

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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 INT BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 141 PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 06/01/1967
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) BOARD OF TRUSTEES FOR THE IBEW 141 PROFIT SHARING PLAN 82 BURKHAM CT WHEELING, WV 26003-5306
2b	Employer Identification Number (EIN) 20-5981161
2c	Plan Sponsor's telephone number 304-242-3870
2d	Business code (see instructions) 813930

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.	07/29/2026	JESSICA MORRISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2026	KIMBERLY WOOD
	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 AMERICAN BENEFIT CORP 3150 US ROUTE 60 ONA, WV 25545-7417	3b Administrator's EIN 55-0672859																						
	3c Administrator's telephone number 304-781-3928																						
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	5 542																						
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.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">233</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">372</td></tr> <tr><td>6b</td><td style="text-align: right;">65</td></tr> <tr><td>6c</td><td style="text-align: right;">114</td></tr> <tr><td>6d</td><td style="text-align: right;">551</td></tr> <tr><td>6e</td><td style="text-align: right;">14</td></tr> <tr><td>6f</td><td style="text-align: right;">565</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td style="text-align: right;">550</td></tr> <tr><td>6h</td><td></td></tr> </table>			6a(1)	233	6a(2)	372	6b	65	6c	114	6d	551	6e	14	6f	565	6g(1)		6g(2)	550	6h	
6a(1)	233																						
6a(2)	372																						
6b	65																						
6c	114																						
6d	551																						
6e	14																						
6f	565																						
6g(1)																							
6g(2)	550																						
6h																							
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 19																						

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

2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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 _____
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) 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
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan INT BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 141 PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES FOR THE IBEW 141 PROFIT SHARING PLAN		D Employer Identification Number (EIN) 20-5981161

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

JP MORGAN INVESTMENT MANAGEMENT

245 PARK AVENUE
NEW YORK, NY 10167

(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?
25 64 65	TRUSTEE / INVESTMENT MNGT	730432	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

AMERICAN BENEFIT CORP

3150 US ROUTE 60
ONA, WV 25545

55-0672859

(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?
14 23 99	PLAN ADMINSTRATOR	60209	Yes ☒ No ☐	Yes ☒ No ☐	2255	Yes ☐ No ☐

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

FIFTH THIRD BANK

600 SUPERIOR AVENUE EAST
CLEVELAND, OH 44114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 72	INVESTMENT CUSTODIAN	27322	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)

BENEFIT SOLUTIONS INC

5347 US ROUTE 60
HUNTINGTON, WV 25705

(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?
15 99	RECORDKEEPER	26906	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

MACALA & PIATT, LLC

601 S MAIN STREET
NORTH CANTON, OH 44720

34-1933033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	PLAN ATTORNEY	20913	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
15 99	RECORDKEEPER	19260	Yes ☒ No ☐	Yes ☒ No ☐	950	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)

KOZICKI HUGHES TICKERHOOF, PLLC

32-20TH STREET, SUITE 300
WHEELING, WV 26003

55-0526247

(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	PLAN AUDITOR	20000	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

GALLAGHER FIDUCIARY ADVISORS

THE GRANT BLD / 310 GRANT ST 802
PITTSBURG, PA 15219

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	CONSULTING	17500	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

IBEW LOCAL UNION 141

82 BURKHAM CT
WHEELING, WV 26003

(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?
99	LOCAL ASSESSMENT	13768	Yes ☐ No ☐	Yes ☐ No ☐	0	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan INT BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 141 PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES FOR THE IBEW 141 PROFIT SHARING PLAN	D Employer Identification Number (EIN) 20-5981161	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	COMINGLED PENSION TRUST FUND
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b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.
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c EIN-PN	01-0595658-001	d Entity code	C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	125031687
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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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)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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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)	
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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)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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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)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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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)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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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)	
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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
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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
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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)**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
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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 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
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan INT BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 141 PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES FOR THE IBEW 141 PROFIT SHARING PLAN	D Employer Identification Number (EIN) 20-5981161	

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	226634	486452
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	686092	509855
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	4008	174272
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	559070	333605
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	112166756	125031687
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	13343	12630

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	113655903	126548501

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h	219715	218907
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	219715	218907

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	113436188	126329594
--	-----------	-----------	-----------

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)	4957187	
(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)		4957187
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14898	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14898
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4946299	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6991826	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-2045527
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		17825057
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		20751615

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6902585	
(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)		6902585
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	774333	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	20913	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	20000	
(11) Other expenses	2i(11)	140378	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		955624
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7858209

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12893406
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: **KOZICKI HUGHES TICKERHOOF, PLLC**

(2) EIN: **55-0526247**

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?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 _____.

