

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

- 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 THE AGMA HEALTH FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 09/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES AGMA HEALTH FUND
C/O CDS 5 HOT METAL STREET, SUITE 200 PITTSBURGH, PA 15203
2b Employer Identification Number (EIN) 13-2643045
2c Plan Sponsor's telephone number 212-765-3664
2d Business code (see instructions) 711100

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for SUZANNE HOLLISTER and MARK WEINSTEIN.

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

Form 5500 (2023) v. 230707

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	951
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	951
	<b>6a(2)</b>	856
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	856
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	15

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4D 4E

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

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

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

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

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**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.

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**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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**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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>THE AGMA HEALTH FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES AGMA HEALTH FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>13-2643045</b>

**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  
**AETNA LIFE INSURANCE CO.**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-6033492</b>	<b>60054</b>	<b>0724290</b>	<b>450</b>	<b>01/01/2023</b>	<b>12/31/2023</b>

**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.

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

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

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

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b**

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

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

**e** Deductions:  
 (1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (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)**

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	96502
<b>b</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 .....	<b>10b</b>	

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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>THE AGMA HEALTH FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES AGMA HEALTH FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>13-2643045</b>

**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  
**HCC LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>35-1817054</b>	<b>92711</b>	<b>HCL36346</b>	<b>577</b>	<b>01/01/2023</b>	<b>12/31/2023</b>

**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.

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits .....		
(3) Interest credited during the year .....		
(4) Transferred from separate account.....		
(5) Other (specify below) .....		
▶		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
(2) Administration charge made by carrier .....	<b>7e(2)</b>	
(3) Transferred to separate account.....	<b>7e(3)</b>	
(4) Other (specify below) .....	<b>7e(4)</b>	
▶		
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>
(4) Claims charged .....		<b>9b(4)</b>
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....	<b>9c(1)(A)</b>	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
(D) Other expenses .....	<b>9c(1)(D)</b>	
(E) Taxes .....	<b>9c(1)(E)</b>	
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	
(G) Other retention charges.....	<b>9c(1)(G)</b>	
(H) Total retention .....		<b>9c(1)(H)</b>
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
(2) Claim reserves .....		<b>9d(2)</b>
(3) Other reserves.....		<b>9d(3)</b>
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>
<b>10</b> Nonexperience-rated contracts:		
<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	683265
<b>b</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 .....	<b>10b</b>	
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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>THE AGMA HEALTH FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES AGMA HEALTH FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-2643045</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**(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

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**(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

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**(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

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

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

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

AETNA LIFE INS CO

06-6033492

(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?
12 13 50	NONE	306626	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RHONDA MURRAY

13-2643045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	219516	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN INC

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	123514	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DEBRA LEVIN

13-2643045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	123005	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SPIVAK LIPTON LLP

13-3494495

(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 50	NONE	120082	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALEJANDRA VEGA-ROJAS

13-2643045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	82629	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DAWN NEDD

13-2643045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	71994	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLITMAN & KING LLP

16-1047304

(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 50	NONE	58692	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	52674	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SANIA KHAN

13-2643045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	47500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIDGEWAY BENEFIT TECHNOLOGIES

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?
15 50	NONE	43121	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HILB GROUP OF NEW ENGLAND LLC

47-4324398

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 22 50	NONE	38366	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DANIEL GRAHAM

13-2643045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	37653	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILMINGTON TRUST

51-0055023

(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 28 51	NONE	26486	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

M&T BANK

16-0538020

(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?
21 50	NONE	18306	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GALLAGHER FIDUCIARY ADVISORS, LLC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	16500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEX HEALTH INC

700 25TH AVE E  
WEST FARGO, ND 58078

(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?
12 13 50	NONE	10451	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOCKTIGHT SOLUTIONS, INC

22-3825157

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	10111	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ADP, INC

ONE ADP BLVD  
ROSELAND, NJ 07068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	8862	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROYAL PRINTING

22-1898677

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5589	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADMINISTRATIVE SERVICES ONLY, INC

11-2995970

(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?
12 13 50	NONE	5145	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>09/01/2023</b> and ending <b>08/31/2024</b>	
<b>A</b> Name of plan <b>THE AGMA HEALTH FUND</b>	<b>B</b> Three-digit plan number (PN) <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES AGMA HEALTH FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-2643045</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	687976	1061506
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	531000	548000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	18000	29000
<b>(3)</b> Other .....	<b>1b(3)</b>	426537	413618
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	5167760	4623577
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	749897	749591
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	3015520	2491507
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	2913099	3761046
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>	189183	98174
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	13698972	13776019
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	3197000	1174000
<b>h</b> Operating payables .....	<b>1h</b>	137842	112304
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	3334842	1286304
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	10364130	12489715

