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

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:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1977

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)
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND JOINT BOARD OF TRUSTEES

8000 CORPORATE DRIVE
LANDOVER, MD 20785-2239

8000 CORPORATE DRIVE
LANDOVER, MD 20875-2239

2b Employer Identification Number (EIN)
14-1595069

2c Plan Sponsor's telephone number
301-577-1700

2d Business code (see instructions)
238220

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.	10/05/2026	JEFF DIXON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2026	JOSHUA SAVITZ
	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

SPRINKLER INDUSTRY SUPPLEMENTAL PEN JOINT BOARD OF TRUSTEES

8000 CORPORATE DRIVE
LANDOVER, MD 20785-2239

3b Administrator's EIN
14-1595069

3c Administrator's telephone number
301-577-1700

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**	29607
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)**	28099
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	29046
b	Retired or separated participants receiving benefits	**6b**	516
c	Other retired or separated participants entitled to future benefits	**6c**	882
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	30444
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	157
f	Total. Add lines **6d** and **6e**.	**6f**	30601
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)**	29607
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	30601
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**	799

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

2E 2F 2G

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) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (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) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 7
- (4) [X] **C** (Service Provider Information)
- (5) [X] **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 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

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
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
14-1595069

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA PREMIER LIFE INS CO

(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
39-0989781	86231	MDA00617TR	0	01/01/2025	05/31/2025

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

(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

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	(c) Amount	**(d)** Purpose	

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	77045025
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	77045025
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)	77045025	
	(4) Other (specify below)	7e(4)		
	▶			
	(5) Total deductions		7e(5)	77045025
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
14-1595069

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN TOWER LIFE

(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
13-3114906	97136	38009	0	01/01/2025	05/31/2025

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

(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	

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	74140521
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	74140521
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)	74140521	
	(4) Other (specify below)	7e(4)		
	▶			
	(5) Total deductions		7e(5)	74140521
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
14-1595069

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE & ANNUITY CO

(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
71-0294708	86509	60060	0	01/01/2025	05/31/2025

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

(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

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	(c) Amount	**(d)** Purpose	

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	78010254
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	78010254
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)	78010254	
	(4) Other (specify below)	7e(4)		
	▶			
	(5) Total deductions		7e(5)	78010254
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
14-1595069

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INS CO OF AMERICA

(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
22-1211670	68241	GA-62432	0	01/01/2025	05/31/2025

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	79823392
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	79823392
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)	79823392	
	(4) Other (specify below)	7e(4)	0	
	▶ OTHER DISBURSEMENTS			
	(5) Total deductions		7e(5)	79823392
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
14-1595069

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

1 Coverage Information:

(a) Name of insurance carrier
PACIFIC LIFE INSURANCE CO

(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
95-1079000	67466	G-26964.01.0001	0	01/31/2025	05/31/2025

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	74172151
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			
	(6)Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	74172151
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)	74172151	
	(4) Other (specify below)	7e(4)	0	
	▶ OTHER DISBURSEMENTS			
	(5) Total deductions		7e(5)	74172151
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
14-1595069

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

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL 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
04-1590850	65935	30109	0	01/01/2025	05/31/2025

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year		7b	75560918
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6) Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	75560918
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)	75560918	
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	75560918
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
14-1595069

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK STABLE VALUE GUARANTEED INCOME FUND

(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
01-0233346	65838	NASI	30601	06/01/2025	12/31/2025

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	517318219
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	6959897		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)	458752258		
	(5) Other (specify below)	7c(5)	67661656		
	▶ MARKET ADJUSTMENT				
	(6)Total additions			7c(6)	533373811
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	533373811
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	16055592		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	16055592
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	517318219

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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
14-1595069

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).. . . . . [X] 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

NEW TOWER TRUST COMPANY - MEPT

20-1641876

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

AFL-CIO EQUITY INDEX (ASB & CCT)

7501 WISCONSIN AVENUE, SUITE 1500W
BETHESDA, MD 20814

27-3350609

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

DIMENSIONAL FUND ADVISOR LP

30-0447847

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

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

(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

(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)

COMERICA BANK

42-1741646

(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	NONE	1047402	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

INVESCO ADVISORS, INC

58-1707262

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 67	NONE	925826	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

JOHN HANCOCK RETIREMENT PLAN SERVIC

01-0233346

(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?
64	NONE	860839	Yes [ ] No [X]	Yes [ ] No [ ]		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)

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68	NONE	858287	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 27	NONE	730833	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

O'DONOGHUE & O'DONOGHUE

53-0120528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	242463	Yes [ ] No [X]	Yes [ ] No [ ]		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)

PIMCO

33-0629048

(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?
68	NONE	230588	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

INVESTMENT PERFORMANCE SERVICES

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	187500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GLOBAL RETIREMENT PARTNERS

4340 REDWOOD HIGHWAY, SUITE B-60
SAN RAFAEL, CA 94903

(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	NONE	185286	Yes [ ] No [X]	Yes [ ] No [ ]		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)

NY LIFE INV MGMT

51 MADISON AVE
NEW YORK, NY 10010

(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	NONE	155598	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	139429	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LORI MIDDLETON

14-1595069

(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	EMPLOYEE	119275	Yes [ ] No [X]	Yes [ ] No [ ]		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)

ANNA BOSMANS

14-1595069

(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	EMPLOYEE	72876	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JENA HENSON

14-1595069

(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	EMPLOYEE	60681	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BASYS, INC.

52-1796473

(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	NONE	37569	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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)

ANIYA BROWN

14-1595069

(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	EMPLOYEE	37272	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JAMIE WINEGARDNER

14-1595069

(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	EMPLOYEE	29295	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CATHERINE VARELLI

14-1595069

(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	EMPLOYEE	25761	Yes [ ] No [X]	Yes [ ] No [ ]		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)

NAVIA BENEFIT SOLUTIONS

600 NACHES AVE SW
RENTON, WA 98057

(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	NONE	19995	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	19648	Yes [ ] No [X]

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

NTIVA, INC

7900 WESTPARK DRIVE, SUITE A100
MCLEAN, VA 22102

(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	NONE	12514	Yes [ ] No [X]	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
COMERICA BANK	72	0

(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.
COMERICA 411 W. LAFAYETTE AVE DETROIT, MI 48226 42-1741646	OTHER INVESTMENT FEES & EXPENSES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	2220

(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.
ULLICO 8403 COLESVILLE ROAD SILVER SPRING, MD 20910 13-2988846	INSURANCE BROKERAGE COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	3920

(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.
ENCORE 234 SPRING LAKE DRIVE ITASCA, IL 60143 45-3957469	INSURANCE BROKERAGE COMMISSIONS AND FEES

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
SEGAL SELECT INSURANCE SERVICES	53	8918

(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.
CHUBB 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889 13-1963496	INSURANCE BROKERAGE COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	1540

(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.
RLI INSURANCE 9025 NORTH LINDBERGH DRIVE PEORIA, IL 61615 37-0915434	INSURANCE BROKERAGE COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	3050

(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.
TRAVELERS 485 LEXINGTON AVE, 8TH FL NEW YORK, NY 10017 06-0566090	INSURANCE BROKERAGE COMMISSIONS AND FEES

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
BASYS, INC.	99	0

(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.
EPLAN C/O BAYSIS 857 ELKRIDGE LANDING RD LINTHICUM, MD 21090 20-3720767	SOFTWARE INTERFACE DEVELOPMENT AND JOINT MARKETING.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BASYS, INC.	99	0

(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.
	SOFTWARE INTERFACE DEVELOPMENT AND JOINT MARKETING.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
14-1595069

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: ULLICO DIVERSIFIED INTERNATIONAL EQ

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC.

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)
74-3178242-001	E	155153019

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST

b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY

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)
52-6218800-001	C	100682127

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

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)
27-3350609-001	C	1002730790

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB MORTGAGE BACK SECURITIES

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK

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)
20-4742530-001	C	183999158

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)

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

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b Name of plan sponsor | **c** EIN-PN

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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

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
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
14-1595069

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	7001752	6349475
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	19651894	19275034
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	244394606	7675505
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	100262548	113811158
(2) U.S. Government securities	1c(2)	488872437	939970413
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	459334368	212060549
(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)	1101036688	1287412075
(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)	117631287	155153019
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	332828345	394321563
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	458752261	517318219
(15) Other	1c(15)		133314

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	3329766186	3653480324
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	1066165	963085
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	388374813	154317839
1k Total liabilities (add all amounts in lines 1g through1j)	1k	389440978	155280924
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2940325208	3498199400

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)	215229055	
(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)		215229055
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4742484	
(B) U.S. Government securities	2b(1)(B)	19464045	
(C) Corporate debt instruments	2b(1)(C)	11044702	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	91658179	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		126909410
(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)	3178255	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3178255
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3629451981	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3585924113	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		43527868
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	261249852	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		261249852

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		22923609
(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)		7027076
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		16448324
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		696493449
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	131625631	
(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)		131625631
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)	769161	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	75506	
(4) IQPA audit fees	2i(4)	67977	
(5) Investment advisory and investment management fees	2i(5)	3838637	
(6) Bank or trust company trustee/custodial fees	2i(6)	1047402	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	245522	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	54624	
(11) Other expenses	2i(11)	894797	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		6993626
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		138619257
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		557874192
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) [X] 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)** [X] 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: CALIBRE CPA GROUP, PLLC **(2)** EIN: 47-0900880

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		8000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

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

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
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
14-1595069

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 ..... | 1 | 0

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): 01-0233346

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 ..... | 3 |

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

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

b EIN **c** Dollar amount contributed by employer

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 _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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 _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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 _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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 _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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 _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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 _____ Day _____ Year _____

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) _____
(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**	
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_____.

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2025

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

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INDEPENDENT AUDITOR'S REPORT

To the Joint Board of Trustees of the
Sprinkler Industry Supplemental Pension Fund

Opinion

We have audited the accompanying financial statements of the Sprinkler Industry Supplemental Pension Fund (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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Sprinkler Industry Supplemental Pension Fund as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of 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 the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

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

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

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

Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of general and administrative expenses 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Bethesda, MD
October 2, 2026

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments		
At fair value		
Short-term investments	$ 113,811,158	$ 100,262,548
Government and agencies notes and bonds	939,970,413	488,872,437
Corporate notes and bonds	212,060,549	459,334,368
Mutual funds	394,321,563	332,828,345
103-12 investment entities	155,153,019	117,631,287
Common collective trusts	1,287,412,075	1,101,036,688
Derivative contracts	133,314	-
Total investments, at fair value	3,102,862,091	2,599,965,673
Investment contracts, at contract value	517,318,219	458,752,261
Total investments	3,620,180,310	3,058,717,934
Accounts receivable		
Employer contributions, net (Net of uncollectible $176,292 and $470,925, respectively)	18,793,150	19,083,742
Notes on settlements	481,884	457,142
Affiliated funds	600,647	111,010
Interest and dividends	7,014,399	6,518,129
Securities sold	-	237,818,133
Total accounts receivable	26,890,080	263,988,156
Cash		
Checking and trust accounts	6,349,475	7,001,752
Prepaid expenses	60,459	58,344
Total assets	3,653,480,324	3,329,766,186
Liabilities		
Accounts payable	963,085	1,066,165
Accrued compensation payable	690,761	628,046
Securities purchased	153,627,078	387,746,767
Total liabilities	155,280,924	389,440,978
Net assets available for benefits	$ 3,498,199,400	$ 2,940,325,208

See accompanying notes to financial statements.

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 442,810,672	$ 214,950,500
Interest	36,593,807	39,294,141
Dividends	1,859,915	2,622,326
	481,264,394	256,866,967
Less: investment expenses	(4,886,039)	(5,455,477)
Net investment income	476,378,355	251,411,490
Contributions		
Employer contributions	215,229,055	205,959,916
Total additions	691,607,410	457,371,406
Deductions		
Benefits		
Benefits paid	131,625,631	133,329,956
Administrative expenses	2,107,587	1,866,305
Total deductions	133,733,218	135,196,261
Net change	557,874,192	322,175,145
Net assets available for benefits		
Beginning of year	2,940,325,208	2,618,150,063
End of year	$ 3,498,199,400	$ 2,940,325,208

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Sprinkler Industry Supplemental Pension Fund (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

Participating employers contribute to the Plan in accordance with collective bargaining agreements with the Unions or other written agreements that require an employer to make contributions on the employees' behalf. Employees of Local Unions and the Fund Office may be covered under an agreement between the Local and the Trustees.

Benefits are provided by the employer contributions and any income earned from investment of employer contributions. All monies are used exclusively for providing benefits to eligible employees and their dependents, and the paying of all expenses incurred with respect to the operation of the Plan.

Each participant's account is credited with employer contribution and allocations of Plan earnings and an allocation of administrative expenses. Allocations are based on participant earnings or account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participant accounts are immediately vested.

At retirement, death, disability or after a certain period of time from separation of employment as required by the Plan, the full value of an individual's account is payable as a Normal Life Pension from the account balance or through the purchase of an annuity. A limited hardship withdrawal is also available. Funds applied to purchase annuities from one of the insurance contract issuers (that is, the insurance company is obligated to pay the related benefits) are excluded from the Plan's assets. If the participant, and participant's spouse, if applicable, timely rejects the Normal Life Pension, the account balance, or a portion thereof, may be paid as a lump sum or rolled over to an Individual Retirement Account (IRA). These are the most frequently elected forms of withdrawal.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - Assets and liabilities and revenue and expenses are recognized on the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Reclassifications - Some items may have been reclassified from prior years financial statements for comparability purposes.

Investment Valuation and Income Recognition - Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Board of Trustees (Trustees) determines the Plan's valuation policies utilizing information provided by its investment advisers and custodians. See Note 4 for a discussion of fair value measurements.

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

The Trustees established six Life Stage Funds which consist of different allocations of investment assets managed by the Plan's investment advisors. Participants can elect to allocate their account balances and contributions made on their behalf to one or more of the following Life Stage Funds: Capital Preservation Life Stage Fund, Current Income Life Stage Fund, Growth & Income Life Stage Fund, Wealth Building Life Stage Fund, Maximum Growth Life Stage Fund, and Aggressive Lifestyle Fund. The Plan also offers an Age Based Investment program under which a participant's investment fund changes as they get older so that their exposure to the stock market is reduced as they age.

Payment of Benefits - Benefit payments to participants are reported upon distribution.

Administrative Expenses - The Plan pays all administrative expenses.

Employer Contributions Receivable - This amount represents contributions received shortly after the close of the Plan year and additional amounts assessed against employers. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has established an allowance for credit losses of $176,292 and $470,925 at December 31, 2025 and 2024, respectively, to reflect the uncertainty of collectability of certain employer contributions receivable.

NOTE 3. FUNDING POLICY

The Plan is financed by employer contributions in accordance with collective bargaining agreements.

NOTE 4. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 are described as follows:

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

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Short-term investments: Valued at fair value which approximates amortized cost.