**International Brotherhood
of Electrical Workers
Local #141 Profit Sharing Plan**

Audited Financial Statements
and Supplemental Information
Years Ended December 31, 2025 and 2024



**International Brotherhood of Electrical Workers
Local #141 Profit Sharing Plan
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Schedule of Assets Held at End of Year	13

**Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.*

Dan Wilson, CPA, MBA
(deceased)
1955-2013

Dennis Kozicki, CPA
Nancy Hughes, CPA
Aimee Tickerhoof, CPA

Jayetee Herron, CPA



The Maxwell Centre
32 Twentieth Street
Suite 300
Wheeling, WV 26003

304 232-2280
Fax 304 232-2322

Independent Auditor's Report

To the Board of Trustees of the International Brotherhood of Electrical Workers Local #141 Profit Sharing Plan:

Opinion

We have audited the financial statements of the International Brotherhood of Electrical Workers Local #141 Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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.
- 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.

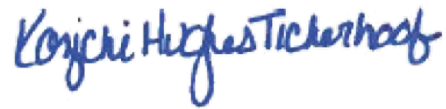
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Supplemental Schedules Required by ERISA

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

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

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

A handwritten signature in blue ink, reading "Konichi Hughes Tichenor". The signature is written in a cursive, flowing style.

Wheeling, West Virginia,
July 30, 2026.

**International Brotherhood of Electrical Workers
Local #141 Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
Assets		
Investments	<u>\$ 125,365,292</u>	<u>\$ 112,725,826</u>
Receivables		
Employers' contribution (net of reciprocal payable)	282,601	438,547
Reciprocal contribution	227,254	247,545
Interest and dividend	-	2,058
Owed from Related Party (Local #141 Vacation Plan)	2,121	-
Owed from Related Party (Local #141)	<u>1,950</u>	<u>1,950</u>
Total receivables	<u>513,926</u>	<u>690,100</u>
Cash	<u>486,452</u>	<u>226,634</u>
Prepaid expenses	12,630	13,343
Prepaid benefits	<u>170,201</u>	<u>-</u>
Total assets	<u>126,548,501</u>	<u>113,655,903</u>
Liabilities		
Accounts payable and accrued expenses	<u>218,907</u>	<u>219,715</u>
Net Assets Available for Benefits	<u><u>\$ 126,329,594</u></u>	<u><u>\$ 113,436,188</u></u>

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

**International Brotherhood of Electrical Workers
Local #141 Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024**

	2025	2024
Additions to Net Assets		
Investment income		
Net appreciation in fair value	\$ 15,779,530	\$ 10,777,719
Interest and dividend income	14,898	25,908
	<u>15,794,428</u>	<u>10,803,627</u>
Less investment expenses		
Investment management and custodial fees	756,833	706,705
Investment consulting fees	17,500	17,500
	<u>774,333</u>	<u>724,205</u>
Net investment income	<u>15,020,095</u>	<u>10,079,422</u>
Contributions		
Employer	3,571,993	3,318,688
Reciprocal	1,743,795	1,170,086
Total contribution income	<u>5,315,788</u>	<u>4,488,774</u>
Less: Reciprocity paid	358,601	269,585
Net contribution income	<u>4,957,187</u>	<u>4,219,189</u>
Total additions	<u>19,977,282</u>	<u>14,298,611</u>
Deductions from Net Assets		
Benefits paid to participants	6,902,585	4,809,908
Professional fees	40,913	33,391
Administration:		
ABC	34,200	34,200
Benefit Solutions, Inc.	24,425	27,871
Empower	19,260	-
Fifth Third distributions	2,645	3,597
Trustee expenses	24,354	27,765
Local assessment	13,768	13,768
Insurance	15,382	17,825
Other	6,344	6,581
Total deductions	<u>7,083,876</u>	<u>4,974,906</u>
Net increase	12,893,406	9,323,705
Net Assets Available for Benefits		
Beginning of year	<u>113,436,188</u>	<u>104,112,483</u>
End of year	<u>\$ 126,329,594</u>	<u>\$ 113,436,188</u>