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	11390250	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	796507	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		12186757
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	110941	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	101503	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	72	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		212516
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	88735	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		88735
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	3034396	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	3172164	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		-137768
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	453632	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		500492
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		13304364

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	8775336	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	1125825	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		9901161
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>	503040	
(2) Contract administrator fees.....	<b>2i(2)</b>	15596	
(3) Recordkeeping fees.....	<b>2i(3)</b>	7674	
(4) IQPA audit fees.....	<b>2i(4)</b>	45000	
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>	16500	
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>	44824	
(7) Actuarial fees.....	<b>2i(7)</b>	161880	
(8) Legal fees.....	<b>2i(8)</b>	178774	
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>	1267	
(11) Other expenses.....	<b>2i(11)</b>	303063	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1277618
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		11178779

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2125585
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **SCHULTHEIS & PANETTIERI, LLP**

(2) EIN: **13-1577780**

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	X		8504
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.



# Schultheis & Panettieri LLP

Accountants and Consultants

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Michael Fox  
Viorel Kuzma  
Justin Katulka  
Allison Newton, SHRM-SCP

## Independent Auditor's Report

Board of Trustees  
The AGMA Health Fund

### Opinion

We have audited the accompanying financial statements of The AGMA Health 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 and plan benefit obligations as of August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended August 31, 2024 and 2023, 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 and plan benefit obligations of the Plan as of August 31, 2024 and 2023, and the changes in net assets available for benefits and changes in plan benefit obligations for the years ended August 31, 2024 and 2023 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 information on pages 16 through 22 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

### **Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 23 through 26 is presented for purposes of additional analysis and is 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.

*Schulther & Panettieri, LLP*

Hauppauge, New York  
December 30, 2024

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

- 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: [ ] 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 THE AGMA HEALTH FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 09/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES AGMA HEALTH FUND
2b Employer Identification Number (EIN) 13-2643045
2c Plan Sponsor's telephone number (212) 765-3664
2d Business code (see instructions) 711100

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Suzanne Hollister, 03/06/2025. Row 2: Mark Weinstein, 03/06/2025. Row 3: Signature of DFE.

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

Form 5500 (2023) v. 230728

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																																	
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">951</td> </tr> </table>	<b>5</b>	951																															
<b>5</b>	951																																	
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">951</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">856</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">856</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> </table>				<b>6a(1)</b>		951	<b>6a(2)</b>		856	<b>6b</b>			<b>6c</b>			<b>6d</b>		856	<b>6e</b>			<b>6f</b>			<b>6g(1)</b>			<b>6g(2)</b>			<b>6h</b>		
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<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td style="text-align: right;">15</td> </tr> </table>	<b>7</b>	15																															
<b>7</b>	15																																	

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4A 4D 4E

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

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

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

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

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**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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**THE AGMA HEALTH FUND**  
**FINANCIAL STATEMENTS**  
**YEARS ENDED AUGUST 31, 2024 AND 2023**

**THE AGMA HEALTH FUND**  
**YEARS ENDED AUGUST 31, 2024 AND 2023**  
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## Independent Auditor's Report

Board of Trustees  
The AGMA Health Fund

### Opinion

We have audited the accompanying financial statements of The AGMA Health 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 and plan benefit obligations as of August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended August 31, 2024 and 2023, 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 and plan benefit obligations of the Plan as of August 31, 2024 and 2023, and the changes in net assets available for benefits and changes in plan benefit obligations for the years ended August 31, 2024 and 2023 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 information on pages 16 through 22 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

### **Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 23 through 26 is presented for purposes of additional analysis and is 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.

