

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
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 INTL ASSN OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL NO. 26 PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/15/1961
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) INTL ASSN OF HEAT & FROST INSULATORS & A WORKERS LOCAL NO. 26 PENSION 4348 CULVER ROAD, SUITE 3 ROCHESTER, NY 14622-1552
2b	Employer Identification Number (EIN) 16-6028820
2c	Plan Sponsor's telephone number 585-323-2110
2d	Business code (see instructions) 238900

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.	04/23/2026	BRIAN URQUHART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/23/2026	LEE JUBY
	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 ☒ 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	5 128
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) 45 6a(2) 49 6b 47 6c 13 6d 109 6e 20 6f 129 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 7

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan INTL ASSN OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL NO. 26 PENSION PLAN	B Three-digit plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 INTL ASSN OF HEAT & FROST INSULATORS & A WORKERS LOCAL NO. 26 PENSION	D Employer Identification Number (EIN) 16-6028820	

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.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL 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
42-0127290	61271	309569	49	09/01/2024	08/31/2025

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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
--

(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	

(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	33767
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1728407

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**

176608

c Additions: (1) Contributions deposited during the year**7c(1)**

770000

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

2519

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)

772519

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

949127

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

905213

(2) Administration charge made by carrier.....

7e(2)

8309

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

1838

▶ MISCELLANEOUS

(5) Total deductions

7e(5)

915360

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

33767

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 ☐ paid in cash, or ☐ 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	
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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

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

A Name of plan INTL ASSN OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL NO. 26 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTL ASSN OF HEAT & FROST INSULATORS & A WORKERS LOCAL NO. 26 PENSION	D Employer Identification Number (EIN) 16-6028820

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 09 Day 01 Year 2024	
b Assets	
(1) Current value of assets.....	1b(1) 18567053
(2) Actuarial value of assets for funding standard account	1b(2) 18567053
c (1) Accrued liability for plan using immediate gain methods	1c(1) 14009409
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 14009409
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 20080467
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 350561
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 988960
(3) Expected plan disbursements for the plan year.....	1d(3) 1138960

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

SIGN HERE	03/06/2026
Signature of actuary EVAN R. THOMAS, FSA, EA, FCA	Date 23-08851
Type or print name of actuary BOLTON PARTNERS, INC.	Most recent enrollment number 443-573-3908
Firm name 1 W PENNSYLVANIA AVENUE SUITE 600 TOWSON, MD 21204	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	18567053
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	69	10131918
(2) For terminated vested participants	14	1241389
(3) For active participants:		
(a) Non-vested benefits		826449
(b) Vested benefits		7880711
(c) Total active	45	8707160
(4) Total	128	20080467
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/01/2025	716249				
Totals ►			3(b)	716249	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	132.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.81 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	12.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.9 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	150000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☐ Yes ☒ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☐ Yes ☒ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	348756

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	5535847	796675
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 80180**e** Total charges. Add lines 9a through 9d.....**9e** 1225611**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 4991685**g** Employer contributions. Total from column (b) of line 3.....**9g** 716249**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 408439**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9h	3447448	485031
9j(1)	837593	
9j(2)	0	
9j(3)		

k (1) Waived funding deficiency

(2) Other credits

9k(1)**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 6601404**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 5375793**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1)

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

(3) Total as of valuation date

9o(2)(a)**9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan INTL ASSN OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL NO. 26 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTL ASSN OF HEAT & FROST INSULATORS & A WORKERS LOCAL NO. 26 PENSION	D Employer Identification Number (EIN) 16-6028820	

Part I	Service Provider Information (see instructions)
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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)

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(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?
51 28	NONE	79721	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

BONADIO & CO., LLP

16-1131146

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	45935	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATTHEW HUGHES

16-6028820

(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?
30 50	EMPLOYEE	28530	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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)

BOLTON

1 W PENNSYLVANIA AVENUE, SUITE 600
TOWSON, MD 21204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	28313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNIFER CHAMPION

16-6028820

(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?
30 50	EMPLOYEE	27328	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PRINCIPAL LIFE INSURANCE CO

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	12846	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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)

IA OF H&F INSULATORS LOCAL UNION 26

16-6093637

(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?
49 50	RELATED PARTY	10399	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT F. PIZZO, ESQ

82-0553395

(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	NONE	9336	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCOTT DAVIGNON

52-1210569

(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?
70 50	NONE	7668	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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: BOLTON PARTNERS NORTHEAST, INC.**b** EIN: 23-0806600**c** Position: ACTUARY**d** Address: 9000 MIDATLANTIC DRIVE, SUITE100
MT. LAUREL, NJ 08054**e** Telephone:

Explanation: THE ACTUARIAL FIRM CHANGED ACTUARIES AND OFFICES OF THE FIRM SERVING THE CLIENT.

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan 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.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025					
A Name of plan INTL ASSN OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL NO. 26 PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INTL ASSN OF HEAT & FROST INSULATORS & A WORKERS LOCAL NO. 26 PENSION				D Employer Identification Number (EIN) 16-6028820	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S PROPERTY SEP ACCT -R6					
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY					
c EIN-PN 42-0127290-027		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1728407		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan INTL ASSN OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL NO. 26 PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTL ASSN OF HEAT & FROST INSULATORS & A WORKERS LOCAL NO. 26 PENSION	D Employer Identification Number (EIN) 16-6028820

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	300462	117883
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	127958	114040
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	70062	62705
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	248466	610813
(2) U.S. Government securities	1c(2)	3550284	2514515
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1218727	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5723612	6407255
(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)	1695002	1728407
(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)	5461090	6954726
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	176608	33767
(15) Other.....	1c(15)		1384104

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	18572271	19928215
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	5218	5427
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5218	5427
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	18567053	19922788

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)	716249	
(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)		716249
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13131	
(B) U.S. Government securities	2b(1)(B)	75064	
(C) Corporate debt instruments	2b(1)(C)	54878	
(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)		143073
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	69521	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	201121	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		270642
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	10611597	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10404926	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		206671
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	749580	
(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)		-109436
(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)		535053
c Other income	2c		128401
d Total income. Add all income amounts in column (b) and enter total	2d		2640233

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	902513	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		902513
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)	139801	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	16750	
(5) Investment advisory and investment management fees	2i(5)	79721	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	28313	
(8) Legal fees	2i(8)	9336	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	108064	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		381985
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1284498

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1355735
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: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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 574643.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan INTL ASSN OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL NO. 26 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTL ASSN OF HEAT & FROST INSULATORS & A WORKERS LOCAL NO. 26 PENSION		D Employer Identification Number (EIN) 16-6028820
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		10
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		30
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer ATLANTIC CONTRACTING & SPECIALTIES

b EIN 81-2934561

c Dollar amount contributed by employer 52703

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 9.62

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

a Name of contributing employer GRIFFIN INSULATION CO., INC.

b EIN 16-1272128

c Dollar amount contributed by employer 112323

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 9.62

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

a Name of contributing employer LJ INSULATION SERVICES, INC.

b EIN 26-3881026

c Dollar amount contributed by employer 95876

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 9.62

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

a Name of contributing employer ALLIED POWER SERVICES, LLC

b EIN 37-1857278

c Dollar amount contributed by employer 121573

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 9.62

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

a Name of contributing employer STAR INSULATION, INC

b EIN 16-1535677

c Dollar amount contributed by employer 93933

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 9.62

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

a Name of contributing employer KIM INDUSTRIES

b EIN 26-0389140

c Dollar amount contributed by employer 36878

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 9.62

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

0

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

**INTERNATIONAL ASSOCIATION OF HEAT & FROST
INSULATORS AND ALLIED WORKERS
LOCAL NO. 26 PENSION PLAN**

**Financial Statements and Supplemental Information
as of August 31, 2025 and 2024
Together with
Independent Auditor's Report**

INDEPENDENT AUDITOR'S REPORT

April 23, 2026

To the Board of Trustees of
International Association of Heat & Frost Insulators and Allied Workers Local
No. 26 Pension Plan:

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

We have performed audits of the financial statements of the International Association of Heat & Frost Insulators and Allied Workers Local No. 26 Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended August 31, 2025 and 2024, stating that the certified investment information, described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

(Continued)

INDEPENDENT AUDITOR'S REPORT

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

INDEPENDENT AUDITOR'S REPORT

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of August 31, 2025 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended August 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

INDEPENDENT AUDITOR'S REPORT

Other Matter – Supplemental Schedules Required by ERISA (Continued)

- 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).

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedules of Administrative Expenses as of August 31, 2025 and 2024, are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. 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 our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Bonardis & Co. LLP

**INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED
WORKERS LOCAL NO. 26 PENSION PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AUGUST 31, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
ASSETS		
CASH	\$ 117,883	\$ 300,462
INVESTMENTS (at fair value):		
Cash and cash equivalents	610,813	248,466
U.S. Government securities	2,514,515	3,550,284
Equity securities	6,407,255	5,723,612
Mutual funds and exchange traded funds	6,954,726	4,062,063
Hedge fund	1,384,104	1,399,027
Pooled stock separate account	1,728,407	1,695,002
Corporate bonds	-	1,218,727
	<u>19,599,820</u>	<u>17,897,181</u>
INVESTMENTS (at contract value):		
Guaranteed insurance contract	<u>33,767</u>	<u>176,608</u>
Total investments	<u>19,633,587</u>	<u>18,073,789</u>
RECEIVABLES:		
Employer and reciprocal contributions	114,040	127,958
Accrued interest and dividends	10,687	41,144
Due from affiliates, net	<u>52,018</u>	<u>28,918</u>
Total receivables	<u>176,745</u>	<u>198,020</u>
Total assets	<u>19,928,215</u>	<u>18,572,271</u>
LIABILITIES		
ACCOUNTS PAYABLE	<u>5,427</u>	<u>5,218</u>
Total liabilities	<u>5,427</u>	<u>5,218</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 19,922,788</u>	<u>\$ 18,567,053</u>

The accompanying notes are an integral part of these statements.

**INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED
WORKERS LOCAL NO. 26 PENSION PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED AUGUST 31, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
ADDITIONS:		
Investment income -		
Net appreciation in fair value of investments	\$ 1,381,868	\$ 1,869,353
Interest	143,073	158,075
Dividends	<u>270,642</u>	<u>187,228</u>
	1,795,583	2,214,656
Less: Investment expenses	<u>(79,721)</u>	<u>(66,941)</u>
Total investment income, net	<u>1,715,862</u>	<u>2,147,715</u>
Contributions -		
Employer, net	700,593	668,167
Reciprocal	<u>15,656</u>	<u>17,245</u>
Total contributions	<u>716,249</u>	<u>685,412</u>
Other income	<u>2,333</u>	<u>-</u>
Total additions	<u>2,434,444</u>	<u>2,833,127</u>
DEDUCTIONS:		
Benefits payments	902,513	882,178
Administrative expenses, net	<u>176,196</u>	<u>146,118</u>
Total deductions	<u>1,078,709</u>	<u>1,028,296</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	1,355,735	1,804,831
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>18,567,053</u>	<u>16,762,222</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 19,922,788</u>	<u>\$ 18,567,053</u>

The accompanying notes are an integral part of these statements.

INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 26 PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS AUGUST 31, 2025 AND 2024

1. THE DESCRIPTION OF THE PLAN

The following description of the International Association of Heat & Frost Insulators and Allied Workers Local No. 26 Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a multiemployer non-contributory defined benefit pension plan that provides retirement benefits for all eligible employees covered by the collective bargaining agreement (CBA) between the International Association of Heat and Frost Insulators and Allied Workers Local No. 26 (the "Local") and the employers signatory to the CBA. The jurisdiction is Rochester, New York, and the outlying vicinity. The employees of the Local are also eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

An employee becomes a participant in the Plan on the earlier of March 1 or September 1 following a period of 12 consecutive months in which an employee has 1,000 hours of service.

Vesting

For periods ending prior to September 15, 1975, each year of continuous service computed in accordance with provisions of the Plan in effect immediately prior to said date will be considered a year of vesting service. For periods beginning on or after September 15, 1975, each year in which the participant completes at least 1,000 hours of service shall be credited with a fraction of a year the vesting service bears to 1,000 hours and shall be rounded to the nearest one tenth. A participant becomes 100% vested upon completion of five years of vesting service.

Pension Benefits

Vested participants are entitled to pension benefits at normal retirement age using a formula based on years of credited service. A participant will receive one year of credited service upon completing 1,850 hours in a plan year, and a proportionate credit for partial years in which less than 1,850 hours are worked. Normal retirement age is 65 or completion of the service requirement, whichever is later. The Plan permits early retirement between ages 55 and 64 and completion of ten years of service. In addition to normal and early retirement, the Plan offers a deferred vested pension.

Death Benefits

Death benefits of less than \$5,000 are issued in a lump sum payment. If an active participant dies before completing five years of vesting service, no death benefit shall be payable under the Plan.

If an active participant dies after completing five years of vesting service but before receiving any benefits under the Plan, his or her beneficiary shall receive a death benefit as either a lump sum payment (if less than \$5,000) or a pre-retirement survivor annuity payment beginning on the later of: (a) the participant's early retirement date; or (b) the participant's date of death.

1. THE DESCRIPTION OF THE PLAN (Continued)

Death Benefits (Continued)

If a participant dies after receiving any benefits under the Plan, no death benefit shall be payable except in the form of benefit being paid or payable to the deceased participant at the time of their death; however, his or her beneficiary shall receive a single sum death benefit in an amount equal to the excess, if any, of \$1,000 and the total amount of the benefit payments received by the deceased participant's during their lifetime.

Contributions

The Plan receives contributions from employers pursuant to the CBA with the Local and other allied workers local unions pursuant to reciprocal agreements. As a condition of participation, employers are required to contribute \$9.62 for each hour an employee works in covered employment. Contributions are also received from other allied workers local unions at the lesser of the above amounts or amounts collected pursuant to their CBA. During the years ended August 31, 2025 and 2024, the Plan paid \$64,232 and \$9,591, respectively, to other allied workers' local unions for their members who worked in in the Local's jurisdiction. This amount is netted against contributions in "employer, net" in the financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain amounts reported in the financial statements. Actual results could differ from those estimates, and such differences may be significant.

Cash

Cash (excluding cash and cash equivalents included with investments) consists of bank demand deposit accounts, which, at times, may exceed federally insured limits. The Plan has not experienced any losses in these accounts and management believes it is not exposed to any significant credit risk with respect to cash.

Investments

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements

Accounting Standards Codification (ASC) 820 established 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 lower priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques are used to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodology used during the years ended August 31, 2025 and 2024.

The following is a description of the valuation methodologies used for assets measured at fair value.

Cash and cash equivalents: Valued using Level 2 inputs based on quoted market prices recorded at fair value.

U.S. Government securities, equity securities, and mutual funds and exchange-traded funds: Valued using Level 1 inputs at the quoted closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued using Level 2 inputs based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

Hedge Funds: The Blackstone Real Estate Income Trust is valued using net assets value (NAV) inputs and are based on prices or third party or internal valuations models that require inputs that are significant to the fair value measurement and are less observable, Level 2 inputs in the underlying securities, and thus have the lowest priority.

Pooled stock separate account: The Principal Group Stock Separate Account is valued using the NAV per share noting the underlying securities have observable Level 1 quoted pricing inputs.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes the 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.

Guaranteed Insurance Contract

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Principal Financial Group (Principal) totaling \$33,767 and \$176,608 as of August 31, 2025 and 2024, respectively. Principal maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1.2%. The crediting rate is reviewed on a quarterly basis, every January 1, April 1, July 1, and October 1, for resetting and guaranteed for each three-month period. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Principal, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Guaranteed Insurance Contract (Continued)

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

Employer and Reciprocal Contributions Receivable

Employer and reciprocal contributions receivable represent contributions from employers and other local unions pursuant to reciprocal agreements based on hours worked during the year but not received by the Plan at year-end. Employer and reciprocal contributions receivable have been collected in full by the Plan subsequent to the respective year-end. Management monitors outstanding balances and estimates collectability based on specific economic conditions. Upon management's determination of uncollectable contributions, the specific balance of such account is written off through the allowance for expected credit losses for potentially uncollectible employer and reciprocal contributions. No allowance for uncollectible contributions receivable was considered necessary as of August 31, 2025 or 2024.

Leases

The Plan leases office space from a related party. The Local determines if an arrangement is a lease at inception.

Benefit Payments

Benefits payments are recorded as an expense when paid.

Administrative Expenses

All administrative expenses are paid by the Plan.

Risks and Uncertainties

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

Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated participants or their beneficiaries; (b) beneficiaries of participants who have died; and (c) present participants or their beneficiaries. Benefits under the Plan are based on participants' years of credited service and applicable benefit rate as calculated by the Plan. Benefits payable under all circumstances whether due to retirement, death, disability, or termination of employment, are included to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Accumulated Plan Benefits (Continued)

The significant actuarial assumptions used in the valuation as of September 1, 2024, are as follows:

Investment return:	7.00% annual compound interest in the future, based on expected earnings from portfolio analysis
Discount rate:	3.81% per year compounded annually
Mortality:	Healthy: PRI-2012 Amount-Weighted Blue Collar Employee and Healthy Retiree Tables with generational projections using Scale MP-2021. Disabled: Amount-Weighted PRI-2012 Disabled Retiree Mortality Table with generational projection using Scale MP-2021.
Current liability:	2024 IRS Generational Mortality Table
Retirement ages and rates:	55 - 25%; 56 - 15%; 57 - 20%; 58 to 60 - 25%; 61 - 50%; 62 - 75%; 63 to 64 - 50%; 65 and over - 100%
Withdrawal rates (based on years of service):	0 - 9.0%; 1 - 7.7%; 2 - 6.5%; 3 - 5.5%; 4 - 4.7%; 5 - 4.0%; 6 - 3.4%; 7 - 2.9%; 8 - 2.5%; 9 - 2.1%; 10 and over - 0.0%
Marital status:	All participants are married. Wives are three years younger than their husbands.
Administrative expenses:	\$150,000. For projections purposes, expenses are assumed to increase 3% annually.

The September 1, 2024 valuation includes the following changes in assumptions: (1) the interest rate for the current liability changed from 2.99% to 3.81%; (2) the current liability mortality tables were updated from the 2023 IRS Static Mortality Table to the 2024 IRS Generational Mortality table; (3) administrative expense assumption was decreased from \$155,000 to \$150,000, payable monthly; and (4) a decrease in the assumption of hours worked per active member per year from 1,750 to 1,600 based on 10 year plan experience.

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

3. FUNDING POLICY

The Plan uses the Traditional Unit Credit cost method to determine funding requirements. This method estimates the required amount to be contributed each year, from the time each participant enters employment covered by the Plan, so that his or her pension will be fully funded by the time of assumed retirement. This method also takes into account the years of creditable service before the Plan was established. The Plan complied with the ERISA minimum.

3. FUNDING POLICY (Continued)

Under federal Pension Law, a plan will generally be considered to be in "endangered" status if, at the beginning of the plan year, the funded percentage of the plan is less than 80 percent or in "critical" status if the percentage is less than 65 percent (other factors may apply). A plan can also have a change in status if the plan is expected to have an accumulated funding deficiency for any of the next six years. If a pension plan enters endangered status, the Trustees of the plan are required to adopt a funding improvement plan. Similarly, if a pension plan enters critical status, the Trustees of the plan are required to adopt a rehabilitation plan. Rehabilitation and funding improvement plans establish steps and benchmarks for pension plans to improve their funding status over a specific period of time.

The Plan was certified as green status, neither endangered nor critical, for the Plan years beginning September 1, 2024 and 2023.

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS

The actuarial present value of accumulated plan benefits consisted of the following at the latest valuation date, September 1, 2024:

Vested benefits:

Participants currently receiving payments	\$ 7,781,133
Other participants	<u>5,591,956</u>

13,373,089

Nonvested benefits	<u>636,060</u>
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Actuarial present value of accumulated plan benefits	<u>\$ 14,009,149</u>
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Changes in the actuarial present value of accumulated plan benefits were as follows for the year ended August 31, 2024:

Actuarial present value of accumulated plan benefits – beginning of year	<u>\$ 14,179,207</u>
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Interest	961,668
Plan experience	(245,617)
Benefits paid	(882,178)
Assumption change	<u>(3,931)</u>

Net decrease	<u>(170,058)</u>
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Actuarial present value of accumulated plan benefits – end of year	<u>\$ 14,009,149</u>
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5. FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2025:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ -	\$ 610,813	\$ -	\$ 610,813
U.S. Government securities	2,514,515	-	-	2,514,515
Equity securities	6,407,255	-	-	6,407,255
Mutual funds and exchange-traded funds	<u>6,954,726</u>	<u>-</u>	<u>-</u>	<u>6,954,726</u>
Total	<u>\$ 15,876,496</u>	<u>\$ 610,813</u>	<u>\$ -</u>	16,487,309
Investments measured at net asset value (a)				<u>3,112,511</u>
Total Investments				<u>\$ 19,599,820</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ -	\$ 248,466	\$ -	\$ 248,466
U.S. Government securities	3,550,284	-	-	3,550,284
Equity securities	5,723,612	-	-	5,723,612
Mutual funds and exchange-traded funds	4,062,063	-	-	4,062,063
Corporate bonds	<u>-</u>	<u>1,218,727</u>	<u>-</u>	<u>1,218,727</u>
Total	<u>\$ 13,335,959</u>	<u>\$ 1,467,193</u>	<u>\$ -</u>	14,803,152
Investments measured at net asset value (a)				<u>3,094,029</u>
Total Investments				<u>\$ 17,897,181</u>

(a) Certain investments that were measured using the net asset value practical expedient have not been classified in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The Plan has the following investments whose fair value is based on net asset value as of August 31, 2025:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible)</u>
Blackstone Real Estate	\$ 1,384,104	\$ -	Eligible
Pooled stock separate account	<u>1,728,407</u>	<u>-</u>	Eligible
Total	<u>\$ 3,112,511</u>	<u>\$ -</u>	

5. FAIR VALUE MEASUREMENTS (Continued)

The Plan has the following investments whose fair value is based on net asset value as of August 31, 2024:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible)</u>
Blackstone Real Estate	\$ 1,399,027	\$ -	Eligible
Pooled stock separate account	<u>1,695,002</u>	<u>-</u>	Eligible
Total	<u>\$ 3,094,029</u>	<u>\$ -</u>	

6. CERTIFIED INVESTMENT INFORMATION

The following information included in the statements of net assets available for benefits and changes in net assets available for benefits and supplemental schedule for the years ended August 31, 2025 and 2024, was obtained from data that has been prepared by one of the Plan's trustees, Principal Financial Group. As permitted by 29 CFR 2520.103-12 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform any auditing procedures with respect to the following information except for comparing the information with the related information included in the financial statements and supplemental schedule.