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

**International Brotherhood of Electrical Workers
Local #141 Profit Sharing Plan
Notes to Financial Statements
December 31, 2025 and 2024**

1. Description of the Plan

The following description of the International Brotherhood of Electrical Workers Local #141 Profit Sharing Plan (Plan) provides only general information. Users of these financial statements should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

General

The Plan, which was originally effective June 1, 1967, and was most recently amended and restated May 18, 2016, is a defined contribution plan, open to any individual who has completed an hour of service for an employer who is subject to the terms of the Collective Bargaining Agreement (Agreement) between the Wheeling Division of the West Virginia-Ohio Valley Chapter of the National Electrical Contractors Association (Association) and Local Union #141 International Brotherhood of Electrical Workers (Union).

Contributions

The Agreement provides, among other things, for employers to contribute to the Plan, on behalf of the members of the Union, a specified rate per hour worked. No employee contributions are permitted. The contractor contribution rates are outlined below:

June 1, 2023, through May 31, 2024	\$8.95 per hour
June 1, 2024, through May 31, 2025	\$10.00 per hour
June 1, 2025, through May 31, 2026	\$10.00 per hour

Funding Policy

The Plan's funding policy is that a specified dollar amount is deposited into the Plan for each hour paid. Contributions must be funded no later than the 15th day of the month following the date when the wages are paid.

Reciprocals

Members of the Union may work from time to time for other locals. In this case, the other local(s) will forward the contribution due on behalf of these members to the Union for submission to the Plan.

- The contributions received from other locals on behalf of Local 141 members are reported as reciprocal contributions and as receivable on the accompanying financial statements.

Likewise, members of other unions may work from time to time for employers in this local jurisdiction. In this case, contributions made on their behalf are forwarded to their local union.

- The contributions received and reciprocated on behalf of members of other unions are reported as reciprocity paid on the accompanying financial statements.
- The employer's contribution receivable is shown net of reciprocity payable of \$60,135 for 2025 and \$128,498 for 2024 on the accompanying financial statements.

**International Brotherhood of Electrical Workers
Local #141 Profit Sharing Plan
Notes to Financial Statements
December 31, 2025 and 2024**

1. Description of the Plan (Continued)

Participant Accounts

All contributions made on behalf of a participating employee are credited to the Employee's Individual Account (Account). This money is accumulated and will eventually be paid out in benefits. The amount of each Account is determined by the amount of the contributions received, interest, dividends, realized and unrealized gains and losses earned by the Plan, less the cost of operating the Plan and the amount of all benefit payments. In accordance with the restated plan document, all contributions received, and the earnings thereon, after January 1, 2007, are maintained separately from any contributions, earnings, and withdrawals from the Plan as of December 31, 2006.

Vesting

Participants are immediately fully vested in contributions made on their behalf to the Plan.

Participant Loans

The current plan document (amended and restated May 18, 2016) permits all contributions received, and the earnings thereon, after January 1, 2007, are eligible for participant loans. The Plan Trustees have not enacted the provisions of this feature yet.

Hardship Withdrawals

The current plan document (amended and restated May 18, 2016) permits all contributions received, and the earnings thereon, after January 1, 2007, are eligible for hardship withdrawals. The Plan Trustees have not enacted the provisions of this feature yet.

Payment of Benefits

Benefits can be taken as a lump sum distribution or as monthly benefits or in various combinations of lump sum distributions and monthly benefits. Benefits can be taken when eligibility or age requirements for distributions have been met.