*Schulther & Panettieri, LLP*

Hauppauge, New York  
December 30, 2024

**THE AGMA HEALTH FUND**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**AUGUST 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
<b>Investments at fair value</b>		
U.S. government securities	\$ 4,623,577	\$ 5,167,760
Corporate debt instruments	3,241,098	3,765,417
Registered investment companies	<u>3,761,046</u>	<u>2,913,099</u>
<b>Total investments</b>	11,625,721	11,846,276
<b>Receivables</b>		
Participant contributions	29,000	18,000
Employers' contributions	548,000	531,000
Accrued interest/dividends	62,818	52,656
Related organizations - net	70,330	28,881
Prescription rebate receivable	101,470	-
Stop Loss receivable	179,000	345,000
<b>Cash</b>	1,061,506	687,976
<b>Other assets</b>	<u>98,174</u>	<u>189,183</u>
<b>Total assets</b>	<u>13,776,019</u>	<u>13,698,972</u>
<b>Liabilities</b>		
<b>Accounts payable</b>	<u>112,304</u>	<u>137,842</u>
<b>Total liabilities</b>	<u>112,304</u>	<u>137,842</u>
<b>Net assets available for benefits</b>	<u>\$ 13,663,715</u>	<u>\$ 13,561,130</u>

**THE AGMA HEALTH FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**YEARS ENDED AUGUST 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b><i>Additions to net assets attributed to:</i></b>		
<b>Investment income</b>		
Net appreciation in fair value of investments	\$ 816,356	\$ 121,650
Interest/dividends	<u>301,251</u>	<u>297,333</u>
<b>Total investment income</b>	1,117,607	418,983
Less investment expenses	<u>(42,986)</u>	<u>(59,669)</u>
<b>Net investment income</b>	1,074,621	359,314
<b>Contributions</b>		
Participants'	796,507	641,803
Employers'	<u>11,390,250</u>	<u>10,945,638</u>
<b>Total additions</b>	<u>13,261,378</u>	<u>11,946,755</u>
<b><i>Deductions from net assets attributed to:</i></b>		
<b>Benefits paid to or for participants</b>		
Health care	10,669,773	11,881,290
Group health insurance premiums	128,563	112,221
Stop loss insurance premiums	721,970	634,530
Personal account benefits	<u>403,855</u>	<u>325,547</u>
<b>Total benefits paid</b>	11,924,161	12,953,588
<b>Administrative expenses</b>	<u>1,234,632</u>	<u>1,001,509</u>
<b>Total deductions</b>	<u>13,158,793</u>	<u>13,955,097</u>
<b>Net increase (decrease)</b>	102,585	(2,008,342)
<b>Net assets available for benefits</b>		
Beginning of year	<u>13,561,130</u>	<u>15,569,472</u>
End of year	<u>\$ 13,663,715</u>	<u>\$ 13,561,130</u>

**THE AGMA HEALTH FUND**  
**STATEMENTS OF PLAN BENEFIT OBLIGATIONS**  
**AUGUST 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Claims payable and claims incurred but not reported	\$ <u>1,174,000</u>	\$ <u>3,197,000</u>
<b>Postemployment benefit obligations</b>		
Accumulated eligibility credits	1,912,000	1,866,000
Participant account balances	<u>4,017,352</u>	<u>4,042,841</u>
	<u>5,929,352</u>	<u>5,908,841</u>
<b>Plan's total benefit obligations</b>	\$ <u><u>7,103,352</u></u>	\$ <u><u>9,105,841</u></u>

**THE AGMA HEALTH FUND**  
**STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS**  
**YEARS ENDED AUGUST 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Balance at beginning of year	\$ 3,197,000	\$ 2,169,000
Claims reported and approved for payment	9,901,161	13,981,588
Total benefits paid	<u>(11,924,161)</u>	<u>(12,953,588)</u>
<b>Balance at end of year</b>	<u>1,174,000</u>	<u>3,197,000</u>
<b>Postemployment benefit obligations</b>		
Balance at beginning of year	5,908,841	5,793,124
Net change during year:		
Accumulated eligibility credits	46,000	264,000
Participant account balances	<u>(25,489)</u>	<u>(148,283)</u>
<b>Balance at end of year</b>	<u>5,929,352</u>	<u>5,908,841</u>
<b>Plan's total benefit obligations at end of year</b>	<u>\$ 7,103,352</u>	<u>\$ 9,105,841</u>

**THE AGMA HEALTH FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**YEARS ENDED AUGUST 31, 2024 AND 2023**

**Note 1 - Description of Plan and Significant Accounting Policies**

The following description of The AGMA Health Fund (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

***General***

The Plan first became effective September 1, 1968 and is a medical benefit plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the American Guild of Musical Artists (the "Union") and various employers and employer associations in the theatrical industry in the United States and Canada. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

***Purpose***

The purpose of the Plan is to provide health and other benefits to eligible participants.