	<u>2025</u>	<u>2024</u>
Investments:		
Pooled stock separate account, at fair value	<u>\$ 1,728,407</u>	<u>\$ 1,695,002</u>
Guaranteed insurance contract, at contract value	<u>\$ 33,767</u>	<u>\$ 176,608</u>
Net appreciation in fair value of investments	<u>\$ 31,567</u>	<u>\$ 124,459</u>
Interest	<u>\$ 2,519</u>	<u>\$ 4,740</u>
Schedule of Assets (Held at end of Year) –		
Pooled stock separate account	Schedule I	
Guaranteed insurance contract		

7. INCOME TAX STATUS

The Plan obtained its latest determination letter on December 19, 2014, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

For employee benefit plans, their tax-exempt status itself is deemed to be an uncertainty since events could potentially occur to jeopardize their tax-exempt status. The Plan files the Annual Return/Report of Employee Benefit Plan (Form 5500) in the U.S. federal jurisdiction.

8. PARTY-IN-INTEREST TRANSACTIONS

Investments

The Plan has holdings in a deposit account with Merrill Lynch, an investment manager of the Plan. The Plan also has holdings to a pooled stock separate account and an immediate participation guarantee insurance contract of the Principal Life Insurance Company. This contract is managed by an entity related to Principal, a trustee of the Plan.

Shared Services

The Plan shares employees, office space and other applicable expenses with International Association of Heat and Frost Insulators and Allied Workers Local No. 26 Annuity Plan (the "Annuity Plan"), the International Association of Heat and Frost Insulators and Allied Workers Local No. 26 Welfare Fund (the "Welfare Fund"), the International Association of Heat and Frost Insulators and Allied Workers Local No. 26 Training Fund (the "Training Fund"), and the Local. The Plan is related to these affiliated organizations through common management and/or membership. The Plan is reimbursed for certain expenses according to an administrative cost-sharing agreement. Total reimbursements to the Plan for the years ended August 31, 2025 and 2024 were \$126,068 and \$120,977, respectively, and are included as a reduction of administrative expenses in the schedules of administrative expenses. As of August 31, 2025 and 2024, the Plan was owed \$52,018 and \$28,918, respectively, for the underpayment of shared expenses, netted by amounts owed for employer contributions.

The Plan leases office space from the Local. The lease agreement is month to month with a 2% increase each year. Effective July 1, 2024, monthly rent payments increased from \$847 to \$864. Effective July 1, 2025, monthly rent payments increased to \$881. Rent paid for this leased space totaled \$10,399 and \$10,167 for the years ended August 31, 2025 and 2024, respectively and is included in "rent", in the schedules of administrative expenses.

9. PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plan

The Plan currently participates in one multiemployer pension plan in the United States of America, itself. The Plan contributes based on a participation agreement covering union-represented and non-union represented employees. The Plan's share of contributions is based on a fixed rate per hour worked over the term of the CBA. The Plan is managed by a Board of Trustees and put in place by the Local and employers signatory to the CBA as detailed previously in Note 1.

The risks of participating in multiemployer plans are different from single-employer plans in the following aspects: (1) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers; (2) if a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers; (3) if the Plan chooses to stop participating in itself, the Plan may be required to pay an amount based on the underfunded status of the Plan, referred to as a withdrawal liability. If the Plan were to terminate, if participants voluntarily withdrew or there was a mass withdrawal, the Plan may also be required to make additional payments for its proportionate share of underfunded liabilities.

9. PARTICIPATION IN MULTIEMPLOYER PLANS (Continued)

Defined Benefit Pension Plan (Continued)

The Pension Protection Act (PPA) requires under-funded pension plans to improve their funding ratios based on the level of their underfunding. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The Multiemployer Pension Reform Act of 2014 created a new zone status of “critical and declining” for those plans 1) projected to be insolvent in the current year or any of the 14 succeeding plan years; or 2) projected to be insolvent in the current year or any of the 19 succeeding plan years and a) the ratio of inactive to active participants exceeds 2 to 1, or b) the plan is less than 80% funded. Based upon the information available from plan administrators, management does not believe the multiemployer plan is underfunded.

Based upon information available, details of the multiemployer pension plan are as follows:

<u>Pension Fund</u>	<u>EIN (Plan Number)</u>	<u>Pension Protection Act (“PPA”) Certified Zone Status¹</u>		<u>FIP/RP Status Pending/Implemented ²</u>
		<u>2025</u>	<u>2024</u>	
International Association of Heat & Frost Insulators and Allied Workers Local No. 26 Pension Plan	EIN: 16-6028820 Plan #001	Green 9/1/2024	Green 9/1/2023	No

<u>Pension Fund</u>	<u>EIN (Plan Number)</u>	<u>Contributions for the years ended August 31,³</u>		<u>Surcharge Imposed</u>	<u>Expiration Date of Collective Bargaining Agreement⁴</u>
		<u>2025</u>	<u>2024</u>		
International Association of Heat & Frost Insulators and Allied Workers Local No. 26 Pension Plan	EIN: 16-6028820 Plan #001	\$ <u>25,705</u>	\$ <u>14,776</u>	No	5/31/2029

¹ The most recent PPA zone status available is for the plan’s year-end as noted in the table above. The zone status is based on information received from the plan and is certified by the plan’s actuary.

² The “FIP/RP Status Pending/Implemented” column indicates plans for which a financial improvement plan (“FIP”) or a rehabilitation plan (“RP”) is either pending or has been implemented. As part of the “FIP” or “RP,” changes to the plan such as rate increases, or benefit reductions might have occurred.

³ The Plan’s share of contributions to the plan did not represent 5% or more of total contributions of the plan for the years ended August 31, 2025 and 2024, respectively.

⁴ Lists the expiration date of the collective bargaining agreement to which the plan is subject.

The Plan currently has no intention of withdrawing from the multiemployer pension plan in which it participates.

9. PARTICIPATION IN MULTIEMPLOYER PLANS (Continued)

Defined Contribution Retirement Plan

In addition to the contributions to the defined benefit pension plan described above, the Plan also contributes to the Annuity Plan, a defined contribution multiemployer plan that provides retirement benefits to the Plan's union and non-union-represented employees. The Plan contributed \$12,219 and \$6,594 to the Annuity Plan for the years ended August 31, 2025 and 2024, respectively.

10. PLAN TERMINATION

Although it has expressed no intent to do so, the Plan's administrator has the right to terminate the Plan, subject to the provisions set forth in ERISA.

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

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

Benefits to be provided via contracts under which Principal is obligated to pay the benefits would be excluded for allocation purposes.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, if the benefits have been increased during the last five years before termination, the benefit increase may not be guaranteed. In addition, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

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

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The classification of change in net assets available for benefits for the years ended August 31, 2025 and 2024 (the Plan's year-end) differs between the financial statements and Form 5500. However, the total change in net assets available for benefits for the years then ended agrees between those financial statements and Form 5500.

12. PLAN AMENDMENTS

Adopted July 8, 2025 and effective September 1, 2025, the Plan was amended to simplify the current method of computing pension service credits resulting in an effective cost neutral and efficient change for employees to know their total pension service as they accrue pension credits without having to adjust their pension credits at the end of covered employment.

13. SUBSEQUENT EVENTS

Subsequent events have been evaluated through April 23, 2026, which is the date the financial statements were available to be issued.

**INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED
WORKERS LOCAL NO. 26 PENSION PLAN**

**SCHEDULES OF ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED AUGUST 31, 2025 AND 2024**

SCHEDULE I

	<u>2025</u>	<u>2024</u>
Office salaries and benefits	\$ 139,801	\$ 107,237
Audit and financial services	45,935	43,740
Actuarial services	28,313	27,500
Office supplies and expense	23,439	24,494
Insurance	18,515	18,660
Computer expense	14,076	13,853
Conference, meetings and travel expense	12,450	13,995
Rent	10,399	10,167
Legal fees	<u>9,336</u>	<u>7,449</u>
	302,264	267,095
Less: Reimbursed expenses	<u>(126,068)</u>	<u>(120,977)</u>
	<u>\$ 176,196</u>	<u>\$ 146,118</u>

The accompanying notes are an integral part of these schedules.

**INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 26
PENSION PLAN**

EMPLOYER IDENTIFICATION NUMBER 16-6028820

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2025

SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
CASH AND CASH EQUIVALENTS				
	Cash	Cash and cash equivalents	\$ 721	\$ 721
*	ML bank deposit program	Cash and cash equivalents	274,313	274,313
	ISA Huntington National	Cash and cash equivalents	89,294	89,294
	ISA Sallie Mae Bank	Cash and cash equivalents	246,485	246,485
			<u>610,813</u>	<u>610,813</u>
U.S. GOVERNMENT SECURITIES				
	U.S. TREASURY NOTE	US. Government securities, 3.875% JUN 30 2030 CUSIP: 91282CNK3 CURRENT YIELD 3.843%	288,066	290,362
	U.S. TREASURY NOTE	US. Government securities, 2.750% AUG 15 2032 CUSIP: 91282CFF3 CURRENT YIELD 2.961%	196,247	205,194
	U.S. TREASURY NOTE	US. Government securities, 4.125% NOV 15 2032 04.125% NOV 15 2032 CUSIP: 91282CFV8 CURRENT YIELD 4.079%	198,651	206,279
	U.S. TREASURY NOTE	US. Government securities, 4.625% FEB 15 2035 CUSIP: 91282CMM0 CURRENT YIELD 4.471%	402,271	406,448
	U.S. TREASURY BOND	US. Government securities, 3.125% AUG 15 2044 CUSIP: 912810RH3 CURRENT YIELD 3.998%	147,576	149,263
	U.S. TREASURY BOND	US. Government securities, 2.875% NOV 15 2046 CUSIP: 912810RU4 CURRENT YIELD 3.948%	167,958	168,926
	FNMA PFS4815	US. Government securities, CUSIP: 3140XLK56 CURRENT YIELD 3.459%	8,240	8,237
	FNMA PMA4624	US. Government securities, CUSIP: 31418ED64 CURRENT YIELD 3.453%	173,657	178,222
	FHLMC SD 6647	US. Government securities, CUSIP: 3132DUL47 CURRENT YIELD 3.865%	19,805	19,819
	FNMA PFA0438	US. Government securities, CUSIP: 3140W0PY5 CURRENT YIELD 3.870%	380,508	390,664
	FNMA PMA5341	US. Government securities, CUSIP: 31418E5B2 CURRENT YIELD 4.283%	340,620	349,424
	FNMA PMA5611	US. Government securities, CUSIP: 31418FGV3 CURRENT YIELD 4.283%	<u>140,312</u>	<u>141,677</u>
			<u>2,463,911</u>	<u>2,514,515</u>

(Continued)

The accompanying notes are an integral part of these schedules.

**INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 26
PENSION PLAN**

EMPLOYER IDENTIFICATION NUMBER 16-6028820

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2025

SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
EQUITY SECURITIES				
	ABBVIE INC SHS	Common stock	\$ 39,589	\$ 47,340
	ALIBABA GROUP HOLDING LT	Common stock	11,159	8,505
	ALLEGION PLC SHS	Common stock	10,888	16,640
	ALLSTATE CORP DEL	Common stock	32,657	33,162
	ALPHABET INC SHS	Common stock	16,716	91,177
	ALPHABET INC SHS	Common stock	18,407	103,900
	ALPHABET INC SHS	Common stock	23,042	48,969
	AMAZON COM INC	Common stock	77,734	187,322
	AMAZON COM INC	Common stock	81,691	85,417
	AMER EXPRESS COMPANY	Common stock	31,544	59,630
	AON PLC REG SHS	Common stock	34,904	40,737
	APOLLO GLOBAL MANAGEMENT	Common stock	20,873	17,982
	APPLIED MATERIAL INC	Common stock	30,355	33,438
	APTIV HOLDINGS LTD	Common stock	18,336	21,553
	ASTRAZENECA PLC SPND ADR	Common stock	28,152	33,398
	AUTODESK INC DEL PV\$0.01	Common stock	37,426	85,284
	AUTONATION INC	Common stock	20,958	29,795
	AUTOZONE INC NEVADA	Common stock	36,883	117,559
	BLOCK INC	Common stock	39,293	28,193
	BLUE OWL CAP INC	Common stock	18,699	19,020
	BOEING COMPANY	Common stock	121,395	157,001
	C.HROBINSON WORLDWIDE,	Common stock	23,360	30,502
	CANADIAN NATURAL RES LTD	Common stock	11,253	16,331
	CAPITAL ONE FINL	Common stock	20,986	34,537
	CENCORA INC	Common stock	33,215	59,197
	CENOVUS ENERGY INC	Common stock	27,173	23,752
	CENTERPOINT ENERGY INC	Common stock	24,243	32,845
	COCA COLA COM	Common stock	49,173	52,708
	COCA-COLA EUROPACIFIC	Common stock	11,598	20,793
	CONOCOPHILLIPSCURRENT	Common stock	50,687	44,141
	CORPAY INC	Common stock	29,853	40,057
	CRH PLC	Common stock	35,414	70,255
	CUMMINS INC	Common stock	26,052	30,281
	DEERE CO	Common stock	20,103	31,590
	DELL TECHNOLOGIES INC	Common stock	21,408	35,301
	DIAMONDBACK ENERGY INC	Common stock	51,611	42,248
	DISNEY (WALT) CO COM STK	Common stock	81,703	82,156
	DISNEY (WALT) CO COM STK	Common stock	52,728	56,941
	EMERSON ELEC CO	Common stock	26,469	30,228
	ENTERGY CORP NEW	Common stock	28,126	30,391
	EXPEDITORS INTL WASH INC	Common stock	18,311	32,305
	FACTSET RESH SYS INC	Common stock	15,827	26,506
	FEDEX CORP DELAWARE	Common stock	29,308	28,422
	FIDELITY NATL INFO SVCS	Common stock	40,418	37,907
	FIRSTENERGY CORP	Common stock	37,666	42,355
	FLEX LTD	Common stock	28,584	50,081

(Continued)

The accompanying notes are an integral part of these schedules.

**INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 26
PENSION PLAN**

EMPLOYER IDENTIFICATION NUMBER 16-6028820

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2025

SCHEDULE II

(a)	(b) <u>Identity of Issue, Borrower, Lessor or Similar Party</u>	(c) <u>Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
EQUITY SECURITIES (Continued)				
	GALLAGHER ARTHUR J & CO	Common stock	\$ 11,392	\$ 18,771
	GENL DYNAMICS CORP	Common stock	28,498	41,220
	GOLDMAN SACHS GROUP INC	Common stock	17,822	40,244
	HOME DEPOT INC	Common stock	29,918	33,762
	HONEYWELL INTL INC DEL	Common stock	60,303	63,216
	HUBBELL INC SHS	Common stock	23,659	26,290
	HUNTINGTON BANCSHRS INC MD	Common stock	35,483	47,820
	ILLUMINA INC	Common stock	51,960	20,492
	INTERCONTINENTAL	Common stock	10,783	18,013
	INTUITIVE SURGICAL INC	Common stock	14,203	37,864
	IQVIA HLDGS INC	Common stock	25,580	25,759
	JACOBS SOLUTIONS INC REG	Common stock	23,721	31,293
	JPMORGAN CHASE & CO	Common stock	54,968	142,873
	KEYSIGHT TECHNOLOGIES	Common stock	33,305	35,791
	KINROSS GOLD CORP	Common stock	32,693	73,589
	L3HARRIS TECHNOLOGIES	Common stock	20,577	26,929
	LEIDOS HOLDINGS INC SHS	Common stock	16,286	23,881
	LPL FINANCIAL HOLDINGS	Common stock	40,279	56,859
	MARATHON PETROLEUM CORP	Common stock	27,822	54,452
	MCKESSON CORPORATION COM	Common stock	27,139	50,811
	MEDTRONIC PLC SHS	Common stock	36,055	36,846
	META PLATFORMS INC	Common stock	49,481	262,239
	MICROCHIP TECHNOLOGY INC	Common stock	50,068	46,930
	MICRON TECHNOLOGY INC	Common stock	37,679	48,199
	MICROSOFT CORP	Common stock	36,803	144,913
	MONSTER BEVERAGE SHS	Common stock	38,702	78,512
	MORGAN STANLEY	Common stock	27,452	47,853
	NETFLIX COM INC	Common stock	56,664	224,735
	NEWMONT CORPORATION	Common stock	31,913	40,697
	NIKE INC CL B	Common stock	25,527	26,151
	NORFOLK SOUTHERN CORP	Common stock	34,922	38,077
	NOVARTIS ADR	Common stock	23,640	35,307
	NOVO NORDISK A S ADR	Common stock	37,769	44,265
	NOVO NORDISK A S ADR	Common stock	16,134	16,486
	NVIDIA	Common stock	12,516	342,090
	NXP SEMICONDUCTORS N.V.	Common stock	33,952	41,568
	OMNICOM GROUP COM	Common stock	21,680	18,643
	ONEOK INC (OKLAHOMA)	Common stock	31,327	25,893
	ORACLE CORP \$0.01	Common stock	37,474	181,130
	ORACLE CORP \$0.01	Common stock	23,407	45,000
	PAYPAL HOLDINGS INC SHS	Common stock	34,580	22,531
	PHILIP MORRIS INTL INC	Common stock	58,299	94,261
	PPL CORPORATION	Common stock	40,047	42,123
	QUALCOMM INC	Common stock	13,973	35,682
	QUEST DIAGNOSTICS INC	Common stock	37,461	40,324
	REGENERON PHARMACEUTICALS	Common stock	47,708	53,424

(Continued)

The accompanying notes are an integral part of these schedules.

**INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 26
PENSION PLAN**

EMPLOYER IDENTIFICATION NUMBER 16-6028820

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2025

SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
EQUITY SECURITIES (Continued)				
	RELIANCE INC	Common stock	\$ 28,058	\$ 26,609
	ROCHE HLDG LTD	Common stock	24,280	24,584
	SALESFORCE INC	Common stock	43,605	70,213
	SCHLUMBERGER LTD	Common stock	21,012	16,431
	SCHWAB CHARLES CORP NEW	Common stock	26,748	31,052
	SEI INVT CO PA PV \$0.01	Common stock	19,145	36,107
	SHOPIFY INC CL A	Common stock	39,107	92,115
	STARBUCKS CORP	Common stock	34,622	39,862
	SYSCO CORPORATION	Common stock	47,013	48,845
	TESLA INC	Common stock	111,757	210,672
	THERMO FISHER SCIENTIFIC	Common stock	39,224	35,969
	T-MOBILE US INC SHS	Common stock	24,457	37,295
	TRIMBLE INC	Common stock	14,780	18,993
	UBER TECHNOLOGIES INC	Common stock	43,300	64,688
	UNITED AIRLINES HLDGS	Common stock	16,651	21,000
	UNITED RENTALS INC	Common stock	19,306	51,642
	US FOODS HLDG CORP SHS	Common stock	32,976	60,373
	VERTEX PHARMCTLS INC	Common stock	50,388	75,858
	VISA INC CL A SHRS	Common stock	64,551	156,894
	WABTEC	Common stock	16,912	30,767
	WELLS FARGO & CO	Common stock	27,784	49,061
	WORKDAY INC CL A	Common stock	13,006	21,697
	YUM BRANDS INC	Common stock	14,826	27,042
	YUM CHINA HOLDINGS INC	Common stock	6,678	7,826
			<u>3,807,780</u>	<u>6,407,255</u>
MUTUAL FUNDS AND EXCHANGE TRADED FUNDS				
	PIMCO FIXED INCOME SHARES	Mutual funds, CURRENT YIELD 5.315%		
	SERIES C F CL INSTL	SYMBOL: FXICX	1,195,544	1,229,224
	PIMCO FIXED INCOME SHARES	Mutual funds, CURRENT YIELD 5.611%		
	SERIES M F CL INSTL	SYMBOL: FXIMX	1,194,908	1,230,697
	VANGUARD SMALL CAP	Mutual funds, CURRENT YIELD 1.312%		
		SYMBOL: VB	1,110,154	1,810,424
	VANGUARD MID-CAP ETF	Exchange-traded funds, CURRENT YIELD		
		1.475% SYMBOL: VO	971,427	1,870,048
	VANGUARD TOTAL INTL STK	Exchange-traded funds, CURRENT YIELD		
		2.736% SYMBOL: VXUS	575,222	814,333
			<u>5,047,255</u>	<u>6,954,726</u>
HEDGE FUND				
	BLACKSTONE REAL			
	ESTATEMENT INCOME TRUST	Hedge fund	1,500,000	1,384,104

(Continued)

The accompanying notes are an integral part of these schedules.

**INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 26
PENSION PLAN**

EMPLOYER IDENTIFICATION NUMBER 16-6028820

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2025

SCHEDULE II

	(b)	(c)	(d)	(e)
(a)	<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	POOLED SEPARATE ACCOUNT			
	* PRINCIPAL FINANCIAL GROUP			
	STOCK SEPARATE ACCOUNT	Pooled separate account	\$ 273,607	\$ 1,728,407
	GUARANTEED INSURANCE CONTRACT			
	* PRINCIPAL GUARANTEED			
	INSURANCE CONTRACT	Guaranteed insurance contract	33,767	33,767
	TOTAL INVESTMENTS		<u>\$ 13,737,133</u>	<u>\$ 19,633,587</u>

* Denotes party-in-interest.

INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 26 PENSION PLAN

EMPLOYER IDENTIFICATION NUMBER 16-6028820

PLAN NUMBER 001

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED AUGUST 31, 2025**

SCHEDULE III

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)

I. Individual 5% Transactions

None.

II. Series of Transactions, Not Involving Securities, with the Same Person

Principal General Investment Fund	Guaranteed Insurance Contract	\$ 770,000	\$ -	\$ -	\$ -	\$ -	\$ -
Principal General Investment Fund	Guaranteed Insurance Contract	\$ -	\$ 893,716	\$ -	\$ 893,716	\$ 893,716	\$ -

III Series of Transactions Involving Securities of the Same Issue

None.

IV Series of Transactions, Involving Securities, with the Same Person

None.

Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
EIN: 16-6028820; Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions

Effective Date	September 15, 1961.
Plan Year	September 1 through August 31
Eligibility	September 1 or March 1 following the completion of a Year of Eligibility Service. A Year of Eligibility Service is defined as the 12 consecutive month period measured from the first day on which an Employee is entitled to be or credited with an Hour of Service, and any Plan Year ending after the first day on which he is entitled to be credited with an Hour of Service, during which he completed 1,000 or more Hours of Service.
Hour of Service	A participant is credited with one hour of service for each hour for which he is paid for the performance of duties in covered employment. A participant is also credited with one hour of service for each hour for which he is paid for non-work, limited to 501 hours for each non-work period.
Years of Credited Service	Years of Service for purposes of computing a Participant's Normal Retirement Benefit are referred to Years of Credited Service and are determined based on Hours of Covered Employment as follows:

Hours of Service	Years of Service
1,850 or more	1.00
1,650 to 1,849	0.95
1,450 to 1,649	0.90
1,250 to 1,449	0.85
1,050 to 1,249	0.80
850 to 1,049	0.75
650 to 849	0.60
450 to 649	0.45
250 to 449	0.30
50 to 249	0.15
Fewer than 50	0.00

- Notwithstanding the schedule above, for any individual who is an Employee after September 14, 1981, his Years of Service for periods beginning after that date shall not be less than the total of his Hours of Service after that date divided by 1,850, determined as of the date he ceases to be an employee, or, if more than one benefit rate is applicable, determined separately at the end of each benefit rate period without taking into account any Hours of Service completed in any prior benefit rate period.
- For each Plan Year of continuous service ending before September 15, 1981 (including fractions of a year), additional specific service requirements were computed in accordance with the provisions of the Plan in effect for such periods (but not taking into account more than 30 of such Years of Service).

Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
EIN: 16-6028820; Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions

**Years of
Vesting Service**

- An individual receives a Year of Vesting Service for each plan year in which he works 1,000 hours. If an individual completes more than 50, but less than 1,000 hours then he shall be credited with a fraction of a Year of Vesting Service, which shall be such individual's Hours of Service divided by 1,000 and rounded to the nearest tenth.

**Normal
Retirement
Benefit**

- **Eligibility:** A Participant is eligible for a Normal Retirement Pension on their Normal Retirement Date.
- **Amount:** Sum of:
 - \$29.00 per month, multiplied by their Years of Credited Service completed prior to September 15, 1981 (not in excess of 30 Years of Credited Service);
 - \$29.00 per month, multiplied by their Years of Credited Service completed after September 14, 1981 and prior to September 15, 1983;
 - \$80.00 per month, multiplied by their Years of Credited Service completed after September 14, 1983 and prior to September 1, 2020;
 - \$86.25 per month, multiplied by their Years of Credited Service completed after August 31, 2020.

**Early
Retirement
Benefit**

- **Eligibility:** Age 55 with 10 Years of Vesting Service.
- **Amount:** Same as Normal Retirement Benefit, reduced for early commencement. If the participant has less than 30 Years of Credited Service, the benefit is reduced by 1/6 of 1% for each month that retirement precedes Normal Retirement Date. If the participants has at least 30 Years of Credited Service, the benefit is reduced by 1/6 of 1% for each month that retirement precedes age 62.

**Vested
Terminated
Benefit**

- **Eligibility:** 5 Years of Vesting Service
- **Amount:** If Participant commences on their Normal Retirement Date, same as Normal Retirement Benefit. If payments commence before Normal Retirement Date, the Normal Retirement Benefit amount will be reduced by 1/15th for each of the first 5 years and 1/30th for each of the next 5 years by which the commencement date precedes Normal Retirement Date. If a Participant has attained age 50 and earned at least 30 Years of Credited Service, then the reduction will be 1/6 of 1% for each month that retirement precedes Normal Retirement Date.

Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
EIN: 16-6028820; Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions

**Pre-Retirement
Death Benefit**

- If a Participant's death occurs after satisfying the requirements for Early Retirement, but before retirement, his spouse (or, in the case of an unmarried participant, a designated beneficiary) shall be entitled to a survivor's benefit as if he had retired with a 50% Joint and Survivor Annuity on the day before his death. If the Participant had not yet reached his earliest retirement age, his spouse or designated beneficiary shall be entitled to the survivor's benefit beginning with the first day of the month in which the Participant would have reached Early Retirement age as if he had ceased Covered Employment on the date of his death and survived to his earliest retirement date.

**Post-Retirement
Death Benefit**

- **Eligibility:** Pensioner dies without survivor benefits payable to their beneficiary.
- **Amount:** Lump sum of \$1,000 less the total amount of benefit payments received by the Pensioner during their lifetime.

**Normal Form of
Payment**

- **Unmarried:** Single Life Annuity
- **Married:** 50% Joint and Survivor Annuity adjusted to be actuarially equivalent to the Single Life Annuity

**Optional Forms
of Payment**

- 66 2/3% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- Life Annuity with 5 Years Certain
- Life Annuity with 10 Years Certain
- Life Annuity with 15 Years Certain

All optional forms adjusted to be actuarially equivalent to the Single Life Annuity.

**INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 26
PENSION PLAN**

EMPLOYER IDENTIFICATION NUMBER 16-6028820

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2025

SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
CASH AND CASH EQUIVALENTS				
	Cash	Cash and cash equivalents	\$ 721	\$ 721
*	ML bank deposit program	Cash and cash equivalents	274,313	274,313
	ISA Huntington National	Cash and cash equivalents	89,294	89,294
	ISA Sallie Mae Bank	Cash and cash equivalents	246,485	246,485
			<u>610,813</u>	<u>610,813</u>
U.S. GOVERNMENT SECURITIES				
	U.S. TREASURY NOTE	US. Government securities, 3.875% JUN 30 2030 CUSIP: 91282CNK3 CURRENT YIELD 3.843%	288,066	290,362
	U.S. TREASURY NOTE	US. Government securities, 2.750% AUG 15 2032 CUSIP: 91282CFF3 CURRENT YIELD 2.961%	196,247	205,194
	U.S. TREASURY NOTE	US. Government securities, 4.125% NOV 15 2032 04.125% NOV 15 2032 CUSIP: 91282CFV8 CURRENT YIELD 4.079%	198,651	206,279
	U.S. TREASURY NOTE	US. Government securities, 4.625% FEB 15 2035 CUSIP: 91282CMM0 CURRENT YIELD 4.471%	402,271	406,448
	U.S. TREASURY BOND	US. Government securities, 3.125% AUG 15 2044 CUSIP: 912810RH3 CURRENT YIELD 3.998%	147,576	149,263
	U.S. TREASURY BOND	US. Government securities, 2.875% NOV 15 2046 CUSIP: 912810RU4 CURRENT YIELD 3.948%	167,958	168,926
	FNMA PFS4815	US. Government securities, CUSIP: 3140XLK56 CURRENT YIELD 3.459%	8,240	8,237
	FNMA PMA4624	US. Government securities, CUSIP: 31418ED64 CURRENT YIELD 3.453%	173,657	178,222
	FHLMC SD 6647	US. Government securities, CUSIP: 3132DUL47 CURRENT YIELD 3.865%	19,805	19,819
	FNMA PFA0438	US. Government securities, CUSIP: 3140W0PY5 CURRENT YIELD 3.870%	380,508	390,664
	FNMA PMA5341	US. Government securities, CUSIP: 31418E5B2 CURRENT YIELD 4.283%	340,620	349,424
	FNMA PMA5611	US. Government securities, CUSIP: 31418FGV3 CURRENT YIELD 4.283%	<u>140,312</u>	<u>141,677</u>
			<u>2,463,911</u>	<u>2,514,515</u>

(Continued)

The accompanying notes are an integral part of these schedules.

**INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 26
PENSION PLAN**

EMPLOYER IDENTIFICATION NUMBER 16-6028820

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2025

SCHEDULE II

(a)	(b) <u>Identity of Issue, Borrower, Lessor or</u> <u>Similar Party</u>	(c) <u>Description of Investment including Maturity</u> <u>Date, Rate of Interest, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
EQUITY SECURITIES				
	ABBVIE INC SHS	Common stock	\$ 39,589	\$ 47,340
	ALIBABA GROUP HOLDING LT	Common stock	11,159	8,505
	ALLEGION PLC SHS	Common stock	10,888	16,640
	ALLSTATE CORP DEL	Common stock	32,657	33,162
	ALPHABET INC SHS	Common stock	16,716	91,177
	ALPHABET INC SHS	Common stock	18,407	103,900
	ALPHABET INC SHS	Common stock	23,042	48,969
	AMAZON COM INC	Common stock	77,734	187,322
	AMAZON COM INC	Common stock	81,691	85,417
	AMER EXPRESS COMPANY	Common stock	31,544	59,630
	AON PLC REG SHS	Common stock	34,904	40,737
	APOLLO GLOBAL MANAGEMENT	Common stock	20,873	17,982
	APPLIED MATERIAL INC	Common stock	30,355	33,438
	APTIV HOLDINGS LTD	Common stock	18,336	21,553
	ASTRAZENECA PLC SPND ADR	Common stock	28,152	33,398
	AUTODESK INC DEL PV\$0.01	Common stock	37,426	85,284
	AUTONATION INC	Common stock	20,958	29,795
	AUTOZONE INC NEVADA	Common stock	36,883	117,559
	BLOCK INC	Common stock	39,293	28,193
	BLUE OWL CAP INC	Common stock	18,699	19,020
	BOEING COMPANY	Common stock	121,395	157,001
	C.HROBINSON WORLDWIDE,	Common stock	23,360	30,502
	CANADIAN NATURAL RES LTD	Common stock	11,253	16,331
	CAPITAL ONE FINL	Common stock	20,986	34,537
	CENCORA INC	Common stock	33,215	59,197
	CENOVUS ENERGY INC	Common stock	27,173	23,752
	CENTERPOINT ENERGY INC	Common stock	24,243	32,845
	COCA COLA COM	Common stock	49,173	52,708
	COCA-COLA EUROPACIFIC	Common stock	11,598	20,793
	CONOCOPHILLIPSCURRENT	Common stock	50,687	44,141
	CORPAY INC	Common stock	29,853	40,057
	CRH PLC	Common stock	35,414	70,255
	CUMMINS INC	Common stock	26,052	30,281
	DEERE CO	Common stock	20,103	31,590
	DELL TECHNOLOGIES INC	Common stock	21,408	35,301
	DIAMONDBACK ENERGY INC	Common stock	51,611	42,248
	DISNEY (WALT) CO COM STK	Common stock	81,703	82,156
	DISNEY (WALT) CO COM STK	Common stock	52,728	56,941
	EMERSON ELEC CO	Common stock	26,469	30,228
	ENTERGY CORP NEW	Common stock	28,126	30,391
	EXPEDITORS INTL WASH INC	Common stock	18,311	32,305
	FACTSET RESH SYS INC	Common stock	15,827	26,506
	FEDEX CORP DELAWARE	Common stock	29,308	28,422
	FIDELITY NATL INFO SVCS	Common stock	40,418	37,907
	FIRSTENERGY CORP	Common stock	37,666	42,355
	FLEX LTD	Common stock	28,584	50,081

(Continued)

The accompanying notes are an integral part of these schedules.

**INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 26
PENSION PLAN**

EMPLOYER IDENTIFICATION NUMBER 16-6028820

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2025

SCHEDULE II

(a)	(b) <u>Identity of Issue, Borrower, Lessor or Similar Party</u>	(c) <u>Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
EQUITY SECURITIES (Continued)				
	GALLAGHER ARTHUR J & CO	Common stock	\$ 11,392	\$ 18,771
	GENL DYNAMICS CORP	Common stock	28,498	41,220
	GOLDMAN SACHS GROUP INC	Common stock	17,822	40,244
	HOME DEPOT INC	Common stock	29,918	33,762
	HONEYWELL INTL INC DEL	Common stock	60,303	63,216
	HUBBELL INC SHS	Common stock	23,659	26,290
	HUNTINGTON BANCSHRS INC MD	Common stock	35,483	47,820
	ILLUMINA INC	Common stock	51,960	20,492
	INTERCONTINENTAL	Common stock	10,783	18,013
	INTUITIVE SURGICAL INC	Common stock	14,203	37,864
	IQVIA HLDGS INC	Common stock	25,580	25,759
	JACOBS SOLUTIONS INC REG	Common stock	23,721	31,293
	JPMORGAN CHASE & CO	Common stock	54,968	142,873
	KEYSIGHT TECHNOLOGIES	Common stock	33,305	35,791
	KINROSS GOLD CORP	Common stock	32,693	73,589
	L3HARRIS TECHNOLOGIES	Common stock	20,577	26,929
	LEIDOS HOLDINGS INC SHS	Common stock	16,286	23,881
	LPL FINANCIAL HOLDINGS	Common stock	40,279	56,859
	MARATHON PETROLEUM CORP	Common stock	27,822	54,452
	MCKESSON CORPORATION COM	Common stock	27,139	50,811
	MEDTRONIC PLC SHS	Common stock	36,055	36,846
	META PLATFORMS INC	Common stock	49,481	262,239
	MICROCHIP TECHNOLOGY INC	Common stock	50,068	46,930
	MICRON TECHNOLOGY INC	Common stock	37,679	48,199
	MICROSOFT CORP	Common stock	36,803	144,913
	MONSTER BEVERAGE SHS	Common stock	38,702	78,512
	MORGAN STANLEY	Common stock	27,452	47,853
	NETFLIX COM INC	Common stock	56,664	224,735
	NEWMONT CORPORATION	Common stock	31,913	40,697
	NIKE INC CL B	Common stock	25,527	26,151
	NORFOLK SOUTHERN CORP	Common stock	34,922	38,077
	NOVARTIS ADR	Common stock	23,640	35,307
	NOVO NORDISK A S ADR	Common stock	37,769	44,265
	NOVO NORDISK A S ADR	Common stock	16,134	16,486
	NVIDIA	Common stock	12,516	342,090
	NXP SEMICONDUCTORS N.V.	Common stock	33,952	41,568
	OMNICOM GROUP COM	Common stock	21,680	18,643
	ONEOK INC (OKLAHOMA)	Common stock	31,327	25,893
	ORACLE CORP \$0.01	Common stock	37,474	181,130
	ORACLE CORP \$0.01	Common stock	23,407	45,000
	PAYPAL HOLDINGS INC SHS	Common stock	34,580	22,531
	PHILIP MORRIS INTL INC	Common stock	58,299	94,261
	PPL CORPORATION	Common stock	40,047	42,123
	QUALCOMM INC	Common stock	13,973	35,682
	QUEST DIAGNOSTICS INC	Common stock	37,461	40,324
	REGENERON PHARMACEUTICALS	Common stock	47,708	53,424

(Continued)

The accompanying notes are an integral part of these schedules.

**INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 26
PENSION PLAN**

EMPLOYER IDENTIFICATION NUMBER 16-6028820

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2025

SCHEDULE II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
EQUITY SECURITIES (Continued)				
	RELiance INC	Common stock	\$ 28,058	\$ 26,609
	ROCHE HLDG LTD	Common stock	24,280	24,584
	SALESFORCE INC	Common stock	43,605	70,213
	SCHLUMBERGER LTD	Common stock	21,012	16,431
	SCHWAB CHARLES CORP NEW	Common stock	26,748	31,052
	SEI INVT CO PA PV \$0.01	Common stock	19,145	36,107
	SHOPIFY INC CL A	Common stock	39,107	92,115
	STARBUCKS CORP	Common stock	34,622	39,862
	SYSCO CORPORATION	Common stock	47,013	48,845
	TESLA INC	Common stock	111,757	210,672
	THERMO FISHER SCIENTIFIC	Common stock	39,224	35,969
	T-MOBILE US INC SHS	Common stock	24,457	37,295
	TRIMBLE INC	Common stock	14,780	18,993
	UBER TECHNOLOGIES INC	Common stock	43,300	64,688
	UNITED AIRLINES HLDGS	Common stock	16,651	21,000
	UNITED RENTALS INC	Common stock	19,306	51,642
	US FOODS HLDG CORP SHS	Common stock	32,976	60,373
	VERTEX PHARMCTLS INC	Common stock	50,388	75,858
	VISA INC CL A SHRS	Common stock	64,551	156,894
	WABTEC	Common stock	16,912	30,767
	WELLS FARGO & CO	Common stock	27,784	49,061
	WORKDAY INC CL A	Common stock	13,006	21,697
	YUM BRANDS INC	Common stock	14,826	27,042
	YUM CHINA HOLDINGS INC	Common stock	6,678	7,826
			<u>3,807,780</u>	<u>6,407,255</u>
MUTUAL FUNDS AND EXCHANGE TRADED FUNDS				
	PIMCO FIXED INCOME SHARES	Mutual funds, CURRENT YIELD 5.315%		
	SERIES C F CL INSTL	SYMBOL: FXICX	1,195,544	1,229,224
	PIMCO FIXED INCOME SHARES	Mutual funds, CURRENT YIELD 5.611%		
	SERIES M F CL INSTL	SYMBOL: FXIMX	1,194,908	1,230,697
	VANGUARD SMALL CAP	Mutual funds, CURRENT YIELD 1.312%		
		SYMBOL: VB	1,110,154	1,810,424
	VANGUARD MID-CAP ETF	Exchange-traded funds, CURRENT YIELD		
		1.475% SYMBOL: VO	971,427	1,870,048
	VANGUARD TOTAL INTL STK	Exchange-traded funds, CURRENT YIELD		
		2.736% SYMBOL: VXUS	575,222	814,333
			<u>5,047,255</u>	<u>6,954,726</u>
HEDGE FUND				
	BLACKSTONE REAL			
	ESTATEMENT INCOME TRUST	Hedge fund	1,500,000	1,384,104

(Continued)

The accompanying notes are an integral part of these schedules.

**INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 26
PENSION PLAN**

EMPLOYER IDENTIFICATION NUMBER 16-6028820

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2025

SCHEDULE II

(a)	(b) <u>Identity of Issue, Borrower, Lessor or Similar Party</u>	(c) <u>Description of Investment including Maturity Date, Rate of Interest, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
POOLED SEPARATE ACCOUNT				
	* PRINCIPAL FINANCIAL GROUP			
	STOCK SEPARATE ACCOUNT	Pooled separate account	\$ 273,607	\$ 1,728,407
GUARANTEED INSURANCE CONTRACT				
	* PRINCIPAL GUARANTEED			
	INSURANCE CONTRACT	Guaranteed insurance contract	33,767	33,767
TOTAL INVESTMENTS			<u>\$ 13,737,133</u>	<u>\$ 19,633,587</u>

* Denotes party-in-interest.

Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
EIN: 16-6028820; Plan Number: 001

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Schedule of Active Participant Data as of September 1, 2024

Years of Credited Service

Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Up	TOTAL
Under 25	2	0	0	0	0	0	0	0	0	0	2
25-29	0	1	0	0	0	0	0	0	0	0	1
30-34	0	0	3	2	0	0	0	0	0	0	5
35-39	1	2	1	0	0	0	0	0	0	0	4
40-44	1	0	1	2	2	0	0	0	0	0	6
45-49	0	1	0	0	0	1	1	0	0	0	3
50-54	0	1	0	3	0	2	0	1	1	0	8
55-59	0	1	0	0	2	2	3	2	3	1	14
60-64	0	0	0	0	0	2	0	0	0	0	2
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & Over	0	0	0	0	0	0	0	0	0	0	0
TOTAL	4	6	5	7	4	7	4	3	4	1	45

Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
EIN: 16-6028820; Plan Number: 001

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Schedule of Amortization Bases as of September 1, 2024

Charges	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1) Plan Amendment	09/15/96	2.1	18,422	9,099
(2) Assumption Change	09/15/99	5.1	294,253	65,966
(3) Assumption Change	09/15/03	9.1	203,513	28,960
(4) Actuarial Loss	09/01/10	1	12,571	12,571
(5) Actuarial Loss	09/01/12	3	10,099	3,596
(6) Assumption Change	09/01/12	3	449	160
(7) Actuarial Loss	09/01/15	6	798,439	156,551
(8) Assumption Change	09/01/15	6	248,941	48,810
(9) Actuarial Loss	09/01/16	7	255,964	44,388
(10) Actuarial Loss	09/01/18	9	381,964	54,791
(11) Actuarial Loss	09/01/19	10	71,100	9,461
(12) Actuarial Loss	09/01/22	13	3,240,132	362,322
Total Charges			\$5,535,847	\$796,675

Credits	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1) Actuarial Gain	09/01/11	2	\$67,811	\$35,052
(2) Actuarial Gain	09/01/13	4	100,364	27,692
(3) Actuarial Gain	09/01/14	5	221,476	50,482
(4) Assumption Change	09/01/16	7	95,401	16,544
(5) Actuarial Gain	09/01/17	8	8,100	1,268
(6) Assumption Change	09/01/17	8	52,671	8,244
(7) Actuarial Gain	09/01/20	11	621,167	77,418
(8) Actuarial Gain	09/01/21	12	2,195,091	258,286
(9) Assumption Change	09/01/21	12	85,367	10,045
Total Credits			\$3,447,448	\$485,031

Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
EIN: 16-6028820; Plan Number: 001

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Administrative Expenses

The administrative expense assumption for the current year changed from \$149,930, payable at the beginning of year, to \$150,000, payable at the beginning of year.