Government and agencies notes and bonds: Valued at the closing price reported in the active market in which the individual security is traded. If a bond is not traded at year end, the bond is valued based on yields currently available on comparable securities.

Corporate notes and bonds: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued 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.

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

Derivative contracts: Exchange traded options are generally valued at the official closing price of, or the last reported sale price on, the exchange or market on which such securities are traded, as of the close of business on the day the securities are being valued or, lacking any sales, at the last available bid price. Options traded over the counter are valued using dealer supplied valuations. Futures contracts are valued at the last settlement price at the end of each day on the Board of Trade or Exchange upon which they are traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trusts: These are comprised of shares or units in commingled funds that are not publicly traded. The fund administrator values the fund using the NAV per fund share, derived from the value of the underlying assets. The underlying assets in these funds (equity securities, fixed-income securities, and commodity-related securities) are generally publicly traded on exchanges and price quotes for the assets held by these funds are readily available. Real estate trusts are valued on at least an annual basis by an independent third-party appraiser and reviewed quarterly to determine if an interim value adjustment is warranted based on property or market level changes.

103-12 investment entities: These are comprised of shares or units in commingled funds that are not publicly traded. The fund administrators value the funds using the NAV per fund share, derived from the value of the underlying assets. The underlying assets in these funds (equity securities, fixed-income securities, and commodity-related securities) are generally publicly traded on exchanges and price quotes for the assets held by these funds are readily available.

Guaranteed investment contracts: The Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2015-12, a three-part standard that provides certain aspects of accounting by employee benefit plans. Under the scope of Accounting Standard Codification (ASC) 962 and ASC 965, plans measure fully benefit-responsive investment contracts at contract value. The benefit responsiveness of the contracts are guaranteed through wrapper contracts. Certain events limit the ability of the Plan to transact at contract value with the issuers, such as investment decisions to transfer the assets before the end of the contract. The Plan administrator believes that any event that would cause such limitation is not probable.

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

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024.

Assets at Fair Value as of December 31, 2025	Balance as of December 31, 2025	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	$ 113,811,158	$ 113,811,158	$ -	$ -
Government and agencies notes and bonds	939,970,413	-	939,970,413	-
Corporate notes and bonds	212,060,549	-	212,060,549	-
Derivative contracts	133,314	-	133,314	-
Mutual funds	394,321,563	394,321,563	-	-
	1,660,296,997	$ 508,132,721	$ 1,152,164,276	$ -
Investments measured at NAV*				
103-12 investment entities	155,153,019			
Common collective trusts	1,287,412,075			
Total investments at fair value	$ 3,102,862,091			

Assets at Fair Value as of December 31, 2024	Balance as of December 31, 2024	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	$ 100,262,548	$ 100,262,548	$ -	$ -
Government and agencies notes and bonds	488,872,437	-	488,872,437	-
Corporate notes and bonds	459,334,368	-	459,334,368	-
Mutual funds	332,828,345	332,828,345	-	-
	1,381,297,698	$ 433,090,893	$ 948,206,805	$ -
Investments measured at NAV*				
103-12 investment entities	117,631,287			
Common collective trusts	1,101,036,688			
Total investments at fair value	$ 2,599,965,673			

*In accordance with Accounting Standards Codification, investments that are measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes the Plan's investments measured at fair value based on NAV per share as of December 31, 2025.

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
103-12 investment entities				
Ullico Diversified International Equity Fd	$ 155,153,019	$ -	Immediate	1 Month
Common collective trusts				
AFL-CIO Equity Index Fund	$ 899,956,796	-	Monthly	15 Days
Multi-Employer Property Trust	100,682,127	-	Quarterly	3 Months
JPMCB Mortgage Bk Sec	286,773,152	-	Daily	Daily
	$ 1,287,412,075			

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes the Plan's investments measured at fair value based on NAV per share as of December 31, 2024.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
103-12 investment entities				
Ullico Diversified International Equity Fd	$ 117,631,287	$ -	Immediate	1 Month
Common collective trusts				
AFL-CIO Equity Index Fund	$ 768,980,204	-	Monthly	15 Days
Multi-Employer Property Trust	102,695,497	-	Quarterly	3 Months
JPMCB Mortgage Bk Sec	229,360,987	-	Daily	Daily
	$ 1,101,036,688			

NOTE 5. INSURANCE ANNUITY CONTRACTS

The Plan invests in the John Hancock Stable Value Guaranteed Fund, a stable value fund comprised of fully benefit-responsive investment contracts. The Plan's investments in the insurance contracts are carried at contract value, which represents the value that the participants can redeem their individual accounts and the portion of the net assets available for benefits that the contract represents. The contracts meet the fully benefit-responsive investment contract criteria and therefore are 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 represents deposits and earnings less withdrawals and fees. The participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account balance at contract value within reasonable timeframes. The Plan's investments in insurance contracts at contract value were $517,318,219 as of December 31, 2025.

The Plan's investment in the insurance contracts consists primarily of synthetic investment contracts backed by a diversified portfolio of high-quality fixed income securities and wrapper contracts issued by insurance companies and other financial institutions. These contracts are designed to provide a stable rate of return and to allow participant transactions 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 document 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 the other Plan sponsor events that cause a significant withdrawal from

NOTE 5. INSURANCE ANNUITY CONTRACTS (CONTINUED)

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.

NOTE 6. MATERIAL LEASE COMMITMENTS, OTHER COMMITMENTS AND CONTINGENT LIABILITIES

An affiliated fund owns an office building in which the Plan occupies a portion pursuant to the terms of an annual lease. The lease is month to month. Annual rent payments during the years ended December 31, 2025 and 2024 were $44,278 and $49,047, respectively.

The Plan has elected, for all underlying classes of assets, to not recognize right of use assets and liabilities for short-term leases that have a term of 12 months or less at lease commencement and for leases that are determined to not be enforceable agreements per the guidance in Topic 842. The Plan recognizes lease cost associated with short-term leases on a straight-line basis over the lease term.

NOTE 7. PRIORITIES UPON TERMINATION

In the event of a complete or partial termination of the Plan, or in the event of a complete or partial discontinuance of contributions, each employee affected by such termination or discontinuance shall have a non-forfeitable right, notwithstanding any provision to the contrary herein, to his allocable share of the Plan, after the deductions hereinafter provided. In the event of a complete termination or discontinuance, the assets then remaining in the Plan, after providing for the expenses of the Plan and for the payment of any accumulated share theretofore approved pursuant to Section 1 of Article V shall be distributed among the employees. Each employee shall receive that part of the total remaining assets in the same ratio as his accumulated share bears to the aggregate amount of the accumulated shares of all employees. No part of the assets shall be returned to any employer or used for the benefit of any employer or union.

NOTE 8. INCOME TAX STATUS

The Plan obtained it latest determination letter on June 14, 2011, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

NOTE 8. INCOME TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or the various states the Plan files returns. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9. RELATED PARTY TRANSACTIONS

The Plan was allocated its share of salaries, payroll taxes, employee benefits and other administrative expenses paid by the National Automatic Sprinkler Industry Welfare Fund (Welfare Fund), an organization related to the Plan through common Trustees. The Plan's share of these expenses for the years ended December 31, 2025 and 2024 was $789,626 and $930,108, respectively. As of December 31, 2025 and 2024, the Plan was owed and owed $92,229 and $141,316, respectively, from the Welfare Fund. The Plan also receives certain contributions on behalf of the National Automatic Sprinkler Industry Pension Fund. During the years ended December 31, 2025 and 2024, these contributions totaled $5,708,830 and $4,744,439, respectively. As of December 31, 2025 and 2024, the Plan owed and was owed $508,418 and $30,306, respectively, from the Pension Fund. These amounts were settled in the subsequent period.

NOTE 10. PARTY-IN-INTEREST TRANSACTIONS

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 11. PENSION PLANS

The Plan maintains a defined benefit pension plan for office employees, National Automatic Sprinkler Industry Fund Office Employees Pension Plan (53-0215881, PL 002). The risks of participating in multiemployer plans are different than single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing, the unfunded obligations of the multiemployer plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in its multiemployer plans, the Plan may be required to pay the multiemployer plan an amount based on the underfunded status of the multiemployer plan, referred to as a withdrawal liability.

NOTE 11. PENSION PLANS (CONTINUED)

Benefits are based on the members' average yearly basic earnings during any consecutive forty-eight months, or total months if less than forty-eight, which produces the highest average, prior to the date of retirement, termination, death or disability. The Plan is partially funded through an insurance company and partially funded through the Plan's trust assets. The monthly contribution amount is actuarially determined. The Plan's Pension Protection Act (PPA) Zone status has been certified as being in the "Green" zone, so there is no funding improvement or rehabilitation plan pending or implemented and no surcharge imposed on the Sprinkler Industry Supplemental Pension Fund. Most of the office employees are covered under a collectively bargained agreement with Office and Professional Employees International Local Union #2. The current agreement expires on December 31, 2028. The Sprinkler Industry Supplemental Pension Fund contributions for the years ended December 31, 2025 and 2024 were $108,804 and $119,137, respectively.

The Plan contributes, on behalf of the office employees, to the Sprinkler Industry Supplemental Pension Fund, which is a Defined Contribution Plan. Benefits are provided by employer contributions and any income earned from investments made by the Trustees. At retirement, death, disability, or after a certain period of time from termination of employment as required by the Plan, the full value of an individual's account will be payable as a lump sum or a monthly income through the purchase of an annuity. Contributions to the Plan for the years ended December 31, 2025 and 2024 totaled $28,592 and $29,460, respectively.

Certain key executives are covered by an unfunded deferred compensation plan. The liability is included in accrued compensation payable and was $368,976 and $346,946 as of December 31, 2025 and 2024, respectively.

NOTE 12. RISKS AND SIGNIFICANT UNCERTAINTIES

The Plan maintains cash, cash-equivalents and investments in various institutions. The amount of deposit in one institution may exceed the $250,000 federally insured limit. 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 the values of investment securities could be different at the reporting date and that such changes could materially affect participants' account balances, and the amounts reported in the statements of net assets available for benefits.

The Plan's fixed income investment advisors have invested in derivative financial instruments to manage currency and interest rate risks. Currency contracts are agreements between two parties to buy and sell currencies at a set price on a future date, to protect against a decline in value relative to the U.S. dollar of the currencies in which its portfolio securities are denominated or quoted. The Plan could be exposed to risk if the value of the currency changes unfavorably, if the counterparties to the contracts are unable to meet the terms of their contracts or if the Plan is unable to enter into a closing position.

NOTE 12. RISKS AND SIGNIFICANT UNCERTAINTIES (CONTINUED)

Investment advisors use interest rate swaps to reduce (buying insurance), increase (selling protection) or manage exposure to corporate interest rate spreads. The opening of a position can be for hedging purposes, for short-term trading or for investment. The Plan could be exposed to similar risk as the currency contracts related to unfavorable interest rate changes or if contract terms are not met or if closing positions are unable to be entered.

NOTE 13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the Plan's total additions to net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended December 31, 2025 and 2024:

	2025	2024
Total additions to net assets available for benefits per the financial statements	$ 691,607,410	$ 457,371,406
Investment fees	4,886,039	5,455,477
Total additions per the Form 5500	$ 696,493,449	$ 462,826,883

The following is a reconciliation of the Plan's total deductions to net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended December 31, 2025 and 2024:

	2025	2024
Total deductions to net assets available for benefits per the financial statements	$ 133,733,218	$ 135,196,261
Investment expenses	4,886,039	5,455,477
Total deductions per the Form 5500	$ 138,619,257	$ 140,651,738

NOTE 14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 2, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

SUPPLEMENTAL INFORMATION

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

SCHEDULES OF GENERAL AND ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Salaries	$ 592,587	$ 589,324
Office Employees' Pension Fund contributions	137,396	148,597
Printing, stationery, and office supplies	164,958	7,150
Telephone	11,867	13,112
Maintenance and rentals	14,446	16,437
Insurance	270,559	268,517
Postage	31,142	15,409
Payroll taxes	39,178	42,114
Accounting fees and expenses		
Annual audit	67,977	83,913
Special field audits	75,506	70,966
Legal fees and expenses	245,522	161,367
Rent	44,278	49,047
Data processing expenses	64,466	69,287
Trustees' expenses	54,624	59,798
Administrator's expenses	30,152	25,823
Assistant administrator's expenses	8,960	12,962
Miscellaneous	53,194	46,853
Participant financial planning	185,286	170,876
Reciprocal service fee	5,525	5,030
Military service contribution	9,964	9,723
Total general and administrative expenses	$ 2,107,587	$ 1,866,305