***Benefits***

For ease of administration, benefits are grouped under "Standard Plan" and "Reimbursement Plan". Benefits are paid by means of a trust and group insurance contracts (Standard Plan and Healthy Savings Plan) and participants' account balances (Reimbursement Plan). The benefits for "Reimbursement Plan" participants are funded by the balance available in their individual accounts. For both of these sub-plans, benefits include but are not limited to: hospital, medical, vision, drug and dental. Actual benefits, including conditions and limitations thereto, are governed by the provisions of the Plan.

***Participants consist of the following classes***

**Active participants and dependents**

An active participant is eligible for benefits under the Standard Plan and Healthy Savings Plan if he/she has completed a two (2) month lag period from the month in which he/she has worked a full week of employment with a participating employer. Coverage starts on the first day of the month following the completion of the two month lag period, provided he/she enrolls in the Plan. An active participant is eligible for benefits under the Reimbursement Plan if he/she has funds in an Individual Account, as defined in the Plan.

Employees of the Union, the Plan and some participating employers are also participants of the Plan.

**THE AGMA HEALTH FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**YEARS ENDED AUGUST 31, 2024 AND 2023**

**Note 1 - Description of Plan and Significant Accounting Policies (cont'd)**

***Participants consist of the following classes (cont'd)***

Inactive participants and surviving dependents

Participants who fail to meet eligibility requirements may pay to extend coverage for a maximum period of 18 months. Qualifying spouses and dependents may pay to extend coverage for a maximum period of up to 36 months.

***Plan termination***

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, trust assets will be used to pay all expenses under the terms of the Plan in the order of priority specified in the Plan and as otherwise required by law.

***Basis of accounting***

The financial statements are presented on the accrual basis of accounting.

***Investment valuation and income recognition***

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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

***Use of 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 amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

**THE AGMA HEALTH FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**YEARS ENDED AUGUST 31, 2024 AND 2023**

**Note 1 - Description of Plan and Significant Accounting Policies (cont'd)**

***Administrative expense allocation***

The administrative office is occupied by the Plan and The AGMA Retirement Plan (the "Retirement Plan"). Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements received from related organizations for the years ended August 31, 2024 and 2023 were \$309,906 and \$729,344, respectively.

***Other Plan benefits***

Standard Plan benefits are self-insured, therefore estimated claims payable and claims incurred but not reported are based on payments made in the subsequent plan year which pertain to prior plan years.

Plan obligations for accumulated eligibility of active participants are estimated annually at August 31st, based on historical claims cost data and projected claims for active participants' future claims. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value. Although the Plan has calculated and reported an obligation for accumulated eligibility, this amount is based on the assumption that the Plan will continue in its current form and that the Trustees will continue to provide benefits to active participants. However, such benefits do not vest, and the Trustees reserve the right to amend the Plan to modify or discontinue benefits. The amount reported as the accumulated eligibility obligation represents the estimated present value of those estimated future benefits that are attributed by the terms of the Plan to active participants' service rendered through August 31st.

**Note 2 - Fair value measurements**

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

Level 1 inputs to the valuation methodology are unadjusted quoted prices, in active markets, for identical assets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

## THE AGMA HEALTH FUND

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED AUGUST 31, 2024 AND 2023

#### Note 2 - Fair value measurements (cont'd)

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

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

U.S. government securities: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value 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 or a broker quote if available.

Registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of August 31, 2024, with fair value measurements on a recurring basis:

	2024	Level 1	Level 2	Level 3
<b>Investments at fair value</b>				
U.S. government securities	\$ 4,623,577	\$ 4,527,474	\$ 96,103	\$ -
Corporate debt instruments	3,241,098	-	3,241,098	-
Registered investment companies	3,761,046	3,761,046	-	-
Total assets in the fair value hierarchy	\$ 11,625,721	\$ 8,288,520	\$ 3,337,201	\$ -

**THE AGMA HEALTH FUND**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED AUGUST 31, 2024 AND 2023**

**Note 2 - Fair value measurements (cont'd)**

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of August 31, 2023, with fair value measurements on a recurring basis:

	<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<b>Investments at fair value</b>				
U.S. government securities	\$ 5,167,760	\$ 4,850,863	\$ 316,897	\$ -
Corporate debt instruments	3,765,417	-	3,765,417	-
Registered investment companies	<u>2,913,099</u>	<u>2,913,099</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	<u>\$ 11,846,276</u>	<u>\$ 7,763,962</u>	<u>\$ 4,082,314</u>	<u>\$ -</u>

**Note 3 - Cash**

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

**Note 4 - Risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

**Note 5 - Employers' and participants' contributions**

In accordance with collective bargaining agreements and participation agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Employer contributions are generally based on a monthly rate, as required by current collective bargaining agreements. Four employers contributed approximately 73% and 70% of the total employers' contributions for the years ended August 31, 2024 and 2023, respectively.

