Client Identification Number: 67991

You, as plan administrator, are authorizing that MORROW & CO. LLC electronically file the 2024 Form 5500 for SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY as an EFAST2 Service Provider.

Authorization

As plan administrator for SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY, I authorize MORROW & CO. LLC to electronically file Form 5500 for the tax year 2024. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization Jeff Townsend

Date: 02/13/2026

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 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 SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY TRUST FUND	1b Three-digit plan number (PN) ▶	501
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) TRUSTEES OF SHEET METAL WORKER'S UNION LOCAL 29 DISABILITY TRUST 1723 SOUTHWEST BLVD WICHITA KS 67213	1c Effective date of plan 06/01/1970	2b Employer Identification Number (EIN) 48-0413828
2c Plan Sponsor's telephone number 316-941-4311	2d Business code (see instructions) 525100	

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>Jeff Townsend</i>	02/13/2026	JEFF TOWNSEND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Jeff Townsend</i>	02/13/2026	JEFF TOWNSEND
	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

SIGNATURE CERTIFICATE



REFERENCE NUMBER
69FCF1F1-E8F5-44DA-99E6-EA33F5AF19CD

TRANSACTION DETAILS

Reference Number
69FCF1F1-E8F5-44DA-99E6-EA33F5AF19CD

Transaction Type
Packager

Sent At
02/10/2026 11:40:17 AM CST

Executed At
02/12/2026 12:20:23 PM CST

Identity Method
email

Distribution Method
email

Signed Checksum
4b9dbe8fa3de8e9e7b60e43a2a8718838d0dfcd14d1fd4c0ebe150b1f56229a3

Signer Sequencing
Disabled

Document Passcode
Disabled

DOCUMENT DETAILS

Document Name
6799 5500 Signature Pages

Filename
6799_5500_Signature_Pages.pdf

Pages
11 pages

Content Type
application/pdf

File Size
338 KB

Original Checksum
17adca797a93475659a95498e86a6009c66e0ce626dd6ebd53dead79ee35d28d

SIGNERS

SIGNER

Name
Jeff Townsend

Email
jtowndsend@sheetmetal29.com

Components
5

E-SIGNATURE

Status
signed

Multi-factor Digital Fingerprint Checksum
4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945

IP Address
174.210.163.240

Device
Mobile Safari via iOS

Typed Signature
Jeff Townsend

Signature Reference ID
9DEBA11D

Typed Signature
Jeff Townsend

Signature Reference ID
8E98A1A1

Typed Signature
Jeff Townsend

Signature Reference ID
8B94ACE1

Typed Signature
Jeff Townsend

Signature Reference ID
BD395F9A

EVENTS

Viewed At
02/12/2026 12:18:39 PM CST

Identity Authenticated At
02/12/2026 12:20:23 PM CST

Signed At
02/12/2026 12:20:23 PM CST

AUDITS

TIMESTAMP	AUDIT
02/10/2026 11:40:17 AM CST	Becky Willard (becky@morrowandcompany.com) created document '6799_5500_Signature_Pages.pdf' on Chrome via Windows from 99.29.129.20.
02/10/2026 11:40:17 AM CST	Jeff Townsend (jtowndsend@sheetmetal29.com) was emailed a link to sign.
02/12/2026 09:33:55 AM CST	Jeff Townsend (jtowndsend@sheetmetal29.com) was emailed a reminder.
02/12/2026 12:18:39 PM CST	Jeff Townsend (jtowndsend@sheetmetal29.com) viewed the document on Mobile Safari via iOS from 174.210.163.240.

02/12/2026 12:20:23 PM CST

Jeff Townsend (jtownd@sheetmetal29.com) authenticated via email on Mobile Safari via iOS from 174.210.163.240.

02/12/2026 12:20:23 PM CST

Jeff Townsend (jtownd@sheetmetal29.com) signed the document on Mobile Safari via iOS from 174.210.163.240.