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

Schedule H, Line 4i

EIN: 14-1595069
Plan No. 001

(a) Party-in-Interest	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	Short-term investments						
	CCJPSTUS9 J P MORGAN	STIF	N/A	Varies	264,000	$ -	$ 264,000
	CLIENT OWNED CASH COLLATERAL	STIF	N/A	Varies	944,000	944,000	944,000
	BLACKROCK FEDFUND INSTITUTIONAL- PRINCIP	STIF	N/A	Varies	112,603,158	112,603,158	112,603,158
	Total short-term investments					113,547,158	113,811,158
	Government and agencies notes and bonds						
	FEDERAL HOME LOAN MTG CORP 5.000 2053-02-01 USD 5% 02/01/2053	BONDS	2/1/2053	5.000%	1,531,767	1,493,233	1,533,804
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR AH6703 4% 03/01/2041	BONDS	3/1/2041	4.000%	150,674	149,026	147,936
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR AH8595 4.5% 02/01/2041	BONDS	2/1/2041	4.500%	48,179	49,083	48,037
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR AW7931 4% 08/01/2044	BONDS	8/1/2044	4.000%	162,508	173,414	157,490
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR AZ7047 4% 08/01/2045	BONDS	8/1/2045	4.000%	9,246	9,866	8,873
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR BA3277 4% 10/01/2045	BONDS	10/1/2045	4.000%	51,317	54,761	49,616
	FEDERAL NATL MTG ASSN POOL NBR AH7795 4.5% 03/01/2041	BONDS	3/1/2041	4.500%	17,768	18,102	17,886
	FEDERAL NATL MTG ASSN POOL NBR AS0234 4% 08/01/2043	BONDS	8/1/2043	4.000%	1,528	1,630	1,486
	FEDERAL NATL MTG ASSN POOL NBR AU1822 3.5% 08/01/2043	BONDS	8/1/2043	3.500%	129,044	130,073	122,932
	FHLMC POOL #QF-7428 5.00% 02/01/2053 DTD 2/1/2023 5.00% 2/1/2053	BONDS	2/1/2053	5.000%	1,677,713	1,620,959	1,679,105
	FHLMC REMIC SERIES DTD 11/25/2025 4.77% 12/25/2055	BONDS	12/25/2055	4.770%	475,484	475,336	476,158
	FHLMC REMIC SERIES Ser 5500 DTD 1/25/2025 4.87% 2/25/2055	BONDS	2/25/2055	4.870%	172,430	172,403	172,489
	FHLMC REMIC SERIES Ser 5508 DTD 1/25/2025 4.87% 2/25/2055	BONDS	2/25/2055	4.870%	713,018	712,906	713,271
	FHLMC REMIC SERIES Ser 5549 DTD 5/25/2025 5.07% 2/25/2055	BONDS	2/25/2055	5.070%	837,356	837,094	840,755
	FHLMC REMIC SERIES Ser 5564 DTD 7/25/2025 5.07% 8/25/2055	BONDS	8/25/2055	5.070%	735,946	736,636	739,380
	GNMA PLATINUM POOLS USING GNMA I 3.500 2045-07-15 USD 3.5%	BONDS	7/15/2045	3.500%	2,560,374	2,634,385	2,382,966
	NEW YORK ST DORM AUTH ST PERS IN 5.051% 09/15/2027	BONDS	9/15/2027	5.051%	1,700,000	1,700,000	1,735,615
	PORT AUTH N Y & N J TXBL-CONSOL-SER 192 4.81%	BONDS	10/15/2065	4.810%	1,100,000	1,100,000	984,962
	SBAP 2022-25E DTD 1/16/2008 5.17% 1/1/2028	BONDS	1/1/2028	5.170%	15,562	16,369	15,633
	UNITED STATES TREAS .625% DTD 7/15/2022 0.625% 7/15/2032	BONDS	7/15/2032	0.625%	9,613,854	8,195,860	9,018,660
	UNITED STATES TREAS 0% NTS DTD 3/31/2022 2.375% 3/31/2029	BONDS	3/31/2029	2.380%	4,000,000	3,746,094	3,853,760
	UNITED STATES TREAS 0% NTS DTD 8/1/2022 2.75% 7/31/2027	BONDS	7/31/2027	2.750%	1,800,000	1,726,172	1,779,678
	UNITED STATES TREAS 0% NTS DTD 8/31/2021 1.125% 8/31/2028	BONDS	8/31/2028	1.130%	1,390,000	1,384,635	1,305,780
	UNITED STATES TREAS 0% PIDI NTS DTD 10/31/2020 0.50% 10/31/2027	BONDS	10/31/2027	0.500%	5,100,000	5,055,773	4,832,454
	UNITED STATES TREAS 0.00% 08/31/2029 Ser AC-2029 DTD 8/31/2024 3.625% 8/31/2	BONDS	8/31/2029	3.625%	12,100,000	12,149,898	12,098,064
	UNITED STATES TREAS 0.5% PIDI DTD 8/31/2020 0.50% 8/31/2027	BONDS	8/31/2027	0.500%	10,000,000	9,111,953	9,521,900
	UNITED STATES TREAS 0.625% 05/15/2020 DTD 5/15/2020 0.625% 5/15/2030	BONDS	5/15/2030	0.630%	2,200,000	1,926,578	1,930,588
	UNITED STATES TREAS 1% NTS DTD 7/22/2021 1.00% 7/31/2028	BONDS	7/31/2028	1.000%	500,000	433,848	469,140
	UNITED STATES TREAS 1.125% DTD 1/15/2023 1.125% 1/15/2033	BONDS	1/15/2033	1.125%	5,124,833	4,466,026	4,917,072
	UNITED STATES TREAS 1.125% DTD 1/15/2023 1.125% 1/15/2033	BONDS	1/15/2033	1.130%	1,188,525	1,114,261	1,140,342
	UNITED STATES TREAS 1.25% NTS 15/08/2031 USD (E-2031) 1.25%	BONDS	8/15/2031	1.250%	40,000	34,191	34,848
	UNITED STATES TREAS 1.25% NTS DTD 9/23/2021 1.25% 9/30/2028	BONDS	9/30/2028	1.250%	5,000,000	4,421,484	4,703,300
	UNITED STATES TREAS 1.375% NTS DTD 10/21/2021 1.375% 10/31/2028	BONDS	10/31/2028	1.375%	5,310,000	5,289,786	5,002,604
	UNITED STATES TREAS 1.5% 01/31/2027 DTD 1/31/2020 1.50% 1/31/2027	BONDS	1/31/2027	1.500%	2,620,000	2,498,006	2,564,011
	UNITED STATES TREAS 1.5% NTS DTD 11/30/2021 1.50% 11/30/2028	BONDS	11/30/2028	1.500%	3,000,000	2,702,695	2,831,490
	UNITED STATES TREAS 1.875% NTS 15/02/2032 USD (B-2032) 1.875%	BONDS	2/15/2032	1.875%	2,100,000	1,906,965	1,872,864
	UNITED STATES TREAS 2.25% 02/15/2027 DTD 2/15/2017 2.25% 2/15/2027	BONDS	2/15/2027	2.250%	58,000	55,000	57,198
	UNITED STATES TREAS 2.5% NTS DTD 3/24/2022 2.50% 3/31/2027	BONDS	3/31/2027	2.500%	6,100,000	5,994,564	6,024,482
	UNITED STATES TREAS 2.75% 02/15/2028 DTD 2/15/2018 2.75% 2/15/2028	BONDS	2/15/2028	2.750%	500,000	490,742	492,460
	UNITED STATES TREAS 2.875% DTD 5/15/2022 2.875% 5/15/2032	BONDS	5/15/2032	2.880%	590,000	558,149	556,305
	UNITED STATES TREAS 3.125% NTS DTD 8/18/2022 3.125% 8/31/2029	BONDS	8/31/2029	3.130%	4,000,000	3,917,656	3,932,520
	UNITED STATES TREAS 3.25% NTS DTD 6/30/2022 3.25% 6/30/2029	BONDS	6/30/2029	3.250%	43,565,000	42,556,372	43,067,923
	UNITED STATES TREAS 3.875% NTS DTD 11/30/2022 3.875% 11/30/2029	BONDS	11/30/2029	3.880%	150,000	152,063	151,254
	UNITED STATES TREAS 4.125% NTS DTD 11/2/2022 4.125% 11/15/2032	BONDS	11/15/2032	4.130%	6,750,000	6,819,771	6,827,288
	UNITED STATES TREAS 4.25% 11/15/2034 Ser F-2034 DTD 11/15/2024 4.25% 11/15/2	BONDS	11/15/2034	4.250%	7,300,000	7,336,910	7,376,723
	UNITED STATES TREAS 4.25% 11/15/2034 Ser F-2034 DTD 11/15/2024 4.25% 11/15/2	BONDS	11/15/2034	4.250%	58,750,000	59,187,324	59,367,463
	UNITED STATES TREAS BDS .625% DTD 1/15/2016 0.625% 1/15/2026	BONDS	1/15/2026	0.630%	478,429	363,637	477,305
	UNITED STATES TREAS BDS 0% BDS DTD 11/2/2022 4.00% 11/15/2052	BONDS	11/15/2052	4.000%	650,000	631,896	563,648
	UNITED STATES TREAS BDS 0% BDS DTD 11/3/2021 1.875% 11/15/2051	BONDS	11/15/2051	1.875%	1,100,000	630,051	608,003
	UNITED STATES TREAS BDS 0% BDS DTD 5/12/2022 3.25% 5/15/2042	BONDS	5/15/2042	3.250%	160,000	142,169	133,437
	UNITED STATES TREAS BDS 0% BDS DTD 5/5/2021 2.375% 5/15/2051	BONDS	5/15/2051	2.380%	6,600,000	4,495,844	4,159,320
	UNITED STATES TREAS BDS 02/52) 2.25% 02/15/2052	BONDS	2/15/2052	2.250%	1,522,000	1,044,177	923,428
	UNITED STATES TREAS BDS 1.125% PIDI BDS 15/08/2040 USD (BONDS	BONDS	8/15/2040	1.130%	1,000,000	633,594	628,050
	UNITED STATES TREAS BDS 1.375% DTD 11/15/2020 1.375% 11/15/2040	BONDS	11/15/2040	1.380%	390,000	264,636	253,133
	UNITED STATES TREAS BDS 1.375% PIDI BDS 15/08/2050 USD (BONDS	BONDS	8/15/2050	1.380%	1,000,000	550,450	491,680
	UNITED STATES TREAS BDS 1.75% BDS 15/08/2041 USD (BOND 08/41)	BONDS	8/15/2041	1.750%	1,300,000	1,251,250	877,149
	UNITED STATES TREAS BDS 1.875% PIDI BDS 15/02/2041 USD (BONDS	BONDS	2/15/2041	4.810%	900,000	860,981	628,731
	UNITED STATES TREAS BDS 1.875% PIDI BDS 15/02/2051 USD (BONDS	BONDS	2/15/2051	1.880%	1,530,000	956,788	855,010
	UNITED STATES TREAS BDS 2% 02/15/2050	BONDS	2/15/2050	2.000%	1,000,000	613,954	586,170
	UNITED STATES TREAS BDS 2% BDS 15/08/2051 USD (BONDS 08/51) 2%	BONDS	8/15/2051	2.000%	230,000	147,802	131,756
	UNITED STATES TREAS BDS 2% BDS DTD 11/10/2021 2.00% 11/15/2041	BONDS	11/15/2041	2.000%	150,000	110,221	104,690
	UNITED STATES TREAS BDS 2.25% 08/15/2049	BONDS	8/15/2049	2.250%	2,100,000	2,087,362	1,317,015
	UNITED STATES TREAS BDS 2.75% DTD 11/15/2012 2.75% 11/15/2042	BONDS	11/15/2042	2.750%	5,500,000	5,252,126	4,226,420
	UNITED STATES TREAS BDS 2.75% DTD 8/15/2012 2.75% 8/15/2042	BONDS	8/15/2042	2.750%	3,800,000	3,378,792	2,933,258
	UNITED STATES TREAS BDS 2.875% DTD 5/15/2018 2.875% 5/15/2028	BONDS	5/15/2028	2.880%	3,000,000	2,927,656	2,957,220
	UNITED STATES TREAS BDS 2.875% DTD 5/15/2019 2.875% 5/15/2049	BONDS	5/15/2049	2.880%	310,000	244,404	222,388
	UNITED STATES TREAS BDS 2.875% DTD 5/4/2022 2.875% 5/15/2052	BONDS	5/15/2052	2.880%	5,390,000	5,021,233	3,766,263
	UNITED STATES TREAS BDS 3% 02/15/2048	BONDS	2/15/2048	3.000%	2,740,000	2,795,690	2,038,944
	UNITED STATES TREAS BDS 3% BDS 15/08/2052 USD (BOND 08/52) 3%	BONDS	8/15/2052	3.000%	2,400,000	1,878,209	1,718,904
	UNITED STATES TREAS BDS 3% DTD 2/15/2019 3.00% 2/15/2049	BONDS	2/15/2049	3.000%	1,330,000	1,075,378	979,731
	UNITED STATES TREAS BDS 3.125% DTD 8/15/2014 3.125% 8/15/2044	BONDS	8/15/2044	3.130%	230,000	196,003	182,040
	UNITED STATES TREAS BDS 3.375% DTD 11/15/2018 3.375% 11/15/2048	BONDS	11/15/2048	3.380%	260,000	225,144	205,715
	UNITED STATES TREAS BDS 3.625% 08/15/2043	BONDS	8/15/2043	3.630%	3,140,000	2,800,045	2,710,448