For the years ended August 31, 2024 and 2023, monthly participant contribution rates ranged from \$857 to \$3,385 and \$890 to \$3,155, respectively.

## THE AGMA HEALTH FUND

### NOTES TO FINANCIAL STATEMENTS

#### YEARS ENDED AUGUST 31, 2024 AND 2023

##### Note 6 - Stop loss insurance

The Plan has a stop-loss arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount).

Premiums for stop loss insurance are included in premium payments in the accompanying Statement of Changes in Net Assets Available for Benefits.

For the year ended August 31, 2024 and 2023, stop loss refunds totaling \$380,580 and \$629,834, respectively, have been netted with benefits paid in the accompanying statement of changes in net assets.

##### Note 7 - Lease

The Plan and the Retirement Plan (the "Plans") entered into a lease agreement with a related organization, American Guild of Musical Artists, Inc., for office space. The term of the lease began April 30, 2021, with a monthly base rent of \$7,613, increasing 2% annually. The lease will terminate on March 31, 2025 as part of the Plans' administration being transferred to a third party, see Subsequent event note for further information. As such, future minimum lease obligations are not disclosed. The Plan's allocated portion of the monthly rent is 61%.

Rent and escalation charges are allocated between the Plan and all other related organizations based on estimated benefit received. The Plan's share of total occupancy expense for the years ended August 31, 2024 and 2023 was \$65,347 and \$37,318 respectively.

##### Note 8 - Reconciliation of participants' accounts to net assets available for benefits

	<u>2024</u>	<u>2023</u>
Participants' account balances	\$ 4,017,352	\$ 4,042,841
Employers' contributions receivables	33,000	29,000
Unallocated balance	<u>(20,771)</u>	<u>513</u>
Net assets available for benefits - Reimbursement Plan	4,029,581	4,072,354
Net assets available for benefits - Standard Plan	<u>9,634,134</u>	<u>9,488,776</u>
Total net assets available for benefits	<u>\$ 13,663,715</u>	<u>\$ 13,561,130</u>

The Reimbursement Plan is an individual account balance plan. Individual account balances include contributions from employers, plus/minus investment gains/losses, less administrative expenses, transfers to reimburse the participants for qualified medical expenses or premiums for other health insurance that covers the participants, and funds forfeited. The employers' contributions receivables noted above were not received by the Plan as of August 31, 2024 and 2023, respectively, and therefore, were not credited to the participants' accounts by those dates. Forfeitures amounted to approximately \$110,320 and \$136,163 for the years ended August 31, 2024 and 2023, respectively.

**THE AGMA HEALTH FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**YEARS ENDED AUGUST 31, 2024 AND 2023**

**Note 9 - Benefit obligations compared to net assets available for benefits**

	2024	2023
Net assets available for benefits	\$ 13,663,715	\$ 13,561,130
Plan's total benefit obligations	7,103,352	9,105,841
Net assets available for benefits over Plan's total benefit obligations	\$ 6,560,363	\$ 4,455,289

**Note 10 - Reconciliation of financial statements to Form 5500**

For financial statement purposes, claims payable and claims incurred but not reported are presented on the Statement of Plan Benefit Obligations. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

The following is a reconciliation of the net assets available for benefits reported on the financial statements to the net assets available for benefits reported on Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 13,663,715	\$ 13,561,130
Less: claims payable and claims incurred but not reported	1,174,000	3,197,000
Net assets available for benefits as reported on Form 5500	\$ 12,489,715	\$ 10,364,130

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

**THE AGMA HEALTH FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**YEARS ENDED AUGUST 31, 2024 AND 2023**

**Note 10 - Reconciliation of financial statements to Form 5500 (cont'd)**

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 1,074,621	\$ 42,986	\$ 1,117,607
Contributions	<u>12,186,757</u>	<u>-</u>	<u>12,186,757</u>
Total additions	<u>13,261,378</u>	<u>42,986</u>	<u>13,304,364</u>
Benefits paid to or for participants	11,924,161	(2,023,000)	9,901,161
Administrative expenses	<u>1,234,632</u>	<u>42,986</u>	<u>1,277,618</u>
Total deductions	<u>13,158,793</u>	<u>(1,980,014)</u>	<u>11,178,779</u>
Net increase	<u>\$ 102,585</u>	<u>\$ 2,023,000</u>	<u>\$ 2,125,585</u>

**Note 11 - Tax status**

The trust funding the Plan has received an exemption letter from the IRS dated January 13, 1972, stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code ("IRC"). The Plan and trust are required to operate in conformity with the IRC to maintain the tax exempt status of the trust. The Trustees believe that the Plan, including amendments, is being operated in compliance with the applicable requirements of the IRC and, therefore, believe the related trust is tax exempt.