Assumed Hours Worked

Future hours worked assumption for active participants was updated from each participant assumed to work the same hours as the prior plan year to assuming 1,600 hours worked each year for all participants.

All other actuarial methods and assumptions remain the same as those used in the prior valuation.

Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
EIN: 16-6028820; Plan Number: 001

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Funding Method

The Traditional Unit Credit (accrued benefit) cost method has been used to develop the funding requirements presented in this report. Under this method, the normal cost is equal to the actuarial present value of benefits accrued during the plan year. The actuarial liability represents the actuarial present value of benefits which have been accrued in all prior plan years. Actuarial gains or losses resulting from plan experience which differs from the actuarial assumptions, plan amendments or changes in the actuarial assumptions are considered new pieces of actuarial liability and must be funded over no more than fifteen years.

Asset Valuation Method

The Actuarial Value of Assets is set equal to the Market Value of Assets.

Mortality

Valuation and ASC 960:

Healthy: PRI-2012 Amount-Weighted Blue Collar Employee and Healthy Retiree Tables with generational projection using Scale MP-2021.

Disabled: Amount-Weighted PRI-2012 Disabled Retiree Mortality Table with generational projection using Scale MP-2021.

Due to the small group of active participants covered by the Plan, we have relied upon the standard mortality tables published by the Society of Actuaries. And based on the Plan demographics, we have relied upon the blue-collar version of these tables. The standard improvement scales were also used to reflect estimated future experience.

Current Liability:

2024 IRS Generational Mortality Table.

Interest Rate

Valuation:

7.00% annual compound interest in the future, based on expected earnings from portfolio analysis.

Current Liability:

3.81% per year compounded annually. The current liability interest rate is chosen from a specified range that is set by law.

Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
EIN: 16-6028820; Plan Number: 001

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Retirement Age

Active:

Active participants (who meet appropriate eligibility requirements) retire at the rates below:

Age	Rate
55	25%
56	15%
57	20%
58-60	25%
61	50%
62	75%
63-64	50%
65	100%

Terminated Vested:

Terminated Vested participants retire at age 65.

The retirement assumptions are based on a review of the most recent year's experience and the actuary's expectations for future experience.

The weighted average retirement age for the 2024-25 plan year is age 58.8. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the September 1, 2024 actuarial valuation.

The retirement age assumption used was reviewed and determined to be reasonable taking into account the following factors:

- The Plan's early retirement provisions,
- Access to postretirement healthcare coverage,
- The actuary's experience with other plans of a similar size, demographic composition, and plan design.

Administrative Expenses

\$150,000. For projection purposes, expenses are assumed to increase 3% annually.

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
EIN: 16-6028820; Plan Number: 001

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Termination & Disability

Termination

Active participants terminate Covered Employment at the rates below:

Years of Vesting Service	Selected Rate
0	9.0%
1	7.7%
2	6.5%
3	5.5%
4	4.7%
5	4.0%
6	3.4%
7	2.9%
8	2.5%
9	2.1%
10 & Up	0.0%

The termination assumption is based on a review of the most recent year's experience and the actuary's expectations for future experience.

Disability

None assumed.

The disability assumption is based on a review of the most recent year's experience and the actuary's expectations for future experience.

Assumed Hours Worked

Each active participant will work 1,600 hours in each year in the future.

The future hours assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual hours over the past several years.

Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
EIN: 16-6028820; Plan Number: 001

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Marital Status

All participants are married. Wives are three years younger than their husbands.

Forms of Benefit

All participants elect the Single Life Annuity. Optional forms require an actuarial reduction, which if implemented are not expected to provide materially different results.

Assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed are not considered significant relative to the measurement.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Within the process for electronic filing of Form 5500, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule MB, which is attached in.pdf form to the electronic filing, will govern to the extent there are any differences between the data filed electronically and the data contained on the signed Schedule MB.

5500 EFILE AUTHORIZATION

PLAN NAME: Intl Assn of Heat & Frost Insulators Allied Workers Local No. 26 Pension Fund

PLAN NUMBER: 001

PLAN YEAR: 8/31/2025

PLAN ADMINISTRATOR: Brian Urquhart

PLAN SPONSOR: Lee Juby

On behalf of the above-named plan sponsor/plan administrator, the undersigned hereby grants permission to Bonadio & Co., LLP to electronically file the plan sponsor's/plan administrator's Form 5500, but only upon Bonadio & Co., LLP receipt of a copy of the manually signed pages one through three of Form 5500.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.

The employer, on behalf of the plan sponsor/plan administrator, may revoke or change this authorization any time by notification in writing to Bonadio & Co., LLP

The plan sponsor/plan administrator understand that by authorizing Bonadio & Co., LLP to submit its Form 5500 electronically to DOL the following agencies may communicate directly with Bonadio & Co., LLP with respect to plan sponsor's/plan administrator's Form 5500: DOL, EFAST2, IRS and/or PBGC.

Brian Urquhart
SIGNATURE (PLAN ADMINISTRATOR)

04/23/2026
DATE

Lee Juby
SIGNATURE (PLAN SPONSOR)

04/26/2026
DATE

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 INTL ASSN OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL NO. 26 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 09/15/1961
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) INTL ASSN OF HEAT & FROST INSULATORS & A WORKERS LO 4348 CULVER ROAD, SUITE 3 ROCHESTER NY 14622-1552	2b Employer Identification Number (EIN) 16-6028820 2c Plan Sponsor's telephone number 585-323-2110 2d Business code (see instructions) 238900

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>Brian Urquhart</i>	04/23/2026	BRIAN URQUHART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Lee Juby</i>	04/26/2026	LEE JUBY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ 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:	4b EIN
a Sponsor's name c Plan Name	4d PN

5 Total number of participants at the beginning of the plan year	5	128
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	45
a (2) Total number of active participants at the end of the plan year	6a(2)	49
b Retired or separated participants receiving benefits	6b	47
c Other retired or separated participants entitled to future benefits	6c	13
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	109
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	20
f Total. Add lines 6d and 6e	6f	129
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	7

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 26 PENSION PLAN

EMPLOYER IDENTIFICATION NUMBER 16-6028820

PLAN NUMBER 001

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED AUGUST 31, 2025**

SCHEDULE III

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)

I. Individual 5% Transactions

None.

II. Series of Transactions, Not Involving Securities, with the Same Person

Principal General Investment Fund	Guaranteed Insurance Contract	\$ 770,000	\$ -	\$ -	\$ -	\$ -	\$ -
Principal General Investment Fund	Guaranteed Insurance Contract	\$ -	\$ 893,716	\$ -	\$ 893,716	\$ 893,716	\$ -

III Series of Transactions Involving Securities of the Same Issue

None.

IV Series of Transactions, Involving Securities, with the Same Person

None.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

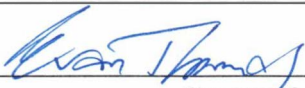
- Round off amounts to nearest dollar.
- Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan INTL ASSN OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL NO. 26 PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTL ASSN OF HEAT & FROST INSULATORS & A WORKERS LOCAL NO. 26 PENSION	D Employer Identification Number (EIN) 16-6028820

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 09 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 18,567,053
(2) Actuarial value of assets for funding standard account.....	1b(2) 18,567,053
c (1) Accrued liability for plan using immediate gain methods	1c(1) 14,009,409
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 14,009,409
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 20,080,467
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 350,561
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 988,960
(3) Expected plan disbursements for the plan year	1d(3) 1,138,960

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

SIGN HERE  Signature of actuary Evan R. Thomas, FSA, EA, FCA Type or print name of actuary Bolton Partners, Inc. Firm name 1 W. Pennsylvania Avenue Suite 600 Towson MD 21204 Address of the firm	3/6/2026 Date 2308851 Most recent enrollment number 443-573-3908 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	18,567,053
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	69	10,131,918
(2) For terminated vested participants	14	1,241,389
(3) For active participants:		
(a) Non-vested benefits		826,449
(b) Vested benefits		7,880,711
(c) Total active	45	8,707,160
(4) Total	128	20,080,467
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/01/2025	716,249				
Totals ▶			3(b)	716,249	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	132.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method **5j**

Note line 3(a), contributions are paid monthly throughout the year.

- k** Has a change been made in funding method for this plan year? ☐ Yes ☒ No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability **6a** 3.81 %
- | | Pre-retirement | Post-retirement |
|--|--|--|
| b Rates specified in insurance or annuity contracts | ☐ Yes ☐ No ☒ N/A | ☐ Yes ☐ No ☒ N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) 9P | 9P |
| (2) Females | 6c(2) 9FP | 9FP |
| d Valuation liability interest rate | 6d 7.00 % | 7.00 % |
| e Salary scale | 6e % ☒ N/A | |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) ☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) 7.00 % | |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g 12.9 % | |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h 12.9 % | |
| i Expense load included in normal cost reported in line 9b | 6i ☐ N/A | |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage | 6i(1) % | |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) 150,000 | |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) ☐ | |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

8 Miscellaneous information:

- a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval **8a**
- b** Demographic, benefit, and contribution information
- (1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☐ Yes ☒ No
- (2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No
- (3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☐ Yes ☒ No
- c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No
- d** If line c is "Yes," provide the following additional information:
- (1)** Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No
- (2)** If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. **8d(2)**
- (3)** Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No
- (4)** If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). **8d(4)**
- (5)** If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**
- (6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

Note: Line 7, plan is over 100% funded hence no new bases created.