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2025

Schedule H, Line 4i

EIN: 14-1595069
Plan No. 001

(a) Party-in-Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	UNITED STATES TREAS BDS 3.75% 08/15/2041	BONDS	8/15/2041	3.750%	1,700,000	$ 1,711,516	$ 1,532,125
	UNITED STATES TREAS BDS 3.75% DTD 11/15/2013 3.75% 11/15/2043	BONDS	11/15/2043	3.750%	8,000,000	7,947,190	7,010,960
	UNITED STATES TREAS BDS 3.875% 08/15/2040	BONDS	8/15/2040	3.880%	1,200,000	1,480,263	1,111,356
	UNITED STATES TREAS BDS 3.875% DTD 2/15/2023 3.875% 2/15/2043	BONDS	2/15/2043	3.880%	1,860,000	1,793,665	1,673,275
	UNITED STATES TREAS BDS 4.25% DTD 5/15/2009 4.25% 5/15/2039	BONDS	5/15/2039	4.250%	800,000	975,969	783,688
	UNITED STATES TREAS BDS 4.375% DTD 5/15/2011 4.375% 5/15/2041	BONDS	5/15/2041	4.380%	838,000	1,069,891	816,530
	UNITED STATES TREAS BDS DTD 11/15/2023 4.75% 11/15/2043	BONDS	11/15/2043	4.750%	2,870,000	3,094,891	2,870,344
	UNITED STATES TREAS BDS DTD 11/15/2023 4.75% 11/15/2053	BONDS	11/15/2053	4.750%	1,500,000	1,542,353	1,472,520
	UNITED STATES TREAS BDS DTD 11/15/2025 4.625% 11/15/2055	BONDS	11/15/2055	4.630%	36,000,000	35,090,156	34,683,840
	UNITED STATES TREAS BDS DTD 5/15/2023 3.875% 5/15/2043	BONDS	5/15/2043	3.880%	1,940,000	1,866,189	1,740,316
	UNITED STATES TREAS BDS DTD 8/15/2023 4.125% 8/15/2053	BONDS	8/15/2053	4.130%	6,230,000	5,818,781	5,514,983
	UNITED STATES TREAS BDS DTD 8/15/2023 4.375% 8/15/2043	BONDS	8/15/2043	4.380%	4,160,000	4,275,700	3,973,632
	UNITED STATES TREAS BILLS DTD 12/2/2025 3/31/2026	BONDS	3/31/2026	0.000%	300,000	286,704	297,423
	UNITED STATES TREAS BILLS DTD 12/23/2025 4/21/2026	BONDS	4/21/2026	0.000%	4,300,000	4,249,640	4,254,033
	UNITED STATES TREAS DTD 1/15/2024 1.75% 1/15/2034	BONDS	1/15/2034	1.750%	1,479,282	1,442,104	1,470,806
	UNITED STATES TREAS DTD 7/15/2024 0.00% 7/14/2034	BONDS	7/14/2034	0.000%	828,088	815,401	831,342
	UNITED STATES TREAS DTD 7/15/2024 0.00% 7/14/2034	BONDS	7/14/2034	0.000%	9,523,012	9,491,620	9,560,437
	UNITED STATES TREAS NTS Ser AF-2030 DTD 10/31/2025 3.625% 10/31	BONDS	10/31/2030	3.630%	148,000,000	147,288,633	147,375,440
	UNITED STATES TREAS NTS Ser BJ-2027 DTD 10/31/2025 3.50% 10/31/	BONDS	10/31/2027	3.500%	7,500,000	7,502,344	7,501,725
	UNITED STATES TREAS NTS Ser BL-2027 DTD 11/30/2025 3.375% 11/30	BONDS	11/30/2027	3.380%	158,000,000	157,465,937	157,698,220
	UNITED STATES TREAS NTS Ser E-2035 DTD 8/15/2025 4.25% 8/15/2035	BONDS	8/15/2035	4.250%	10,000,000	10,185,156	10,071,900
	UNITED STATES TREAS NTS Ser F-2035 DTD 11/15/2025 4.00% 11/15/2	BONDS	11/15/2035	4.000%	130,500,000	128,925,293	128,624,715
	UNITED STATES TREAS NTS Ser N-2032 DTD 7/31/2025 4.00% 7/31/2032	BONDS	7/31/2032	4.000%	21,000,000	20,921,797	21,109,830
	UNITED STATES TREAS NTS Ser S-2032 DTD 11/30/2025 3.75% 11/30/2	BONDS	11/30/2032	3.750%	2,500,000	2,494,922	2,471,100
	UNITED STATES TREAS SEC STRIPPED 0% 05/15/2049	BONDS	5/15/2049	0.000%	1,660,000	581,668	516,758
	UNITED STATES TREAS US TREASURY DTD 11/15/2021 1.375% 11/15/2031	BONDS	11/15/2031	1.380%	28,500,000	24,142,695	24,825,210
	US TREAS NTS 4.625% 04/30/2031 Ser K-2031 DTD 4/30/2024 4.625% 4/30/20	BONDS	4/30/2031	4.630%	18,430,000	19,473,854	19,183,787
	US TREASURY BOND 4.5% 02/15/2044 Ser Bond 02/ DTD 2/15/2024 4.50% 2/15/2	BONDS	2/15/2044	4.500%	200,000	208,594	193,484
	US TREASURY NOTE 0.00% 03/31/2029 Ser W-2029 DTD 3/31/2024 4.125% 3/31/20	BONDS	3/31/2029	4.130%	20,000	20,463	20,331
	US TREASURY NOTE 11/15/2033 Ser F-2033 DTD 11/15/2023 4.50% 11/15/2	BONDS	11/15/2033	4.500%	8,000,000	8,061,250	8,260,320
	US TREASURY NOTE 3.75% 05/31/2030 Ser L-2030 DTD 5/31/2023 3.75% 5/31/2030	BONDS	5/31/2030	3.750%	2,000,000	1,970,234	2,004,920
	US TREASURY NOTE 3.75% 08/31/2026 Ser BG-2026 DTD 8/31/2024 3.75% 8/31/20	BONDS	8/31/2026	3.750%	1,000,000	991,406	1,001,080
	US TREASURY NOTE 3.875% 08/15/2034 Ser E-2034 DTD 8/15/2024 3.875% 8/15/20	BONDS	8/15/2034	3.880%	34,715,000	34,126,493	34,180,733
	US TREASURY NOTE 4.00% 01/31/2031 Ser G-2031 DTD 1/31/2024 4.00% 1/31/2031	BONDS	1/31/2031	4.000%	4,100,000	4,184,242	4,147,232
	US TREASURY NOTE 4.00% 07/31/2030 Ser N-2030 DTD 7/31/2023 4.00% 7/31/2030	BONDS	7/31/2030	4.000%	690,000	704,070	698,763
	US TREASURY NOTE 4.25% 02/28/2031 Ser H-2031 DTD 2/29/2024 4.25% 2/28/2031	BONDS	2/28/2031	4.250%	2,770,000	2,866,842	2,833,738
	US TREASURY NOTE 4.25% 03/15/2027 Ser AL-2027 DTD 3/15/2024 4.25% 3/15/20	BONDS	3/15/2027	4.250%	5,000,000	4,972,070	5,042,400
	US TREASURY NOTE 4.25% 06/30/2031 Ser M-2031 DTD 6/30/2024 4.25% 6/30/2031	BONDS	6/30/2031	4.250%	6,680,000	6,810,169	6,831,369
	US TREASURY NOTE 4.375% 11/30/2030 Ser S-2030 DTD 11/30/2023 4.375% 11/30/	BONDS	11/30/2030	4.380%	810,000	843,223	833,320
	US TREASURY NOTE 4.625% 05/31/2031 Ser L-2031 DTD 5/31/2024 4.625% 5/31/20	BONDS	5/31/2031	4.630%	2,950,000	3,119,164	3,070,537
	US TREASURY NOTS 4.375% 07/31/2026 Ser BE-2026 DTD 7/31/2024 4.375% 7/31/2	BONDS	7/31/2026	4.375%	29,500,000	29,752,363	29,637,470
	Total Government and agencies notes and bonds					946,462,459	939,970,413
	Corporate notes and bonds						
	AADVANTAGE LOYALTY IP LTD/ AMERI DTD 3/24/2021 5.50% 4/20/2026	BONDS	4/20/2026	5.500%	16,667	17,125	16,690
	ABBVIE INC SR NT 4.8% 03/15/2029 DTD 2/26/2024 4.80% 3/15/2029	BONDS	3/15/2029	4.800%	700,000	698,551	717,171
	ADNOC MURBAN RSC LIMITED FR DTD 9/11/2024 4.25% 9/11/2029	BONDS	9/11/2029	4.250%	500,000	499,400	502,775
	AES CORP 2.45% 01/15/2031-2030	BONDS	1/15/2031	2.450%	300,000	300,984	271,992
	AMERICAN ASSETS TRUST L P 3.375% 02/01/2031-2030	BONDS	2/1/2031	3.375%	200,000	197,870	182,266
	AMERICAN TOWER REIT 3.65% 03/15/2027-2027	BONDS	3/15/2027	3.650%	200,000	199,034	199,114
	AVOLON HLDGS FDG LTD PP 144A 2.528% 11/18/2027-2027	BONDS	11/18/2027	2.528%	6,000	6,861	5,817
	BANK AMERICA CORP FR DTD 5/9/2025 0.00% 5/9/2029	BONDS	5/9/2029	0.000%	900,000	900,000	911,943
	BARCLAYS PLC DTD 9/13/2023 0.00% 9/13/2027	BONDS	9/13/2027	0.000%	900,000	900,000	913,995
	BEAR STEARNS CMO 4.23792% 02/25/2034	BONDS	2/25/2034	4.238%	498	489	469
	BEIGNET INVESTOR LLC DTD 10/21/2025 6.581% 5/30/2049	BONDS	5/30/2049	6.581%	3,910,000	3,910,000	4,130,915
	BK OF AMERICA CORP FR 2.687% DTD 4/22/2021 0.00% 4/22/2032	BONDS	4/22/2032	2.687%	600,000	619,908	550,590
	BK OF AMERICA CORP FR 3.419% DTD 12/20/2017 0.00% 12/20/2028	BONDS	12/20/2028	3.419%	112,000	112,218	110,591
	BK OF AMERICA CORP FR 5.08% DTD 1/20/2023 5.08% 1/20/2027	BONDS	1/20/2027	5.080%	500,000	500,000	500,240
	BNP PARIBAS SNR NPF PP 144A 3.052% 01/13/2031-2030	BONDS	1/13/2031	3.052%	1,000,000	926,820	946,710
	BOSTON GAS CO SR GLBL DTD 1/10/2025 5.843% 1/10/2035	BONDS	1/10/2035	5.843%	200,000	200,000	210,786
	BPCE FR DTD 10/19/2023 0.00% 10/19/2027	BONDS	10/19/2027	0.000%	1,100,000	1,129,787	1,120,712
	BRAZIL FEDERATIVE REP SR GLBL BD DTD 9/11/2025 7.25% 1/12/2056	BONDS	1/12/2056	7.250%	300,000	291,114	296,730
	BRITISH TELECOM PLC PP 144A 3.25% 11/08/2029-2029	BONDS	11/8/2029	3.250%	200,000	201,991	192,168
	BROADCOM INC SR NT DTD 1/10/2025 5.05% 4/15/2030	BONDS	4/15/2030	5.050%	900,000	899,991	928,548
	CANTOR FITZGERALD L P 7.2% 12/12/2028 DTD 12/12/2023 7.20% 12/12/2028	BONDS	12/12/2028	7.200%	700,000	698,642	743,582
	CENOVUS ENERGY INC SR NT DTD 11/20/2025 5.40% 3/20/2036	BONDS	3/20/2036	5.400%	500,000	499,140	499,345
	CENTENE CORP 4.25% 12/15/2027-2022	BONDS	12/15/2027	4.250%	300,000	297,480	298,233
	CITIGROUP INC 3.057% 01/25/2033-2032	BONDS	1/25/2033	3.057%	400,000	400,000	366,424
	CITIGROUP INC VAR 02/13/2030 DTD 2/13/2024 0.00% 2/13/2030	BONDS	2/13/2030	0.000%	300,000	297,180	307,845
	CITIGROUP MTG LN TR 3.341634 3.906411% 08/25/2035	BONDS	8/25/2035	3.906%	9,092	8,012	8,656
	COOPERATIEVE CENTRALE RAIFFEISEN DTD 7/21/2016 3.75% 7/21/2026	BONDS	7/21/2026	3.750%	300,000	298,638	299,310
	CROWN CASTLE INC. 3.3% 07/01/2030-2030	BONDS	7/1/2030	3.300%	400,000	381,352	379,424
	CVS/CAREMARK CORP 3.625% DTD 3/31/2020 3.625% 4/1/2027	BONDS	4/1/2027	3.625%	700,000	698,754	696,142
	DANSKE BK A/S FR DTD 3/1/2024 0.00% 3/1/2030	BONDS	3/1/2030	0.000%	900,000	901,290	935,100
	DEUTSCHE BANK AG 1.898838% 11/19/2030-2029	BONDS	11/19/2030	1.899%	400,000	509,732	443,689
	DEUTSCHE BANK NY 3.547% DTD 9/18/2020 3.547% 9/18/2031	BONDS	9/18/2031	3.547%	500,000	457,650	477,165
	DEUTSCHE BANK NY FXD-FRN SNR DTD 5/28/2021 3.035% 5/28/2032	BONDS	5/28/2032	3.035%	600,000	616,150	550,830
	ENABLE MIDSTREAM PARTNERS LP 4.95% 05/15/2028-2028	BONDS	5/15/2028	4.950%	200,000	199,226	203,232
	ENBRIDGE INC DTD 11/9/2023 6.00% 11/15/2028	BONDS	11/15/2028	6.000%	500,000	499,460	525,440