Plan expenses

Each participant's account is assessed a charge for the administrative and other expenses incurred by the Plan according to the ratio of the employee's participant account balance to the total assets of the Plan. This allocation is made monthly.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting. Contributions are recorded by the Plan in the period the wages are earned. Benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**International Brotherhood of Electrical Workers
Local #141 Profit Sharing Plan
Notes to Financial Statements
December 31, 2025 and 2024**

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments are 100% non-participant directed and are carried on the books at fair value. Generally, participant accounts are valued daily and earnings or losses are posted to accounts on a daily basis. Certain investments of the Plan are in custody outside of the main custodian. Earnings from these investments are credited to the Plan and to participants as they are reported by the outside custodian, typically one month in arrears. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as held, during the year.

3. Investments

Investment Composition

As of December 31, 2025, the Plan's investments consisted of:

	Level 1	Level 2	Level 3	Investments measured at net asset value	Total
Investments in securities, at fair value					
Money market fund	\$ 333,605	\$ -	\$ -	\$ -	\$ 333,605
Common collective fund: JPMCB Diversified Plus Fund	-	-	-	125,031,687	125,031,687
Total securities, as fair value	<u>\$ 333,605</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 125,031,687</u>	<u>\$ 125,365,292</u>

As of December 31, 2024, the Plan's investments consisted of:

	Level 1	Level 2	Level 3	Investments measured at net asset value	Total
Investments in securities, at fair value					
Money market fund	\$ 559,071	\$ -	\$ -	\$ -	\$ 559,071
Common collective funds: JPMCB Diversified Plus Fund	-	-	-	112,166,756	112,166,756
Total securities, as fair value	<u>\$ 559,071</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 112,166,756</u>	<u>\$ 112,725,826</u>

**International Brotherhood of Electrical Workers
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3. Investments (continued)

Investments Measured at Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2025, and 2024, respectively.

	December 31, 2025 Fair Value	December 31, 2024 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice period
JPMCB Diversified Plus Fund	\$125,031,687	\$112,166,756	None	Monthly	5 days

The JPMCB Diversified Plus Fund is a direct filing entity. Accordingly, the investment strategy is not required to be disclosed.

4. Fair Value

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • Quoted prices for similar assets in active markets • Quoted prices for identical or similar assets in inactive markets • Inputs other than quoted prices that are observable for the asset • Inputs that are derived principally from or corroborated by observable market data by correlation or other means If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.
<i>See Note 3 for the level determination of each of the Plan's investments, on a recurring basis.</i>	

The asset'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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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Notes to Financial Statements
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4. Fair Value (Continued)

METHODOLOGIES

There have been no changes in the methodologies used on December 31, 2025, and 2024.

Money market fund: Valued at \$1 per share.

Common collective funds: Valued based on the net asset value (NAV) of the underlying funds on the date of valuation.

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

5. Plan Amendments and Resolutions

A provision of the amended and restated plan document (May 18, 2016) was to convert the Plan from a money purchase defined contribution plan to a profit-sharing defined contribution plan. Employer contributions for hours worked on or after January 1, 2007, shall be profit-sharing plan assets, and therefore eligible for both in-service and hardship withdrawals, and participant loans. All pre-2007 assets and liabilities shall retain the attributes of money-purchase assets, liabilities, and benefits, and not be eligible for in-service or hardship withdrawals, or participant loans. Furthermore, all pre-2007 assets will be accounted for separately, indefinitely. The Plan Trustees have not enacted the in-service, hardship, or loan provisions of this feature yet.

6. Plan Termination

The Trustees intend to continue the Plan indefinitely but reserve the right to discontinue the Plan at any time, provided it will not be undertaken in such a manner as to constitute a violation of any applicable provision of ERISA. In the event of the termination or partial termination of the Plan or the complete discontinuance of contributions, the balance in each Account will be revalued, and allocations and adjustments shall then be made with respect to the interests of the Participants or beneficiaries.

7. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan by letters dated March 4, 2016, and May 18, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letters. However, the IRS has since changed its determination process to only issue determination letters for new or terminated plans. The plan administrator and legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

It is the intention of the Plan administrator to maintain the Plan as qualified and exempt from taxation under the appropriate provisions of the Internal Revenue Code (IRC) and the Rules and Regulations issued thereunder, as amended from time to time. Therefore, no provision for federal income tax accounts is reflected in the financial statements.