**Note 12 - Subsequent event**

The Board of Trustees approved the transfer of administration of the Plan and the Retirement Plan (the "Plans") to a third party, CDS Administrators, effective January 1, 2025. Due to the transfer, the lease for office space with American Guild of Musical Artists, Inc. will be terminated earlier than the contracted date. The lease agreement stipulates a six months written notice of termination. Currently, there are six employees paid to administer the Plans. The Board of Trustees has agreed to provide severance payments to these employees in the amount of 12 weeks of continued payroll and benefits.

THE AGMA HEALTH FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

AUGUST 31, 2024

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
U.S. TREASURY NOTES	2.00%	02/15/2025	\$ 20,000	\$ 19,831	\$ 19,747
U.S. TREASURY NOTES	2.00%	02/15/2025	15,000	14,855	14,810
U.S. TREASURY NOTES	1.13%	02/28/2025	50,000	51,078	49,116
U.S. TREASURY NOTES	1.13%	02/28/2025	50,000	51,122	49,116
FEDERAL NATIONAL MORTGAGE ASSOCIATION	0.50%	06/17/2025	15,000	14,990	14,533
U.S. TREASURY NOTES	3.13%	08/15/2025	90,000	89,192	88,923
U.S. TREASURY NOTES	3.13%	08/15/2025	25,000	24,775	24,701
FEDERAL NATIONAL MORTGAGE ASSOCIATION	0.38%	08/25/2025	45,000	44,903	43,290
U.S. TREASURY NOTES	0.25%	10/31/2025	75,000	73,607	71,611
U.S. TREASURY NOTES	0.25%	10/31/2025	50,000	49,643	47,741
FEDERAL NATIONAL MORTGAGE ASSOCIATION	0.50%	11/07/2025	40,000	39,576	38,280
U.S. TREASURY NOTES	2.63%	01/31/2026	65,000	67,818	63,655
U.S. TREASURY NOTES	2.63%	01/31/2026	30,000	31,122	29,379
U.S. TREASURY NOTES	1.63%	02/15/2026	85,000	80,330	82,025
U.S. TREASURY NOTES	1.63%	02/15/2026	45,000	42,259	43,425
U.S. TREASURY NOTES	1.63%	05/15/2026	80,000	75,523	76,862
U.S. TREASURY NOTES	1.63%	05/15/2026	45,000	42,256	43,235
U.S. TREASURY NOTES	1.50%	08/15/2026	85,000	80,052	81,128
U.S. TREASURY NOTES	1.50%	08/15/2026	45,000	42,405	42,950
U.S. TREASURY NOTES	2.00%	11/15/2026	95,000	92,241	91,248
U.S. TREASURY NOTES	2.00%	11/15/2026	50,000	48,492	48,026
U.S. TREASURY NOTES	2.25%	02/15/2027	60,000	60,147	57,757
U.S. TREASURY NOTES	2.25%	02/15/2027	45,000	45,211	43,318
U.S. TREASURY NOTES	2.75%	04/30/2027	90,000	89,329	87,578
U.S. TREASURY NOTES	2.75%	04/30/2027	50,000	49,627	48,655
U.S. TREASURY NOTES	2.38%	05/15/2027	80,000	80,641	77,016
U.S. TREASURY NOTES	2.38%	05/15/2027	40,000	40,953	38,508
U.S. TREASURY NOTES	3.75%	08/15/2027	75,000	74,874	74,918
U.S. TREASURY NOTES	3.75%	08/15/2027	40,000	39,933	39,956
U.S. TREASURY NOTES	2.25%	11/15/2027	90,000	82,452	85,841
U.S. TREASURY NOTES	2.25%	11/15/2027	55,000	50,387	52,458
U.S. TREASURY NOTES	3.88%	12/31/2027	70,000	69,809	70,224
U.S. TREASURY NOTES	2.75%	02/15/2028	80,000	80,356	77,318
U.S. TREASURY NOTES	2.75%	02/15/2028	45,000	44,789	43,492
U.S. TREASURY NOTES	4.00%	02/29/2028	85,000	84,147	85,624
U.S. TREASURY NOTES	4.00%	02/29/2028	40,000	39,599	40,294
U.S. TREASURY NOTES	1.25%	03/31/2028	85,000	75,198	77,865
U.S. TREASURY NOTES	1.25%	03/31/2028	50,000	44,224	45,803
U.S. TREASURY NOTES	2.88%	05/15/2028	75,000	75,550	72,680
U.S. TREASURY NOTES	2.88%	05/15/2028	50,000	49,928	48,451
U.S. TREASURY NOTES	1.13%	08/31/2028	75,000	75,132	67,732
U.S. TREASURY NOTES	1.13%	08/31/2028	45,000	45,079	40,639
U.S. TREASURY NOTES	3.13%	11/15/2028	80,000	84,835	78,003
U.S. TREASURY NOTES	3.13%	11/15/2028	45,000	47,679	43,877
U.S. TREASURY NOTES	1.50%	11/30/2028	90,000	86,501	82,101
U.S. TREASURY NOTES	1.50%	11/30/2028	55,000	53,006	50,173
U.S. TREASURY NOTES	1.88%	02/28/2029	70,000	70,577	64,614
U.S. TREASURY NOTES	1.88%	02/28/2029	40,000	40,330	36,922
U.S. TREASURY NOTES	2.88%	04/30/2029	70,000	69,729	67,378
U.S. TREASURY NOTES	2.88%	04/30/2029	50,000	49,815	48,127
U.S. TREASURY NOTES	2.75%	05/31/2029	65,000	64,644	62,182
U.S. TREASURY NOTES	2.75%	05/31/2029	35,000	34,762	33,482
U.S. TREASURY NOTES	4.00%	07/31/2029	70,000	71,004	70,826
U.S. TREASURY NOTES	4.00%	07/31/2029	40,000	40,574	40,472
U.S. TREASURY NOTES	1.63%	08/15/2029	90,000	90,652	81,535