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2025

Schedule H, Line 4i

EIN: 14-1595069
Plan No. 001

(a) Party-in-Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	ERSTE GROUP BANK AG 4.611462% 12/31/2099-2027	BONDS	12/31/2099	4.611%	200,000	$ 251,665	$ 234,463
	FACTSET RESEARCH SYSTEMS INC 2.9% 03/01/2027-2022	BONDS	3/1/2027	2.900%	300,000	299,487	295,470
	FAIRFAX FINL HLDGS LTD 4.625% SNR PIDI NTS 29/04/2030 USD (SEC	BONDS	4/29/2030	4.625%	300,000	300,000	300,876
	FNMA TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	14,500,000	12,760,151	12,822,930
	FNMA UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	500,000	510,684	513,365
	FNMA UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	47,000,000	47,376,969	47,625,743
	FNMA UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	13,900,000	13,796,293	13,860,941
	FNMA UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	23,600,000	22,997,094	23,036,904
	FNMA UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	14,600,000	11,846,531	11,798,552
	FNMA UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	20,600,000	21,339,508	21,408,344
	FNMA UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	16,600,000	15,695,430	15,743,938
	FORD MOTOR CREDIT 4.125% 08/17/2027 DTD 8/17/2020 4.125% 8/17/2027	BONDS	8/17/2027	4.125%	200,000	197,802	198,338
	FORD MOTOR CREDIT CO 2.9% 02/16/2028-2027	BONDS	2/16/2028	2.900%	200,000	200,000	192,578
	FORD MOTOR CREDIT CO 3.815% 11/02/2027-2027	BONDS	11/2/2027	3.815%	200,000	196,516	196,914
	FORD MOTOR CREDIT CO 6.8% 05/12/2028-2028	BONDS	5/12/2028	6.800%	200,000	205,300	208,696
	FORD MOTOR CREDIT CO 7.35% 11/04/2027-2027	BONDS	11/4/2027	7.350%	200,000	207,310	208,736
	FORD MOTOR CREDIT COMPANY SR NT DTD 3/20/2025 5.918% 3/20/2028	BONDS	3/20/2028	5.918%	200,000	200,880	204,640
	GENERAL MTRS FINL 5.75% 02/08/2031 DTD 2/8/2024 5.75% 2/8/2031	BONDS	2/8/2031	5.750%	1,000,000	997,270	1,051,810
	GNMA II JUMBO TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	1,300,000	1,124,348	1,121,146
	GOLDMAN SACHS GROUP INC 2.615% DTD 4/22/2021 2.615% 4/22/2032	BONDS	4/22/2032	2.615%	500,000	512,600	455,905
	GOLDMAN SACHS GROUP INC 2.64% 02/24/2028-2027	BONDS	2/24/2028	2.640%	500,000	500,000	492,200
	GOLDMAN SACHS GROUP INC SR DTD 10/21/2025 0.00% 10/21/2031	BONDS	10/21/2031	0.000%	300,000	300,000	299,286
	GOLDMAN SACHS GROUP INC SR NT DTD 4/23/2025 0.00% 4/23/2028	BONDS	4/23/2028	0.000%	1,100,000	1,100,000	1,112,562
	GS MTG SECS CORP 3.91219% 11/25/2035	BONDS	11/25/2035	3.912%	11,556	10,870	11,176
	HILTON DOMESTIC OPER CO INC PP 144A 3.75% 05/01/2029-2024	BONDS	5/1/2029	3.750%	300,000	300,000	291,390
	HSBC HLDGS PLC SR GLBL COCO 30 DTD 3/4/2024 0.00% 3/4/2030	BONDS	3/4/2030	0.000%	900,000	899,350	933,057
	HSBC HOLDNGS PLC 5.21% DTD 8/11/2022 5.21% 8/11/2028	BONDS	8/11/2028	5.210%	700,000	700,000	711,816
	HSBC HOLDNGS PLC FXD-FRN SNR DTD 5/24/2021 2.804% 5/24/2032	BONDS	5/24/2032	2.804%	400,000	410,944	365,952
	ISRAEL ST $SR GLBL BD DTD 2/19/2025 5.375% 2/19/2030	BONDS	2/19/2030	5.375%	900,000	892,314	930,888
	J P MORGAN CHASE COML MTG SECS T CMO 2.949237% 09/06/2038	BONDS	9/6/2038	2.949%	1,800,000	1,836,914	1,780,105
	JP MORGAN CHASE BK NA GLOBAL SR DTD 12/8/2023 5.11% 12/8/2026	BONDS	12/8/2026	5.110%	1,000,000	1,000,000	1,010,790
	JPMORGAN CHASE & CO DTD 7/24/2023 0.00% 7/24/2029	BONDS	7/24/2029	0.000%	800,000	800,000	824,440
	LAS VEGAS SANDS CORP 3.9% 08/08/2029-2029	BONDS	8/8/2029	3.900%	400,000	417,104	389,868
	LAS VEGAS SANDS CORP SR NT DTD 5/6/2025 5.625% 6/15/2028	BONDS	6/15/2028	5.625%	300,000	299,775	307,590
	LLOYDS BANKING GROUP PLC DTD 12/3/2020 2.707% 12/3/2035	BONDS	12/3/2035	2.707%	600,000	876,611	724,972
	MITSUBISHI UFJ FINANCIAL GROUP DTD 2/22/2023 5.475% 2/22/2031	BONDS	2/22/2031	5.475%	200,000	200,000	208,542
	MIZUHO FINANCIAL GROUP INC PP DTD 4/12/2016 3.477% 4/12/2026	BONDS	4/12/2026	3.477%	400,000	420,812	399,436
	MORGAN STANLEY ABS CAP I INC DTD 1/26/2005 3.84% 12/25/2034	BONDS	12/25/2034	3.840%	488,286	474,248	470,213
	MORGAN STANLEY BK N A SR NT DTD 1/21/2025 0.00% 1/12/2029	BONDS	1/12/2029	0.000%	1,200,000	1,200,000	1,222,056
	MORGAN STANLEY DTD 3/21/2024 0.00% 3/21/2030	BONDS	3/21/2030	0.000%	1,100,000	1,198,120	1,322,358
	MORGAN STANLEY FR 2.475% 01/21/2028-2027	BONDS	1/21/2028	2.475%	800,000	800,000	786,808
	MORGAN STANLEY FR 5.05% DTD 1/19/2023 5.05% 1/28/2027	BONDS	1/28/2027	5.050%	700,000	699,986	700,476
	MORGAN STANLEY SR NT FIXED/FLTG DTD 1/23/2018 0.00% 1/24/2029	BONDS	1/24/2029	0.000%	300,000	300,000	298,305
	NATWEST GROUP PLC SR COCO 35 DTD 2/29/2024 0.00% 3/1/2035	BONDS	3/1/2035	0.000%	800,000	800,000	845,888
	NEXTERA ENERGY CAP HLDGS INC PP 144A 1.9% 06/15/2028-2028	BONDS	6/15/2028	1.900%	600,000	525,600	571,752
	NISSAN MTR LTD SPON ADR PP 144A DTD 9/17/2020 4.81% 9/17/2030	BONDS	9/17/2030	4.810%	650,000	734,527	612,625
	NOMURA HLDGS INC GLBL NT DTD 7/3/2024 5.594% 7/2/2027	BONDS	7/2/2027	5.594%	200,000	200,000	204,296
	NOMURA HOLDINGS INC 1.653% DTD 7/6/2021 1.653% 7/14/2026	BONDS	7/14/2026	1.653%	600,000	601,140	592,602
	NOMURA HOLDINGS INC 2.608% DTD 7/6/2021 2.608% 7/14/2031	BONDS	7/14/2031	2.608%	200,000	200,520	180,702
	NOVASTAR MTG FDG TR SER 2006-1 ABS 5.16529% 05/25/2036	BONDS	5/25/2036	5.165%	30,345	29,511	30,185
	ORIX CORP 5% 09/13/2027 DTD 9/13/2022 5.00% 9/13/2027	BONDS	9/13/2027	5.000%	300,000	299,463	305,190
	PACIFIC GAS & ELEC 3.25% DTD 3/11/2021 3.25% 6/1/2031	BONDS	6/1/2031	3.250%	100,000	99,462	93,049
	PACIFIC GAS & ELEC DTD 2/28/2024 5.80% 5/15/2034	BONDS	5/15/2034	5.800%	1,000,000	998,760	1,038,570
	PERUVIAN GOVERNMENT INT 5.4 12AUG34 DTD 6/20/2019 5.40% 8/12/2034	BONDS	8/12/2034	5.400%	500	138,961	148
	PHILIP MORRIS INTL INC SR NT DTD 4/30/2025 4.125% 4/28/2028	BONDS	4/28/2028	4.125%	800,000	797,264	803,552
	PRETIUM MORTGAGE CREDIT PARTNER DTD 2/1/2024 3.90% 10/25/2063	BONDS	10/25/2063	3.900%	466,637	437,888	452,374
	ROYAL BK SCOTLAND GROUP PLC DTD 5/18/2018 4.892% 5/18/2029	BONDS	5/18/2029	4.892%	200,000	200,000	203,364
	SANDS CHINA LTD 4.875% DTD 12/18/2020 4.375% 6/18/2030	BONDS	6/18/2030	4.875%	200,000	219,840	197,040
	SANDS CHINA LTD 5.4% DTD 8/9/2018 5.40% 8/8/2028	BONDS	8/8/2028	5.400%	500,000	498,625	509,045
	SANTANDER HOLDINGS USA INC SR NT 3.244% 10/05/2026-2026	BONDS	10/5/2026	3.244%	200,000	199,646	198,760
	SANTANDER UK GROUP HOLDINGS SR GLBL DTD 1/15/2025 0.00% 4/15/2031	BONDS	4/15/2031	0.000%	600,000	600,000	625,542
	SAUDI ARABIA (KINGDOM OF) FR DTD 1/13/2025 5.375% 1/13/2031	BONDS	1/13/2031	5.375%	200,000	199,342	209,532
	SOUNDVIEW HOME LN TR ABS DTD 12/21/2005 4.38% 3/25/2036	BONDS	3/25/2036	4.380%	396,360	396,360	394,561
	SOUTH AFRICA REP 4.85% DTD 9/30/2019 4.85% 9/30/2029	BONDS	9/30/2029	4.850%	700,000	700,000	700,448
	STANDARD CHARTERED PLC 144A DTD 6/29/2021 0.00% 6/29/2032	BONDS	6/29/2032	0.000%	200,000	204,044	181,072
	STARWOOD PPTY TR 7.25% 04/01/2029 DTD 3/27/2024 7.25% 4/1/2029	BONDS	4/1/2029	7.250%	1,000,000	1,003,750	1,056,100
	STRUCTURED ASSET INVT LN TR ABS DTD 8/25/2004 4.24% 9/25/2034	BONDS	9/25/2034	4.240%	495,453	492,357	488,826
	SUMITOMO MITSUI FINL GRP DTD 1/15/2025 5.454% 1/15/2032	BONDS	1/15/2032	5.454%	900,000	900,000	941,769
	SUMITOMO MITSUI TR BK LTD FR DTD 3/7/2024 5.20% 3/7/2027	BONDS	3/7/2027	5.200%	600,000	599,520	608,520
	SYNNEX CORP 1.75% 08/09/2026-2026	BONDS	8/9/2026	1.750%	500,000	491,010	492,540
	TEGNA INC 4.625% 03/15/2028-2023	BONDS	3/15/2028	4.625%	300,000	300,000	296,916
	T-MOBILE USA INC 3.875% 04/15/2030-2030	BONDS	4/15/2030	3.875%	300,000	297,834	295,014
	TOWD POINT MORTGAGE TRUST ABS DTD 10/30/2019 4.94% 10/27/2059	BONDS	10/27/2059	4.940%	94,686	94,800	94,755
	TOWD POINT MORTGAGE TRUST ABS DTD 4/30/2019 6.26% 5/28/2058	BONDS	5/28/2058	6.260%	97,093	97,836	98,863
	TOWD POINT MORTGAGE TRUST CMO DTD 2/28/2019 4.94% 10/25/2048	BONDS	10/25/2048	4.940%	117,975	117,334	118,089
	UBS GROUP AG DTD 4/1/2020 4.194% 4/1/2031	BONDS	4/1/2031	4.194%	900,000	827,685	891,423
	UBS GROUP AG DTD 9/22/2023 0.00% 12/22/2027	BONDS	12/22/2027	0.000%	800,000	800,000	816,648
	UBS GROUP AG PP 144A 2.095% DTD 2/11/2021 2.095% 2/11/2032	BONDS	2/11/2032	2.095%	200,000	200,000	177,268
	UBS GROUP AG PP 144A 4.375% 12/31/2099-2031	BONDS	12/31/2099	4.375%	200,000	199,750	183,414
	UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	3,600,000	3,047,344	3,042,828

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2025

Schedule H, Line 4i

EIN: 14-1595069
Plan No. 001

(a) Party-in-Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	UNITED AIRLS INC PP 144A 4.375% 04/15/2026	BONDS	4/15/2026	4.375%	100,000	$ 100,250	$ 99,875
	UNITED AIRLS INC PP 144A 4.625% 04/15/2029	BONDS	4/15/2029	4.625%	100,000	100,375	99,566
	UNITED MEXICAN STATES SR GLBL NT DTD 1/13/2025 6.00% 5/13/2030	BONDS	5/13/2030	6.000%	300,000	298,359	314,400
	UNITEDHEALTH GROUP INC 3.7% 05/15/2027-2027	BONDS	5/15/2027	3.700%	400,000	399,784	399,264
	VICI PROPERTIES LP 4.75% 02/15/2028-2028	BONDS	2/15/2028	4.750%	600,000	599,592	605,862
	VIPER ENERGY PARTNERS LLC SR DTD 7/23/2025 4.90% 8/1/2030	BONDS	8/1/2030	4.900%	300,000	299,357	303,441
	VIPER ENERGY PARTNERS LLC SR NT DTD 7/23/2025 5.70% 8/1/2035	BONDS	8/1/2035	5.700%	400,000	401,775	408,212
	VMED 02 UK FINANCING I DTD 4/3/2024 7.75% 4/15/2032	BONDS	4/15/2032	7.750%	700,000	728,000	729,470
	VMWARE INC 2.2% 08/15/2031-2021	BONDS	8/15/2031	2.200%	600,000	594,816	533,136
	WABTEC TRANSPORTATION 1.356312% DTD 6/3/2021 1.25% 12/3/2027	BONDS	12/3/2027	1.356%	500,000	605,735	573,623
	WASHINGTON MUTUAL 2005-AR12 MTG DTD 8/1/2005 4.38% 10/25/2035	BONDS	10/25/2035	4.380%	90,849	78,585	83,216
	WELLS FARGO & CO FR Ser W DTD 1/24/2025 0.00% 1/24/2028	BONDS	1/24/2028	0.000%	400,000	400,000	403,368
	WELLS FARGO & CO VAR 01/23/2030 DTD 1/23/2024 0.00% 1/23/2030	BONDS	1/23/2030	0.000%	900,000	893,187	926,865
	WELLS FARGO BANK NATL 5.254% 12/11/2026 DTD 12/11/2023 5.254% 12/11/2026	BONDS	12/11/2026	5.254%	1,100,000	1,100,000	1,113,255
	WEYERHAEUSER CO 4% 04/15/2030-2030	BONDS	4/15/2030	4.000%	400,000	393,880	394,512
	Total corporate notes and bonds					211,471,603	212,060,549
	Mutual funds						
	DFA 6-10 SMALL CO PORTFOLIO DFA INVT DIMENSIONS GROUP INC	RIC	N/A	N/A	1,680,925	64,610,656	87,878,712
	FIDELITY MID CAP INDEX FUND INS	RIC	N/A	N/A	3,286,981	80,423,351	121,388,198
	PIMCO ASSET BACKED SECTOR FD 460	RIC	N/A	N/A	5,070,990	60,414,100	60,040,525
	PIMCO SHORT-TERM FL TII (1944)	RIC	N/A	N/A	12,480,196	121,024,865	125,014,128
	Total mutual funds					326,472,972	394,321,563
	103-12 investment entities						
	ULLICO DIVERSIFIED INTERNATIONAL	103-12 ENTITY	N/A	N/A	5,453,419	88,779,787	155,153,019
	Common collective trusts						
	AFL-CIO EQUITY INDEX FUND (CCT)	CCT	N/A	N/A	14,888,224	292,079,413	1,002,730,790
	JPMCB MORTGAGE BACKED SECURITIES	CCT	N/A	N/A	8,145,160	154,350,821	183,999,158
	MULTI-EMPLOYER PROPERTY TRUST	CCT	N/A	N/A	7,823	44,588,785	100,682,127
	Total common collective trusts					491,019,019	1,287,412,075
	Derivative contracts						
	FUT UK GILT ICE 06/28/22	DERIVATIVES	N/A	N/A	291,313	7,728	7,778
	IKH200013 FIN FUT EUX USD-BTP	DERIVATIVES	N/A	N/A	36,122	83,093	83,093
	IKH200013 FIN FUT EUX EURO-BTP	DERIVATIVES	N/A	N/A	5,772	41,552	42,443
	Total derivative contracts					132,373	133,314
	Investment contracts						
	JOHN HANCOCK STABLE VALUE GUARANTEED FUND	GIC	N/A	0.00%	-	507,684,423	517,318,219
	Total assets (held at end of year)					$ 2,685,569,794	$ 3,620,180,310

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

Schedule H, Line 4j

EIN: 14-1595069
Plan No. 001

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (loss)
N/A	COMERICA SHORT TERM FUND	$ 669,670,637	N/A	N/A	N/A	$ 669,670,637	$ 669,670,637	N/A
N/A	COMERICA SHORT TERM FUND	N/A	$ 706,988,325	N/A	N/A	706,988,325	706,988,325	$ -