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	348,756

c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	5,535,847 796,675
(2) Funding waivers.....	9c(2)	0 0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0 0

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	80,180
e Total charges. Add lines 9a through 9d.....	9e	1,225,611

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	4,991,685
g Employer contributions. Total from column (b) of line 3.....	9g	716,249

h Amortization credits as of valuation date.....	Outstanding balance	
9h	9h	3,447,448 485,031

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	408,439
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j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	837,593
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	0
(3) FFL credit.....	9j(3)	0

k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	6,601,404
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	5,375,793
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
EIN: 16-6028820; Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions

Effective Date	September 15, 1961.
Plan Year	September 1 through August 31
Eligibility	September 1 or March 1 following the completion of a Year of Eligibility Service. A Year of Eligibility Service is defined as the 12 consecutive month period measured from the first day on which an Employee is entitled to be or credited with an Hour of Service, and any Plan Year ending after the first day on which he is entitled to be credited with an Hour of Service, during which he completed 1,000 or more Hours of Service.
Hour of Service	A participant is credited with one hour of service for each hour for which he is paid for the performance of duties in covered employment. A participant is also credited with one hour of service for each hour for which he is paid for non-work, limited to 501 hours for each non-work period.
Years of Credited Service	Years of Service for purposes of computing a Participant's Normal Retirement Benefit are referred to Years of Credited Service and are determined based on Hours of Covered Employment as follows:

Hours of Service	Years of Service
1,850 or more	1.00
1,650 to 1,849	0.95
1,450 to 1,649	0.90
1,250 to 1,449	0.85
1,050 to 1,249	0.80
850 to 1,049	0.75
650 to 849	0.60
450 to 649	0.45
250 to 449	0.30
50 to 249	0.15
Fewer than 50	0.00

- Notwithstanding the schedule above, for any individual who is an Employee after September 14, 1981, his Years of Service for periods beginning after that date shall not be less than the total of his Hours of Service after that date divided by 1,850, determined as of the date he ceases to be an employee, or, if more than one benefit rate is applicable, determined separately at the end of each benefit rate period without taking into account any Hours of Service completed in any prior benefit rate period.
- For each Plan Year of continuous service ending before September 15, 1981 (including fractions of a year), additional specific service requirements were computed in accordance with the provisions of the Plan in effect for such periods (but not taking into account more than 30 of such Years of Service).

Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
EIN: 16-6028820; Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions

**Years of
Vesting Service**

- An individual receives a Year of Vesting Service for each plan year in which he works 1,000 hours. If an individual completes more than 50, but less than 1,000 hours then he shall be credited with a fraction of a Year of Vesting Service, which shall be such individual's Hours of Service divided by 1,000 and rounded to the nearest tenth.

**Normal
Retirement
Benefit**

- **Eligibility:** A Participant is eligible for a Normal Retirement Pension on their Normal Retirement Date.
- **Amount:** Sum of:
 - \$29.00 per month, multiplied by their Years of Credited Service completed prior to September 15, 1981 (not in excess of 30 Years of Credited Service);
 - \$29.00 per month, multiplied by their Years of Credited Service completed after September 14, 1981 and prior to September 15, 1983;
 - \$80.00 per month, multiplied by their Years of Credited Service completed after September 14, 1983 and prior to September 1, 2020;
 - \$86.25 per month, multiplied by their Years of Credited Service completed after August 31, 2020.

**Early
Retirement
Benefit**

- **Eligibility:** Age 55 with 10 Years of Vesting Service.
- **Amount:** Same as Normal Retirement Benefit, reduced for early commencement. If the participant has less than 30 Years of Credited Service, the benefit is reduced by 1/6 of 1% for each month that retirement precedes Normal Retirement Date. If the participants has at least 30 Years of Credited Service, the benefit is reduced by 1/6 of 1% for each month that retirement precedes age 62.

**Vested
Terminated
Benefit**

- **Eligibility:** 5 Years of Vesting Service
- **Amount:** If Participant commences on their Normal Retirement Date, same as Normal Retirement Benefit. If payments commence before Normal Retirement Date, the Normal Retirement Benefit amount will be reduced by 1/15th for each of the first 5 years and 1/30th for each of the next 5 years by which the commencement date precedes Normal Retirement Date. If a Participant has attained age 50 and earned at least 30 Years of Credited Service, then the reduction will be 1/6 of 1% for each month that retirement precedes Normal Retirement Date.

Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
EIN: 16-6028820; Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions

**Pre-Retirement
Death Benefit**

- If a Participant's death occurs after satisfying the requirements for Early Retirement, but before retirement, his spouse (or, in the case of an unmarried participant, a designated beneficiary) shall be entitled to a survivor's benefit as if he had retired with a 50% Joint and Survivor Annuity on the day before his death. If the Participant had not yet reached his earliest retirement age, his spouse or designated beneficiary shall be entitled to the survivor's benefit beginning with the first day of the month in which the Participant would have reached Early Retirement age as if he had ceased Covered Employment on the date of his death and survived to his earliest retirement date.

**Post-Retirement
Death Benefit**

- **Eligibility:** Pensioner dies without survivor benefits payable to their beneficiary.
- **Amount:** Lump sum of \$1,000 less the total amount of benefit payments received by the Pensioner during their lifetime.

**Normal Form of
Payment**

- **Unmarried:** Single Life Annuity
- **Married:** 50% Joint and Survivor Annuity adjusted to be actuarially equivalent to the Single Life Annuity

**Optional Forms
of Payment**

- 66 2/3% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- Life Annuity with 5 Years Certain
- Life Annuity with 10 Years Certain
- Life Annuity with 15 Years Certain

All optional forms adjusted to be actuarially equivalent to the Single Life Annuity.

Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
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Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Funding Method

The Traditional Unit Credit (accrued benefit) cost method has been used to develop the funding requirements presented in this report. Under this method, the normal cost is equal to the actuarial present value of benefits accrued during the plan year. The actuarial liability represents the actuarial present value of benefits which have been accrued in all prior plan years. Actuarial gains or losses resulting from plan experience which differs from the actuarial assumptions, plan amendments or changes in the actuarial assumptions are considered new pieces of actuarial liability and must be funded over no more than fifteen years.

Asset Valuation Method

The Actuarial Value of Assets is set equal to the Market Value of Assets.

Mortality

Valuation and ASC 960:

Healthy: PRI-2012 Amount-Weighted Blue Collar Employee and Healthy Retiree Tables with generational projection using Scale MP-2021.

Disabled: Amount-Weighted PRI-2012 Disabled Retiree Mortality Table with generational projection using Scale MP-2021.

Due to the small group of active participants covered by the Plan, we have relied upon the standard mortality tables published by the Society of Actuaries. And based on the Plan demographics, we have relied upon the blue-collar version of these tables. The standard improvement scales were also used to reflect estimated future experience.

Current Liability:

2024 IRS Generational Mortality Table.

Interest Rate

Valuation:

7.00% annual compound interest in the future, based on expected earnings from portfolio analysis.

Current Liability:

3.81% per year compounded annually. The current liability interest rate is chosen from a specified range that is set by law.

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Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Retirement Age

Active:

Active participants (who meet appropriate eligibility requirements) retire at the rates below:

Age	Rate
55	25%
56	15%
57	20%
58-60	25%
61	50%
62	75%
63-64	50%
65	100%

Terminated Vested:

Terminated Vested participants retire at age 65.

The retirement assumptions are based on a review of the most recent year's experience and the actuary's expectations for future experience.

The weighted average retirement age for the 2024-25 plan year is age 58.8. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the September 1, 2024 actuarial valuation.

The retirement age assumption used was reviewed and determined to be reasonable taking into account the following factors:

- The Plan's early retirement provisions,
- Access to postretirement healthcare coverage,
- The actuary's experience with other plans of a similar size, demographic composition, and plan design.

Administrative Expenses

\$150,000. For projection purposes, expenses are assumed to increase 3% annually.

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

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Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Termination & Disability

Termination

Active participants terminate Covered Employment at the rates below:

Years of Vesting Service	Selected Rate
0	9.0%
1	7.7%
2	6.5%
3	5.5%
4	4.7%
5	4.0%
6	3.4%
7	2.9%
8	2.5%
9	2.1%
10 & Up	0.0%

The termination assumption is based on a review of the most recent year's experience and the actuary's expectations for future experience.

Disability

None assumed.

The disability assumption is based on a review of the most recent year's experience and the actuary's expectations for future experience.

Assumed Hours Worked

Each active participant will work 1,600 hours in each year in the future.

The future hours assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual hours over the past several years.

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Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Marital Status

All participants are married. Wives are three years younger than their husbands.

Forms of Benefit

All participants elect the Single Life Annuity. Optional forms require an actuarial reduction, which if implemented are not expected to provide materially different results.

Assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed are not considered significant relative to the measurement.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Within the process for electronic filing of Form 5500, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule MB, which is attached in.pdf form to the electronic filing, will govern to the extent there are any differences between the data filed electronically and the data contained on the signed Schedule MB.

Intl Assn of Heat & Frost Insulators & Allied Workers Local No. 26 Pension Plan
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Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Schedule of Active Participant Data as of September 1, 2024

Years of Credited Service

Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Up	TOTAL
Under 25	2	0	0	0	0	0	0	0	0	0	2
25-29	0	1	0	0	0	0	0	0	0	0	1
30-34	0	0	3	2	0	0	0	0	0	0	5
35-39	1	2	1	0	0	0	0	0	0	0	4
40-44	1	0	1	2	2	0	0	0	0	0	6
45-49	0	1	0	0	0	1	1	0	0	0	3
50-54	0	1	0	3	0	2	0	1	1	0	8
55-59	0	1	0	0	2	2	3	2	3	1	14
60-64	0	0	0	0	0	2	0	0	0	0	2
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & Over	0	0	0	0	0	0	0	0	0	0	0
TOTAL	4	6	5	7	4	7	4	3	4	1	45

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Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Schedule of Amortization Bases as of September 1, 2024

Charges	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1) Plan Amendment	09/15/96	2.1	18,422	9,099
(2) Assumption Change	09/15/99	5.1	294,253	65,966
(3) Assumption Change	09/15/03	9.1	203,513	28,960
(4) Actuarial Loss	09/01/10	1	12,571	12,571
(5) Actuarial Loss	09/01/12	3	10,099	3,596
(6) Assumption Change	09/01/12	3	449	160
(7) Actuarial Loss	09/01/15	6	798,439	156,551
(8) Assumption Change	09/01/15	6	248,941	48,810
(9) Actuarial Loss	09/01/16	7	255,964	44,388
(10) Actuarial Loss	09/01/18	9	381,964	54,791
(11) Actuarial Loss	09/01/19	10	71,100	9,461
(12) Actuarial Loss	09/01/22	13	3,240,132	362,322
Total Charges			\$5,535,847	\$796,675

Credits	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1) Actuarial Gain	09/01/11	2	\$67,811	\$35,052
(2) Actuarial Gain	09/01/13	4	100,364	27,692
(3) Actuarial Gain	09/01/14	5	221,476	50,482
(4) Assumption Change	09/01/16	7	95,401	16,544
(5) Actuarial Gain	09/01/17	8	8,100	1,268
(6) Assumption Change	09/01/17	8	52,671	8,244
(7) Actuarial Gain	09/01/20	11	621,167	77,418
(8) Actuarial Gain	09/01/21	12	2,195,091	258,286
(9) Assumption Change	09/01/21	12	85,367	10,045
Total Credits			\$3,447,448	\$485,031

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Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Administrative Expenses

The administrative expense assumption for the current year changed from \$149,930, payable at the beginning of year, to \$150,000, payable at the beginning of year.

Assumed Hours Worked

Future hours worked assumption for active participants was updated from each participant assumed to work the same hours as the prior plan year to assuming 1,600 hours worked each year for all participants.

All other actuarial methods and assumptions remain the same as those used in the prior valuation.