**THE AGMA HEALTH FUND**

**SCHEDULE OF U.S. GOVERNMENT SECURITIES**

**AUGUST 31, 2024**

**EIN 13-2643045, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	U.S. GOVERNMENT SECURITIES				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
U.S. TREASURY NOTES	1.63%	08/15/2029	50,000	50,392	45,297
U.S. TREASURY NOTES	0.63%	05/15/2030	70,000	66,947	58,789
U.S. TREASURY NOTES	0.63%	05/15/2030	40,000	38,676	33,594
U.S. TREASURY NOTES	0.63%	08/15/2030	45,000	44,532	37,498
U.S. TREASURY NOTES	0.63%	08/15/2030	40,000	35,790	33,331
U.S. TREASURY NOTES	0.88%	11/15/2030	55,000	54,336	46,241
U.S. TREASURY NOTES	0.88%	11/15/2030	45,000	42,654	37,833
U.S. TREASURY NOTES	1.13%	02/15/2031	75,000	67,889	63,767
U.S. TREASURY NOTES	1.13%	02/15/2031	50,000	44,953	42,512
U.S. TREASURY NOTES	4.25%	02/28/2031	70,000	70,312	71,781
U.S. TREASURY NOTES	1.63%	05/15/2031	80,000	69,506	69,731
U.S. TREASURY NOTES	1.63%	05/15/2031	50,000	43,272	43,582
U.S. TREASURY NOTES	1.38%	11/15/2031	75,000	67,279	63,498
U.S. TREASURY NOTES	1.38%	11/15/2031	45,000	40,167	38,099
U.S. TREASURY NOTES	2.88%	05/15/2032	75,000	72,017	70,166
U.S. TREASURY NOTES	2.88%	05/15/2032	45,000	43,567	42,100
U.S. TREASURY NOTES	2.75%	08/15/2032	75,000	67,756	69,361
U.S. TREASURY NOTES	2.75%	08/15/2032	45,000	40,612	41,616
U.S. TREASURY NOTES	4.13%	11/15/2032	65,000	66,833	66,216
U.S. TREASURY NOTES	3.50%	02/15/2033	65,000	64,546	63,233
U.S. TREASURY NOTES	3.50%	02/15/2033	40,000	39,720	38,912
U.S. TREASURY NOTES	3.38%	05/15/2033	75,000	71,003	72,170
U.S. TREASURY NOTES	3.38%	05/15/2033	45,000	41,808	43,302
U.S. TREASURY NOTES	3.88%	08/15/2033	75,000	72,190	74,833
U.S. TREASURY NOTES	3.88%	08/15/2033	45,000	42,399	44,900
U.S. TREASURY NOTES	4.50%	11/15/2033	65,000	66,030	67,953
U.S. TREASURY NOTES	4.50%	11/15/2033	40,000	40,518	41,817
U.S. TREASURY NOTES	4.00%	02/15/2034	35,000	33,827	35,219
U.S. TREASURY NOTES	4.00%	02/15/2034	25,000	24,113	25,156
U.S. TREASURY NOTES	4.38%	05/15/2034	25,000	25,103	25,906
U.S. TREASURY NOTES	4.38%	05/15/2034	15,000	15,062	15,544
			\$ 4,870,000	\$ 4,741,352	\$ 4,623,577