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

Schedule H, Line 4i

EIN: 14-1595069
Plan No. 001

(a) Party-in-Interest	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	Short-term investments						
	CCJPSTUS9 J P MORGAN	STIF	N/A	Varies	264,000	$ -	$ 264,000
	CLIENT OWNED CASH COLLATERAL	STIF	N/A	Varies	944,000	944,000	944,000
	BLACKROCK FEDFUND INSTITUTIONAL- PRINCIP	STIF	N/A	Varies	112,603,158	112,603,158	112,603,158
	Total short-term investments					113,547,158	113,811,158
	Government and agencies notes and bonds						
	FEDERAL HOME LOAN MTG CORP 5.000 2053-02-01 USD 5% 02/01/2053	BONDS	2/1/2053	5.000%	1,531,767	1,493,233	1,533,804
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR AH6703 4% 03/01/2041	BONDS	3/1/2041	4.000%	150,674	149,026	147,936
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR AH8595 4.5% 02/01/2041	BONDS	2/1/2041	4.500%	48,179	49,083	48,037
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR AW7931 4% 08/01/2044	BONDS	8/1/2044	4.000%	162,508	173,414	157,490
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR AZ7047 4% 08/01/2045	BONDS	8/1/2045	4.000%	9,246	9,866	8,873
	FEDERAL NATL MTG ASSN GTD MTG POOL NBR BA3277 4% 10/01/2045	BONDS	10/1/2045	4.000%	51,317	54,761	49,616
	FEDERAL NATL MTG ASSN POOL NBR AH7795 4.5% 03/01/2041	BONDS	3/1/2041	4.500%	17,768	18,102	17,886
	FEDERAL NATL MTG ASSN POOL NBR AS0234 4% 08/01/2043	BONDS	8/1/2043	4.000%	1,528	1,630	1,486
	FEDERAL NATL MTG ASSN POOL NBR AU1822 3.5% 08/01/2043	BONDS	8/1/2043	3.500%	129,044	130,073	122,932
	FHLMC POOL #QF-7428 5.00% 02/01/2053 DTD 2/1/2023 5.00% 2/1/2053	BONDS	2/1/2053	5.000%	1,677,713	1,620,959	1,679,105
	FHLMC REMIC SERIES DTD 11/25/2025 4.77% 12/25/2055	BONDS	12/25/2055	4.770%	475,484	475,336	476,158
	FHLMC REMIC SERIES Ser 5500 DTD 1/25/2025 4.87% 2/25/2055	BONDS	2/25/2055	4.870%	172,430	172,403	172,489
	FHLMC REMIC SERIES Ser 5508 DTD 1/25/2025 4.87% 2/25/2055	BONDS	2/25/2055	4.870%	713,018	712,906	713,271
	FHLMC REMIC SERIES Ser 5549 DTD 5/25/2025 5.07% 2/25/2055	BONDS	2/25/2055	5.070%	837,356	837,094	840,755
	FHLMC REMIC SERIES Ser 5564 DTD 7/25/2025 5.07% 8/25/2055	BONDS	8/25/2055	5.070%	735,946	736,636	739,380
	GNMA PLATINUM POOLS USING GNMA I 3.500 2045-07-15 USD 3.5%	BONDS	7/15/2045	3.500%	2,560,374	2,634,385	2,382,966
	NEW YORK ST DORM AUTH ST PERS IN 5.051% 09/15/2027	BONDS	9/15/2027	5.051%	1,700,000	1,700,000	1,735,615
	PORT AUTH N Y & N J TXBL-CONSOL-SER 192 4.81%	BONDS	10/15/2065	4.810%	1,100,000	1,100,000	984,962
	SBAP 2022-25E DTD 1/16/2008 5.17% 1/1/2028	BONDS	1/1/2028	5.170%	15,562	16,369	15,633
	UNITED STATES TREAS .625% DTD 7/15/2022 0.625% 7/15/2032	BONDS	7/15/2032	0.625%	9,613,854	8,195,860	9,018,660
	UNITED STATES TREAS 0% NTS DTD 3/31/2022 2.375% 3/31/2029	BONDS	3/31/2029	2.380%	4,000,000	3,746,094	3,853,760
	UNITED STATES TREAS 0% NTS DTD 8/1/2022 2.75% 7/31/2027	BONDS	7/31/2027	2.750%	1,800,000	1,726,172	1,779,678
	UNITED STATES TREAS 0% NTS DTD 8/31/2021 1.125% 8/31/2028	BONDS	8/31/2028	1.130%	1,390,000	1,384,635	1,305,780
	UNITED STATES TREAS 0% PIDI NTS DTD 10/31/2020 0.50% 10/31/2027	BONDS	10/31/2027	0.500%	5,100,000	5,055,773	4,832,454
	UNITED STATES TREAS 0.00% 08/31/2029 Ser AC-2029 DTD 8/31/2024 3.625% 8/31/2	BONDS	8/31/2029	3.625%	12,100,000	12,149,898	12,098,064
	UNITED STATES TREAS 0.5% PIDI DTD 8/31/2020 0.50% 8/31/2027	BONDS	8/31/2027	0.500%	10,000,000	9,111,953	9,521,900
	UNITED STATES TREAS 0.625% 05/15/2020 DTD 5/15/2020 0.625% 5/15/2030	BONDS	5/15/2030	0.630%	2,200,000	1,926,578	1,930,588
	UNITED STATES TREAS 1% NTS DTD 7/22/2021 1.00% 7/31/2028	BONDS	7/31/2028	1.000%	500,000	433,848	469,140
	UNITED STATES TREAS 1.125% DTD 1/15/2023 1.125% 1/15/2033	BONDS	1/15/2033	1.125%	5,124,833	4,466,026	4,917,072
	UNITED STATES TREAS 1.125% DTD 1/15/2023 1.125% 1/15/2033	BONDS	1/15/2033	1.130%	1,188,525	1,114,261	1,140,342
	UNITED STATES TREAS 1.25% NTS 15/08/2031 USD (E-2031) 1.25%	BONDS	8/15/2031	1.250%	40,000	34,191	34,848
	UNITED STATES TREAS 1.25% NTS DTD 9/23/2021 1.25% 9/30/2028	BONDS	9/30/2028	1.250%	5,000,000	4,421,484	4,703,300
	UNITED STATES TREAS 1.375% NTS DTD 10/21/2021 1.375% 10/31/2028	BONDS	10/31/2028	1.375%	5,310,000	5,289,786	5,002,604
	UNITED STATES TREAS 1.5% 01/31/2027 DTD 1/31/2020 1.50% 1/31/2027	BONDS	1/31/2027	1.500%	2,620,000	2,498,006	2,564,011
	UNITED STATES TREAS 1.5% NTS DTD 11/30/2021 1.50% 11/30/2028	BONDS	11/30/2028	1.500%	3,000,000	2,702,695	2,831,490
	UNITED STATES TREAS 1.875% NTS 15/02/2032 USD (B-2032) 1.875%	BONDS	2/15/2032	1.875%	2,100,000	1,906,965	1,872,864
	UNITED STATES TREAS 2.25% 02/15/2027 DTD 2/15/2017 2.25% 2/15/2027	BONDS	2/15/2027	2.250%	58,000	55,000	57,198
	UNITED STATES TREAS 2.5% NTS DTD 3/24/2022 2.50% 3/31/2027	BONDS	3/31/2027	2.500%	6,100,000	5,994,564	6,024,482
	UNITED STATES TREAS 2.75% 02/15/2028 DTD 2/15/2018 2.75% 2/15/2028	BONDS	2/15/2028	2.750%	500,000	490,742	492,460
	UNITED STATES TREAS 2.875% DTD 5/15/2022 2.875% 5/15/2032	BONDS	5/15/2032	2.880%	590,000	558,149	556,305
	UNITED STATES TREAS 3.125% NTS DTD 8/18/2022 3.125% 8/31/2029	BONDS	8/31/2029	3.130%	4,000,000	3,917,656	3,932,520
	UNITED STATES TREAS 3.25% NTS DTD 6/30/2022 3.25% 6/30/2029	BONDS	6/30/2029	3.250%	43,565,000	42,556,372	43,067,923
	UNITED STATES TREAS 3.875% NTS DTD 11/30/2022 3.875% 11/30/2029	BONDS	11/30/2029	3.880%	150,000	152,063	151,254
	UNITED STATES TREAS 4.125% NTS DTD 11/2/2022 4.125% 11/15/2032	BONDS	11/15/2032	4.130%	6,750,000	6,819,771	6,827,288
	UNITED STATES TREAS 4.25% 11/15/2034 Ser F-2034 DTD 11/15/2024 4.25% 11/15/2	BONDS	11/15/2034	4.250%	7,300,000	7,336,910	7,376,723
	UNITED STATES TREAS 4.25% 11/15/2034 Ser F-2034 DTD 11/15/2024 4.25% 11/15/2	BONDS	11/15/2034	4.250%	58,750,000	59,187,324	59,367,463
	UNITED STATES TREAS BDS .625% DTD 1/15/2016 0.625% 1/15/2026	BONDS	1/15/2026	0.630%	478,429	363,637	477,305
	UNITED STATES TREAS BDS 0% BDS DTD 11/2/2022 4.00% 11/15/2052	BONDS	11/15/2052	4.000%	650,000	631,896	563,648
	UNITED STATES TREAS BDS 0% BDS DTD 11/3/2021 1.875% 11/15/2051	BONDS	11/15/2051	1.875%	1,100,000	630,051	608,003
	UNITED STATES TREAS BDS 0% BDS DTD 5/12/2022 3.25% 5/15/2042	BONDS	5/15/2042	3.250%	160,000	142,169	133,437
	UNITED STATES TREAS BDS 0% BDS DTD 5/5/2021 2.375% 5/15/2051	BONDS	5/15/2051	2.380%	6,600,000	4,495,844	4,159,320
	UNITED STATES TREAS BDS 02/52) 2.25% 02/15/2052	BONDS	2/15/2052	2.250%	1,522,000	1,044,177	923,428
	UNITED STATES TREAS BDS 1.125% PIDI BDS 15/08/2040 USD (BONDS	BONDS	8/15/2040	1.130%	1,000,000	633,594	628,050
	UNITED STATES TREAS BDS 1.375% DTD 11/15/2020 1.375% 11/15/2040	BONDS	11/15/2040	1.380%	390,000	264,636	253,133
	UNITED STATES TREAS BDS 1.375% PIDI BDS 15/08/2050 USD (BONDS	BONDS	8/15/2050	1.380%	1,000,000	550,450	491,680
	UNITED STATES TREAS BDS 1.75% BDS 15/08/2041 USD (BOND 08/41)	BONDS	8/15/2041	1.750%	1,300,000	1,251,250	877,149
	UNITED STATES TREAS BDS 1.875% PIDI BDS 15/02/2041 USD (BONDS	BONDS	2/15/2041	4.810%	900,000	860,981	628,731
	UNITED STATES TREAS BDS 1.875% PIDI BDS 15/02/2051 USD (BONDS	BONDS	2/15/2051	1.880%	1,530,000	956,788	855,010
	UNITED STATES TREAS BDS 2% 02/15/2050	BONDS	2/15/2050	2.000%	1,000,000	613,954	586,170
	UNITED STATES TREAS BDS 2% BDS 15/08/2051 USD (BONDS 08/51) 2%	BONDS	8/15/2051	2.000%	230,000	147,802	131,756
	UNITED STATES TREAS BDS 2% BDS DTD 11/10/2021 2.00% 11/15/2041	BONDS	11/15/2041	2.000%	150,000	110,221	104,690
	UNITED STATES TREAS BDS 2.25% 08/15/2049	BONDS	8/15/2049	2.250%	2,100,000	2,087,362	1,317,015
	UNITED STATES TREAS BDS 2.75% DTD 11/15/2012 2.75% 11/15/2042	BONDS	11/15/2042	2.750%	5,500,000	5,252,126	4,226,420
	UNITED STATES TREAS BDS 2.75% DTD 8/15/2012 2.75% 8/15/2042	BONDS	8/15/2042	2.750%	3,800,000	3,378,792	2,933,258
	UNITED STATES TREAS BDS 2.875% DTD 5/15/2018 2.875% 5/15/2028	BONDS	5/15/2028	2.880%	3,000,000	2,927,656	2,957,220
	UNITED STATES TREAS BDS 2.875% DTD 5/15/2019 2.875% 5/15/2049	BONDS	5/15/2049	2.880%	310,000	244,404	222,388
	UNITED STATES TREAS BDS 2.875% DTD 5/4/2022 2.875% 5/15/2052	BONDS	5/15/2052	2.880%	5,390,000	5,021,233	3,766,263
	UNITED STATES TREAS BDS 3% 02/15/2048	BONDS	2/15/2048	3.000%	2,740,000	2,795,690	2,038,944
	UNITED STATES TREAS BDS 3% BDS 15/08/2052 USD (BOND 08/52) 3%	BONDS	8/15/2052	3.000%	2,400,000	1,878,209	1,718,904
	UNITED STATES TREAS BDS 3% DTD 2/15/2019 3.00% 2/15/2049	BONDS	2/15/2049	3.000%	1,330,000	1,075,378	979,731
	UNITED STATES TREAS BDS 3.125% DTD 8/15/2014 3.125% 8/15/2044	BONDS	8/15/2044	3.130%	230,000	196,003	182,040
	UNITED STATES TREAS BDS 3.375% DTD 11/15/2018 3.375% 11/15/2048	BONDS	11/15/2048	3.380%	260,000	225,144	205,715
	UNITED STATES TREAS BDS 3.625% 08/15/2043	BONDS	8/15/2043	3.630%	3,140,000	2,800,045	2,710,448