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Notes to Financial Statements
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8. Parties – In – Interest

Parties in interest are defined by IRC Section 4975(e)(2) and ERISA Section 3 (14)(c) to include, among others, any entity that provides services to the Plan and any employer whose employees are covered by the Plan. Therefore, the following *general* parties-in-interest relationships exist:

- All disbursements for professional, administrative, insurance, investment management, and other expenses included in the accompanying financial statements
- All contributions received by the Plan

In addition:

The Plan invested \$119,598,489 and \$112,166,756 in the JPMCB Diversified Plus Fund as of December 31, 2025, and 2024. JPMorgan Chase is also the investment manager for this fund and received \$730,432 and \$677,310 in investment management fees for 2025 and 2024.

Fifth Third Bank served as the Plan's custodian through November 5, 2025, and received investment fees of \$24,677 during 2025 (\$27,726 during 2024). Effective November 6, 2025, Empower became the Plan's custodian and recordkeeper and received fees of \$19,260 during 2025.

9. Investment Risk

Investments of the Plan are not insured by the Federal Deposit Insurance Corporation (FDIC); are not deposits or other obligations of, or guaranteed by any bank or affiliates; and are subject to investment risks, including possible loss of the principal amount invested.

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and such changes could affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

10. Concentration of Revenue Risk

The Plan receives substantial amounts of its contribution revenue from a limited number of employers. These contractors all work within a specific geographical area. A significant decline in the availability of work in this specific area could have an adverse effect on the Plan. For years ended December 31, 2025, and 2024, the Plan's largest four employers accounted for approximately 84% and 85% of the Plan's contribution revenue, respectively.

11. Concentration of Credit Risk

Funds in either interest-bearing or non-interest-bearing accounts are eligible for FDIC insurance up to the legal maximum of \$250,000. As of December 31, 2025, the Plan had deposits in excess of FDIC insurance limits of approximately \$239,001. As of December 31, 2024, the Plan did not have accounts in excess of the FDIC insured limit.

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Notes to Financial Statements
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12. Classification Differences

Form 5500 includes certain assets and liabilities that differ from the amounts shown on the accompanying financial statements. These differences relate to classifications only and have no effect on net assets available for benefits for either the year ended December 31, 2025 or 2024.

13. Plan Amendments

The following amendments was made to the Plan subsequent to December 31, 2025:

Amendment Number	Signature Date	Effective Date	Brief description
11	March 18, 2026	November 1, 2025	Allocation of Earnings, Gains, and Losses; Charging of Expenses
12	June 11, 2026	January 1, 2024	Optional Single Sum Distributions

14. Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were issued, July 30, 2026, and determined that no events have occurred, other than the two items disclosed as part of footnote 13, that require disclosure. No events occurring after this date have been evaluated for inclusion in these financial statements.

Supplemental Information

**International Brotherhood of Electrical Workers
Local #141 Profit Sharing Plan
Schedule of Assets Held at End of Year
December 31, 2025**

Face/ Shares	Description	Market Value	Cost
Money Market Fund			
333,605	Federated Government Obligation	\$ 333,605	\$ 333,605
	Total money market funds	<u>\$ 333,605</u>	<u>\$ 333,605</u>
Common Collective Fund			
68,282,381.57	* JPMCB Diversified Plus Fund	\$ 125,031,687	\$ 124,129,354
	Total Common Collective Funds	<u>\$ 125,031,687</u>	<u>\$ 124,129,354</u>
Total Investments		<u><u>\$ 125,365,292</u></u>	<u><u>\$ 124,462,959</u></u>

* Denotes party in interest

**International Brotherhood of Electrical Workers
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Schedule of Assets Held at End of Year
December 31, 2025**

Face/ Shares	Description	Market Value	Cost
Money Market Fund			
333,605	Federated Government Obligation	\$ 333,605	\$ 333,605
	Total money market funds	<u>\$ 333,605</u>	<u>\$ 333,605</u>
Common Collective Fund			
68,282,381.57	* JPMCB Diversified Plus Fund	\$ 125,031,687	\$ 124,129,354
	Total Common Collective Funds	<u>\$ 125,031,687</u>	<u>\$ 124,129,354</u>
Total Investments		<u><u>\$ 125,365,292</u></u>	<u><u>\$ 124,462,959</u></u>

* Denotes party in interest