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2025

Schedule H, Line 4i

EIN: 14-1595069
Plan No. 001

(a) Party-in-Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	UNITED STATES TREAS BDS 3.75% 08/15/2041	BONDS	8/15/2041	3.750%	1,700,000	$ 1,711,516	$ 1,532,125
	UNITED STATES TREAS BDS 3.75% DTD 11/15/2013 3.75% 11/15/2043	BONDS	11/15/2043	3.750%	8,000,000	7,947,190	7,010,960
	UNITED STATES TREAS BDS 3.875% 08/15/2040	BONDS	8/15/2040	3.880%	1,200,000	1,480,263	1,111,356
	UNITED STATES TREAS BDS 3.875% DTD 2/15/2023 3.875% 2/15/2043	BONDS	2/15/2043	3.880%	1,860,000	1,793,665	1,673,275
	UNITED STATES TREAS BDS 4.25% DTD 5/15/2009 4.25% 5/15/2039	BONDS	5/15/2039	4.250%	800,000	975,969	783,688
	UNITED STATES TREAS BDS 4.375% DTD 5/15/2011 4.375% 5/15/2041	BONDS	5/15/2041	4.380%	838,000	1,069,891	816,530
	UNITED STATES TREAS BDS DTD 11/15/2023 4.75% 11/15/2043	BONDS	11/15/2043	4.750%	2,870,000	3,094,891	2,870,344
	UNITED STATES TREAS BDS DTD 11/15/2023 4.75% 11/15/2053	BONDS	11/15/2053	4.750%	1,500,000	1,542,353	1,472,520
	UNITED STATES TREAS BDS DTD 11/15/2025 4.625% 11/15/2055	BONDS	11/15/2055	4.630%	36,000,000	35,090,156	34,683,840
	UNITED STATES TREAS BDS DTD 5/15/2023 3.875% 5/15/2043	BONDS	5/15/2043	3.880%	1,940,000	1,866,189	1,740,316
	UNITED STATES TREAS BDS DTD 8/15/2023 4.125% 8/15/2053	BONDS	8/15/2053	4.130%	6,230,000	5,818,781	5,514,983
	UNITED STATES TREAS BDS DTD 8/15/2023 4.375% 8/15/2043	BONDS	8/15/2043	4.380%	4,160,000	4,275,700	3,973,632
	UNITED STATES TREAS BILLS DTD 12/2/2025 3/31/2026	BONDS	3/31/2026	0.000%	300,000	286,704	297,423
	UNITED STATES TREAS BILLS DTD 12/23/2025 4/21/2026	BONDS	4/21/2026	0.000%	4,300,000	4,249,640	4,254,033
	UNITED STATES TREAS DTD 1/15/2024 1.75% 1/15/2034	BONDS	1/15/2034	1.750%	1,479,282	1,442,104	1,470,806
	UNITED STATES TREAS DTD 7/15/2024 0.00% 7/14/2034	BONDS	7/14/2034	0.000%	828,088	815,401	831,342
	UNITED STATES TREAS DTD 7/15/2024 0.00% 7/14/2034	BONDS	7/14/2034	0.000%	9,523,012	9,491,620	9,560,437
	UNITED STATES TREAS NTS Ser AF-2030 DTD 10/31/2025 3.625% 10/31	BONDS	10/31/2030	3.630%	148,000,000	147,288,633	147,375,440
	UNITED STATES TREAS NTS Ser BJ-2027 DTD 10/31/2025 3.50% 10/31/	BONDS	10/31/2027	3.500%	7,500,000	7,502,344	7,501,725
	UNITED STATES TREAS NTS Ser BL-2027 DTD 11/30/2025 3.375% 11/30	BONDS	11/30/2027	3.380%	158,000,000	157,465,937	157,698,220
	UNITED STATES TREAS NTS Ser E-2035 DTD 8/15/2025 4.25% 8/15/2035	BONDS	8/15/2035	4.250%	10,000,000	10,185,156	10,071,900
	UNITED STATES TREAS NTS Ser F-2035 DTD 11/15/2025 4.00% 11/15/2	BONDS	11/15/2035	4.000%	130,500,000	128,925,293	128,624,715
	UNITED STATES TREAS NTS Ser N-2032 DTD 7/31/2025 4.00% 7/31/2032	BONDS	7/31/2032	4.000%	21,000,000	20,921,797	21,109,830
	UNITED STATES TREAS NTS Ser S-2032 DTD 11/30/2025 3.75% 11/30/2	BONDS	11/30/2032	3.750%	2,500,000	2,494,922	2,471,100
	UNITED STATES TREAS SEC STRIPPED 0% 05/15/2049	BONDS	5/15/2049	0.000%	1,660,000	581,668	516,758
	UNITED STATES TREAS US TREASURY DTD 11/15/2021 1.375% 11/15/2031	BONDS	11/15/2031	1.380%	28,500,000	24,142,695	24,825,210
	US TREAS NTS 4.625% 04/30/2031 Ser K-2031 DTD 4/30/2024 4.625% 4/30/20	BONDS	4/30/2031	4.630%	18,430,000	19,473,854	19,183,787
	US TREASURY BOND 4.5% 02/15/2044 Ser Bond 02/ DTD 2/15/2024 4.50% 2/15/2	BONDS	2/15/2044	4.500%	200,000	208,594	193,484
	US TREASURY NOTE 0.00% 03/31/2029 Ser W-2029 DTD 3/31/2024 4.125% 3/31/20	BONDS	3/31/2029	4.130%	20,000	20,463	20,331
	US TREASURY NOTE 11/15/2033 Ser F-2033 DTD 11/15/2023 4.50% 11/15/2	BONDS	11/15/2033	4.500%	8,000,000	8,061,250	8,260,320
	US TREASURY NOTE 3.75% 05/31/2030 Ser L-2030 DTD 5/31/2023 3.75% 5/31/2030	BONDS	5/31/2030	3.750%	2,000,000	1,970,234	2,004,920
	US TREASURY NOTE 3.75% 08/31/2026 Ser BG-2026 DTD 8/31/2024 3.75% 8/31/20	BONDS	8/31/2026	3.750%	1,000,000	991,406	1,001,080
	US TREASURY NOTE 3.875% 08/15/2034 Ser E-2034 DTD 8/15/2024 3.875% 8/15/20	BONDS	8/15/2034	3.880%	34,715,000	34,126,493	34,180,733
	US TREASURY NOTE 4.00% 01/31/2031 Ser G-2031 DTD 1/31/2024 4.00% 1/31/2031	BONDS	1/31/2031	4.000%	4,100,000	4,184,242	4,147,232
	US TREASURY NOTE 4.00% 07/31/2030 Ser N-2030 DTD 7/31/2023 4.00% 7/31/2030	BONDS	7/31/2030	4.000%	690,000	704,070	698,763
	US TREASURY NOTE 4.25% 02/28/2031 Ser H-2031 DTD 2/29/2024 4.25% 2/28/2031	BONDS	2/28/2031	4.250%	2,770,000	2,866,842	2,833,738
	US TREASURY NOTE 4.25% 03/15/2027 Ser AL-2027 DTD 3/15/2024 4.25% 3/15/20	BONDS	3/15/2027	4.250%	5,000,000	4,972,070	5,042,400
	US TREASURY NOTE 4.25% 06/30/2031 Ser M-2031 DTD 6/30/2024 4.25% 6/30/2031	BONDS	6/30/2031	4.250%	6,680,000	6,810,169	6,831,369
	US TREASURY NOTE 4.375% 11/30/2030 Ser S-2030 DTD 11/30/2023 4.375% 11/30/	BONDS	11/30/2030	4.380%	810,000	843,223	833,320
	US TREASURY NOTE 4.625% 05/31/2031 Ser L-2031 DTD 5/31/2024 4.625% 5/31/20	BONDS	5/31/2031	4.630%	2,950,000	3,119,164	3,070,537
	US TREASURY NOTS 4.375% 07/31/2026 Ser BE-2026 DTD 7/31/2024 4.375% 7/31/2	BONDS	7/31/2026	4.375%	29,500,000	29,752,363	29,637,470
	Total Government and agencies notes and bonds					946,462,459	939,970,413
	Corporate notes and bonds						
	AADVANTAGE LOYALTY IP LTD/ AMERI DTD 3/24/2021 5.50% 4/20/2026	BONDS	4/20/2026	5.500%	16,667	17,125	16,690
	ABBVIE INC SR NT 4.8% 03/15/2029 DTD 2/26/2024 4.80% 3/15/2029	BONDS	3/15/2029	4.800%	700,000	698,551	717,171
	ADNOC MURBAN RSC LIMITED FR DTD 9/11/2024 4.25% 9/11/2029	BONDS	9/11/2029	4.250%	500,000	499,400	502,775
	AES CORP 2.45% 01/15/2031-2030	BONDS	1/15/2031	2.450%	300,000	300,984	271,992
	AMERICAN ASSETS TRUST L P 3.375% 02/01/2031-2030	BONDS	2/1/2031	3.375%	200,000	197,870	182,266
	AMERICAN TOWER REIT 3.65% 03/15/2027-2027	BONDS	3/15/2027	3.650%	200,000	199,034	199,114
	AVOLON HLDGS FDG LTD PP 144A 2.528% 11/18/2027-2027	BONDS	11/18/2027	2.528%	6,000	6,861	5,817
	BANK AMERICA CORP FR DTD 5/9/2025 0.00% 5/9/2029	BONDS	5/9/2029	0.000%	900,000	900,000	911,943
	BARCLAYS PLC DTD 9/13/2023 0.00% 9/13/2027	BONDS	9/13/2027	0.000%	900,000	900,000	913,995
	BEAR STEARNS CMO 4.23792% 02/25/2034	BONDS	2/25/2034	4.238%	498	489	469
	BEIGNET INVESTOR LLC DTD 10/21/2025 6.581% 5/30/2049	BONDS	5/30/2049	6.581%	3,910,000	3,910,000	4,130,915
	BK OF AMERICA CORP FR 2.687% DTD 4/22/2021 0.00% 4/22/2032	BONDS	4/22/2032	2.687%	600,000	619,908	550,590
	BK OF AMERICA CORP FR 3.419% DTD 12/20/2017 0.00% 12/20/2028	BONDS	12/20/2028	3.419%	112,000	112,218	110,591
	BK OF AMERICA CORP FR 5.08% DTD 1/20/2023 5.08% 1/20/2027	BONDS	1/20/2027	5.080%	500,000	500,000	500,240
	BNP PARIBAS SNR NPF PP 144A 3.052% 01/13/2031-2030	BONDS	1/13/2031	3.052%	1,000,000	926,820	946,710
	BOSTON GAS CO SR GLBL DTD 1/10/2025 5.843% 1/10/2035	BONDS	1/10/2035	5.843%	200,000	200,000	210,786
	BPCE FR DTD 10/19/2023 0.00% 10/19/2027	BONDS	10/19/2027	0.000%	1,100,000	1,129,787	1,120,712
	BRAZIL FEDERATIVE REP SR GLBL BD DTD 9/11/2025 7.25% 1/12/2056	BONDS	1/12/2056	7.250%	300,000	291,114	296,730
	BRITISH TELECOM PLC PP 144A 3.25% 11/08/2029-2029	BONDS	11/8/2029	3.250%	200,000	201,991	192,168
	BROADCOM INC SR NT DTD 1/10/2025 5.05% 4/15/2030	BONDS	4/15/2030	5.050%	900,000	899,991	928,548
	CANTOR FITZGERALD L P 7.2% 12/12/2028 DTD 12/12/2023 7.20% 12/12/2028	BONDS	12/12/2028	7.200%	700,000	698,642	743,582
	CENOVUS ENERGY INC SR NT DTD 11/20/2025 5.40% 3/20/2036	BONDS	3/20/2036	5.400%	500,000	499,140	499,345
	CENTENE CORP 4.25% 12/15/2027-2022	BONDS	12/15/2027	4.250%	300,000	297,480	298,233
	CITIGROUP INC 3.057% 01/25/2033-2032	BONDS	1/25/2033	3.057%	400,000	400,000	366,424
	CITIGROUP INC VAR 02/13/2030 DTD 2/13/2024 0.00% 2/13/2030	BONDS	2/13/2030	0.000%	300,000	297,180	307,845
	CITIGROUP MTG LN TR 3.341634 3.906411% 08/25/2035	BONDS	8/25/2035	3.906%	9,092	8,012	8,656
	COOPERATIEVE CENTRALE RAIFFEISEN DTD 7/21/2016 3.75% 7/21/2026	BONDS	7/21/2026	3.750%	300,000	298,638	299,310
	CROWN CASTLE INC. 3.3% 07/01/2030-2030	BONDS	7/1/2030	3.300%	400,000	381,352	379,424
	CVS/CAREMARK CORP 3.625% DTD 3/31/2020 3.625% 4/1/2027	BONDS	4/1/2027	3.625%	700,000	698,754	696,142
	DANSKE BK A/S FR DTD 3/1/2024 0.00% 3/1/2030	BONDS	3/1/2030	0.000%	900,000	901,290	935,100
	DEUTSCHE BANK AG 1.898838% 11/19/2030-2029	BONDS	11/19/2030	1.899%	400,000	509,732	443,689
	DEUTSCHE BANK NY 3.547% DTD 9/18/2020 3.547% 9/18/2031	BONDS	9/18/2031	3.547%	500,000	457,650	477,165
	DEUTSCHE BANK NY FXD-FRN SNR DTD 5/28/2021 3.035% 5/28/2032	BONDS	5/28/2032	3.035%	600,000	616,150	550,830
	ENABLE MIDSTREAM PARTNERS LP 4.95% 05/15/2028-2028	BONDS	5/15/2028	4.950%	200,000	199,226	203,232
	ENBRIDGE INC DTD 11/9/2023 6.00% 11/15/2028	BONDS	11/15/2028	6.000%	500,000	499,460	525,440

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2025

Schedule H, Line 4i

EIN: 14-1595069
Plan No. 001

(a) Party-in-Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	ERSTE GROUP BANK AG 4.611462% 12/31/2099-2027	BONDS	12/31/2099	4.611%	200,000	$ 251,665	$ 234,463
	FACTSET RESEARCH SYSTEMS INC 2.9% 03/01/2027-2022	BONDS	3/1/2027	2.900%	300,000	299,487	295,470
	FAIRFAX FINL HLDGS LTD 4.625% SNR PIDI NTS 29/04/2030 USD (SEC	BONDS	4/29/2030	4.625%	300,000	300,000	300,876
	FNMA TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	14,500,000	12,760,151	12,822,930
	FNMA UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	500,000	510,684	513,365
	FNMA UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	47,000,000	47,376,969	47,625,743
	FNMA UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	13,900,000	13,796,293	13,860,941
	FNMA UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	23,600,000	22,997,094	23,036,904
	FNMA UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	14,600,000	11,846,531	11,798,552
	FNMA UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	20,600,000	21,339,508	21,408,344
	FNMA UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	16,600,000	15,695,430	15,743,938
	FORD MOTOR CREDIT 4.125% 08/17/2027 DTD 8/17/2020 4.125% 8/17/2027	BONDS	8/17/2027	4.125%	200,000	197,802	198,338
	FORD MOTOR CREDIT CO 2.9% 02/16/2028-2027	BONDS	2/16/2028	2.900%	200,000	200,000	192,578
	FORD MOTOR CREDIT CO 3.815% 11/02/2027-2027	BONDS	11/2/2027	3.815%	200,000	196,516	196,914
	FORD MOTOR CREDIT CO 6.8% 05/12/2028-2028	BONDS	5/12/2028	6.800%	200,000	205,300	208,696
	FORD MOTOR CREDIT CO 7.35% 11/04/2027-2027	BONDS	11/4/2027	7.350%	200,000	207,310	208,736
	FORD MOTOR CREDIT COMPANY SR NT DTD 3/20/2025 5.918% 3/20/2028	BONDS	3/20/2028	5.918%	200,000	200,880	204,640
	GENERAL MTRS FINL 5.75% 02/08/2031 DTD 2/8/2024 5.75% 2/8/2031	BONDS	2/8/2031	5.750%	1,000,000	997,270	1,051,810
	GNMA II JUMBO TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	1,300,000	1,124,348	1,121,146
	GOLDMAN SACHS GROUP INC 2.615% DTD 4/22/2021 2.615% 4/22/2032	BONDS	4/22/2032	2.615%	500,000	512,600	455,905
	GOLDMAN SACHS GROUP INC 2.64% 02/24/2028-2027	BONDS	2/24/2028	2.640%	500,000	500,000	492,200
	GOLDMAN SACHS GROUP INC SR DTD 10/21/2025 0.00% 10/21/2031	BONDS	10/21/2031	0.000%	300,000	300,000	299,286
	GOLDMAN SACHS GROUP INC SR NT DTD 4/23/2025 0.00% 4/23/2028	BONDS	4/23/2028	0.000%	1,100,000	1,100,000	1,112,562
	GS MTG SECS CORP 3.91219% 11/25/2035	BONDS	11/25/2035	3.912%	11,556	10,870	11,176
	HILTON DOMESTIC OPER CO INC PP 144A 3.75% 05/01/2029-2024	BONDS	5/1/2029	3.750%	300,000	300,000	291,390
	HSBC HLDGS PLC SR GLBL COCO 30 DTD 3/4/2024 0.00% 3/4/2030	BONDS	3/4/2030	0.000%	900,000	899,350	933,057
	HSBC HOLDNGS PLC 5.21% DTD 8/11/2022 5.21% 8/11/2028	BONDS	8/11/2028	5.210%	700,000	700,000	711,816
	HSBC HOLDNGS PLC FXD-FRN SNR DTD 5/24/2021 2.804% 5/24/2032	BONDS	5/24/2032	2.804%	400,000	410,944	365,952
	ISRAEL ST $SR GLBL BD DTD 2/19/2025 5.375% 2/19/2030	BONDS	2/19/2030	5.375%	900,000	892,314	930,888
	J P MORGAN CHASE COML MTG SECS T CMO 2.949237% 09/06/2038	BONDS	9/6/2038	2.949%	1,800,000	1,836,914	1,780,105
	JP MORGAN CHASE BK NA GLOBAL SR DTD 12/8/2023 5.11% 12/8/2026	BONDS	12/8/2026	5.110%	1,000,000	1,000,000	1,010,790
	JPMORGAN CHASE & CO DTD 7/24/2023 0.00% 7/24/2029	BONDS	7/24/2029	0.000%	800,000	800,000	824,440
	LAS VEGAS SANDS CORP 3.9% 08/08/2029-2029	BONDS	8/8/2029	3.900%	400,000	417,104	389,868
	LAS VEGAS SANDS CORP SR NT DTD 5/6/2025 5.625% 6/15/2028	BONDS	6/15/2028	5.625%	300,000	299,775	307,590
	LLOYDS BANKING GROUP PLC DTD 12/3/2020 2.707% 12/3/2035	BONDS	12/3/2035	2.707%	600,000	876,611	724,972
	MITSUBISHI UFJ FINANCIAL GROUP DTD 2/22/2023 5.475% 2/22/2031	BONDS	2/22/2031	5.475%	200,000	200,000	208,542
	MIZUHO FINANCIAL GROUP INC PP DTD 4/12/2016 3.477% 4/12/2026	BONDS	4/12/2026	3.477%	400,000	420,812	399,436
	MORGAN STANLEY ABS CAP I INC DTD 1/26/2005 3.84% 12/25/2034	BONDS	12/25/2034	3.840%	488,286	474,248	470,213
	MORGAN STANLEY BK N A SR NT DTD 1/21/2025 0.00% 1/12/2029	BONDS	1/12/2029	0.000%	1,200,000	1,200,000	1,222,056
	MORGAN STANLEY DTD 3/21/2024 0.00% 3/21/2030	BONDS	3/21/2030	0.000%	1,100,000	1,198,120	1,322,358
	MORGAN STANLEY FR 2.475% 01/21/2028-2027	BONDS	1/21/2028	2.475%	800,000	800,000	786,808
	MORGAN STANLEY FR 5.05% DTD 1/19/2023 5.05% 1/28/2027	BONDS	1/28/2027	5.050%	700,000	699,986	700,476
	MORGAN STANLEY SR NT FIXED/FLTG DTD 1/23/2018 0.00% 1/24/2029	BONDS	1/24/2029	0.000%	300,000	300,000	298,305
	NATWEST GROUP PLC SR COCO 35 DTD 2/29/2024 0.00% 3/1/2035	BONDS	3/1/2035	0.000%	800,000	800,000	845,888
	NEXTERA ENERGY CAP HLDGS INC PP 144A 1.9% 06/15/2028-2028	BONDS	6/15/2028	1.900%	600,000	525,600	571,752
	NISSAN MTR LTD SPON ADR PP 144A DTD 9/17/2020 4.81% 9/17/2030	BONDS	9/17/2030	4.810%	650,000	734,527	612,625
	NOMURA HLDGS INC GLBL NT DTD 7/3/2024 5.594% 7/2/2027	BONDS	7/2/2027	5.594%	200,000	200,000	204,296
	NOMURA HOLDINGS INC 1.653% DTD 7/6/2021 1.653% 7/14/2026	BONDS	7/14/2026	1.653%	600,000	601,140	592,602
	NOMURA HOLDINGS INC 2.608% DTD 7/6/2021 2.608% 7/14/2031	BONDS	7/14/2031	2.608%	200,000	200,520	180,702
	NOVASTAR MTG FDG TR SER 2006-1 ABS 5.16529% 05/25/2036	BONDS	5/25/2036	5.165%	30,345	29,511	30,185
	ORIX CORP 5% 09/13/2027 DTD 9/13/2022 5.00% 9/13/2027	BONDS	9/13/2027	5.000%	300,000	299,463	305,190
	PACIFIC GAS & ELEC 3.25% DTD 3/11/2021 3.25% 6/1/2031	BONDS	6/1/2031	3.250%	100,000	99,462	93,049
	PACIFIC GAS & ELEC DTD 2/28/2024 5.80% 5/15/2034	BONDS	5/15/2034	5.800%	1,000,000	998,760	1,038,570
	PERUVIAN GOVERNMENT INT 5.4 12AUG34 DTD 6/20/2019 5.40% 8/12/2034	BONDS	8/12/2034	5.400%	500	138,961	148
	PHILIP MORRIS INTL INC SR NT DTD 4/30/2025 4.125% 4/28/2028	BONDS	4/28/2028	4.125%	800,000	797,264	803,552
	PRETIUM MORTGAGE CREDIT PARTNER DTD 2/1/2024 3.90% 10/25/2063	BONDS	10/25/2063	3.900%	466,637	437,888	452,374
	ROYAL BK SCOTLAND GROUP PLC DTD 5/18/2018 4.892% 5/18/2029	BONDS	5/18/2029	4.892%	200,000	200,000	203,364
	SANDS CHINA LTD 4.875% DTD 12/18/2020 4.375% 6/18/2030	BONDS	6/18/2030	4.875%	200,000	219,840	197,040
	SANDS CHINA LTD 5.4% DTD 8/9/2018 5.40% 8/8/2028	BONDS	8/8/2028	5.400%	500,000	498,625	509,045
	SANTANDER HOLDINGS USA INC SR NT 3.244% 10/05/2026-2026	BONDS	10/5/2026	3.244%	200,000	199,646	198,760
	SANTANDER UK GROUP HOLDINGS SR GLBL DTD 1/15/2025 0.00% 4/15/2031	BONDS	4/15/2031	0.000%	600,000	600,000	625,542
	SAUDI ARABIA (KINGDOM OF) FR DTD 1/13/2025 5.375% 1/13/2031	BONDS	1/13/2031	5.375%	200,000	199,342	209,532
	SOUNDVIEW HOME LN TR ABS DTD 12/21/2005 4.38% 3/25/2036	BONDS	3/25/2036	4.380%	396,360	396,360	394,561
	SOUTH AFRICA REP 4.85% DTD 9/30/2019 4.85% 9/30/2029	BONDS	9/30/2029	4.850%	700,000	700,000	700,448
	STANDARD CHARTERED PLC 144A DTD 6/29/2021 0.00% 6/29/2032	BONDS	6/29/2032	0.000%	200,000	204,044	181,072
	STARWOOD PPTY TR 7.25% 04/01/2029 DTD 3/27/2024 7.25% 4/1/2029	BONDS	4/1/2029	7.250%	1,000,000	1,003,750	1,056,100
	STRUCTURED ASSET INVT LN TR ABS DTD 8/25/2004 4.24% 9/25/2034	BONDS	9/25/2034	4.240%	495,453	492,357	488,826
	SUMITOMO MITSUI FINL GRP DTD 1/15/2025 5.454% 1/15/2032	BONDS	1/15/2032	5.454%	900,000	900,000	941,769
	SUMITOMO MITSUI TR BK LTD FR DTD 3/7/2024 5.20% 3/7/2027	BONDS	3/7/2027	5.200%	600,000	599,520	608,520
	SYNNEX CORP 1.75% 08/09/2026-2026	BONDS	8/9/2026	1.750%	500,000	491,010	492,540
	TEGNA INC 4.625% 03/15/2028-2023	BONDS	3/15/2028	4.625%	300,000	300,000	296,916
	T-MOBILE USA INC 3.875% 04/15/2030-2030	BONDS	4/15/2030	3.875%	300,000	297,834	295,014
	TOWD POINT MORTGAGE TRUST ABS DTD 10/30/2019 4.94% 10/27/2059	BONDS	10/27/2059	4.940%	94,686	94,800	94,755
	TOWD POINT MORTGAGE TRUST ABS DTD 4/30/2019 6.26% 5/28/2058	BONDS	5/28/2058	6.260%	97,093	97,836	98,863
	TOWD POINT MORTGAGE TRUST CMO DTD 2/28/2019 4.94% 10/25/2048	BONDS	10/25/2048	4.940%	117,975	117,334	118,089
	UBS GROUP AG DTD 4/1/2020 4.194% 4/1/2031	BONDS	4/1/2031	4.194%	900,000	827,685	891,423
	UBS GROUP AG DTD 9/22/2023 0.00% 12/22/2027	BONDS	12/22/2027	0.000%	800,000	800,000	816,648
	UBS GROUP AG PP 144A 2.095% DTD 2/11/2021 2.095% 2/11/2032	BONDS	2/11/2032	2.095%	200,000	200,000	177,268
	UBS GROUP AG PP 144A 4.375% 12/31/2099-2031	BONDS	12/31/2099	4.375%	200,000	199,750	183,414
	UMBS TBA 30YR 01/15/2054	BONDS	1/15/2054	0.000%	3,600,000	3,047,344	3,042,828

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2025

Schedule H, Line 4i

EIN: 14-1595069
Plan No. 001

(a) Party-in-Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	UNITED AIRLS INC PP 144A 4.375% 04/15/2026	BONDS	4/15/2026	4.375%	100,000	$ 100,250	$ 99,875
	UNITED AIRLS INC PP 144A 4.625% 04/15/2029	BONDS	4/15/2029	4.625%	100,000	100,375	99,566
	UNITED MEXICAN STATES SR GLBL NT DTD 1/13/2025 6.00% 5/13/2030	BONDS	5/13/2030	6.000%	300,000	298,359	314,400
	UNITEDHEALTH GROUP INC 3.7% 05/15/2027-2027	BONDS	5/15/2027	3.700%	400,000	399,784	399,264
	VICI PROPERTIES LP 4.75% 02/15/2028-2028	BONDS	2/15/2028	4.750%	600,000	599,592	605,862
	VIPER ENERGY PARTNERS LLC SR DTD 7/23/2025 4.90% 8/1/2030	BONDS	8/1/2030	4.900%	300,000	299,357	303,441
	VIPER ENERGY PARTNERS LLC SR NT DTD 7/23/2025 5.70% 8/1/2035	BONDS	8/1/2035	5.700%	400,000	401,775	408,212
	VMED 02 UK FINANCING I DTD 4/3/2024 7.75% 4/15/2032	BONDS	4/15/2032	7.750%	700,000	728,000	729,470
	VMWARE INC 2.2% 08/15/2031-2021	BONDS	8/15/2031	2.200%	600,000	594,816	533,136
	WABTEC TRANSPORTATION 1.356312% DTD 6/3/2021 1.25% 12/3/2027	BONDS	12/3/2027	1.356%	500,000	605,735	573,623
	WASHINGTON MUTUAL 2005-AR12 MTG DTD 8/1/2005 4.38% 10/25/2035	BONDS	10/25/2035	4.380%	90,849	78,585	83,216
	WELLS FARGO & CO FR Ser W DTD 1/24/2025 0.00% 1/24/2028	BONDS	1/24/2028	0.000%	400,000	400,000	403,368
	WELLS FARGO & CO VAR 01/23/2030 DTD 1/23/2024 0.00% 1/23/2030	BONDS	1/23/2030	0.000%	900,000	893,187	926,865
	WELLS FARGO BANK NATL 5.254% 12/11/2026 DTD 12/11/2023 5.254% 12/11/2026	BONDS	12/11/2026	5.254%	1,100,000	1,100,000	1,113,255
	WEYERHAEUSER CO 4% 04/15/2030-2030	BONDS	4/15/2030	4.000%	400,000	393,880	394,512
	Total corporate notes and bonds					211,471,603	212,060,549
	Mutual funds						
	DFA 6-10 SMALL CO PORTFOLIO DFA INVT DIMENSIONS GROUP INC	RIC	N/A	N/A	1,680,925	64,610,656	87,878,712
	FIDELITY MID CAP INDEX FUND INS	RIC	N/A	N/A	3,286,981	80,423,351	121,388,198
	PIMCO ASSET BACKED SECTOR FD 460	RIC	N/A	N/A	5,070,990	60,414,100	60,040,525
	PIMCO SHORT-TERM FL TII (1944)	RIC	N/A	N/A	12,480,196	121,024,865	125,014,128
	Total mutual funds					326,472,972	394,321,563
	103-12 investment entities						
	ULLICO DIVERSIFIED INTERNATIONAL	103-12 ENTITY	N/A	N/A	5,453,419	88,779,787	155,153,019
	Common collective trusts						
	AFL-CIO EQUITY INDEX FUND (CCT)	CCT	N/A	N/A	14,888,224	292,079,413	1,002,730,790
	JPMCB MORTGAGE BACKED SECURITIES	CCT	N/A	N/A	8,145,160	154,350,821	183,999,158
	MULTI-EMPLOYER PROPERTY TRUST	CCT	N/A	N/A	7,823	44,588,785	100,682,127
	Total common collective trusts					491,019,019	1,287,412,075
	Derivative contracts						
	FUT UK GILT ICE 06/28/22	DERIVATIVES	N/A	N/A	291,313	7,728	7,778
	IKH200013 FIN FUT EUX USD-BTP	DERIVATIVES	N/A	N/A	36,122	83,093	83,093
	IKH200013 FIN FUT EUX EURO-BTP	DERIVATIVES	N/A	N/A	5,772	41,552	42,443
	Total derivative contracts					132,373	133,314
	Investment contracts						
	JOHN HANCOCK STABLE VALUE GUARANTEED FUND	GIC	N/A	0.00%	-	507,684,423	517,318,219
	Total assets (held at end of year)					$ 2,685,569,794	$ 3,620,180,310

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

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: [X] 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 ▶ [X]

D Check box if filing under: [X] 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
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1977

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)
SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND JOINT

8000 CORPORATE DRIVE

LANDOVER MD 20785-2239

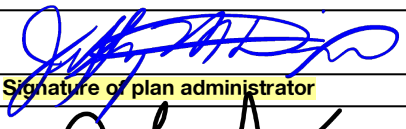
2b Employer Identification Number (EIN) 14-1595069

2c Plan Sponsor's telephone number 301-577-1700

2d Business code (see instructions) 238220

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		10/05/2026	JEFF DIXON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/05/2026	JOSHUA SAVITZ
	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 (2025) v. 250312**

518401 12-22-25

3a Plan administrator's name and address ☐ Same as Plan Sponsor
SPRINKLER INDUSTRY SUPPLEMENTAL PEN
JOINT BOARD OF TRUSTEES

8000 CORPORATE DRIVE
LANDOVER MD 20785-2239

3b Administrator's EIN
14-1595069

3c Administrator's telephone number
301-577-1700

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**	29,607
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)**	28,099
a (2)	Total number of active participants at the end of the plan year	**6a(2)**	29,046
b	Retired or separated participants receiving benefits	**6b**	516
c	Other retired or separated participants entitled to future benefits	**6c**	882
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	30,444
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	157
f	Total. Add lines **6d** and **6e**	**6f**	30,601
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)**	29,607
(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	30,601
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**	799

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G

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

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 6
- (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 _____

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

Schedule H, Line 4j

EIN: 14-1595069
Plan No. 001

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (loss)
N/A	COMERICA SHORT TERM FUND	$ 669,670,637	N/A	N/A	N/A	$ 669,670,637	$ 669,670,637	N/A
N/A	COMERICA SHORT TERM FUND	N/A	$ 706,988,325	N/A	N/A	706,988,325	706,988,325	$ -