**THE AGMA HEALTH FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED**

**AUGUST 31, 2024**

**EIN 13-2643045, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION  
CORPORATE DEBT INSTRUMENTS -  
PREFERRED

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
FLORIDA POWER & GENERAL DYNAMICS	4.45%	05/15/2026	\$ 5,000	\$ 4,998	\$ 5,010
GENERAL DYNAMICS	1.15%	06/01/2026	70,000	69,890	66,405
GENERAL DYNAMICS	1.15%	06/01/2026	50,000	49,922	47,432
UNITEDHEALTH GRP INC	4.75%	07/15/2026	35,000	34,941	35,351
UNITEDHEALTH GRP INC	4.75%	07/15/2026	20,000	19,966	20,201
TARGET CORP	1.95%	01/15/2027	25,000	24,958	23,872
TARGET CORP	1.95%	01/15/2027	55,000	54,907	52,518
PACCAR FINANCIAL COR	5.00%	05/13/2027	50,000	49,962	51,120
PACCAR FINANCIAL COR	5.00%	05/13/2027	25,000	24,981	25,560
HOME DEPOT INC	4.88%	06/25/2027	50,000	49,835	50,967
MERCK & CO INC	4.05%	05/17/2028	45,000	44,964	44,992
MERCK & CO INC	4.05%	05/17/2028	20,000	19,984	19,996
ROYAL BK CA MTN CONV	5.20%	08/01/2028	35,000	34,984	36,115
ROYAL BK CA MTN CONV	5.20%	08/01/2028	55,000	54,975	56,752
NORTHERN TRUST CORP	1.95%	05/01/2030	20,000	19,924	17,648
NORTHERN TRUST CORP	1.95%	05/01/2030	40,000	39,848	35,295
CISCO SYSTEMS	4.96%	02/26/2031	40,000	39,920	41,363
CISCO SYSTEMS	4.95%	02/26/2031	25,000	24,950	25,852
BRISTOL-MYERS	5.20%	02/22/2034	25,000	25,153	25,932
BRISTOL-MYERS	5.20%	02/22/2034	10,000	9,998	10,373
JOHN DEERE CAP MTN	5.10%	04/11/2034	25,000	24,985	25,835
JOHN DEERE CAP MTN	5.10%	04/11/2034	30,000	29,981	31,002
			<u>\$ 755,000</u>	<u>\$ 754,026</u>	<u>\$ 749,591</u>

THE AGMA HEALTH FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

AUGUST 31, 2024

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION			(d)	(e)
		CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE	
CANADIAN IMP BK CONV	1.00%	10/18/2024	\$ 45,000	\$ 44,991	\$ 44,760	
CANADIAN IMP BK CONV	1.00%	10/18/2024	20,000	19,996	19,893	
AMERICAN HONDA MTN	1.00%	09/10/2025	75,000	74,784	72,343	
AMERICAN HONDA MTN	1.00%	09/10/2025	40,000	39,885	38,583	
BANK MONT MTN CONV	5.92%	09/25/2025	75,000	75,000	75,936	
BANK MONT MTN CONV	5.92%	09/25/2025	35,000	35,000	35,437	
GOLDMAN SACHS	3.27%	09/29/2025	50,000	50,853	49,899	
GOLDMAN SACHS	3.27%	09/29/2025	35,000	35,501	34,929	
DOMINION RESOURCES	3.90%	10/01/2025	80,000	81,603	79,218	
DOMINION RESOURCES	3.90%	10/01/2025	35,000	36,324	34,658	
SIMON PROPERTY GROUP	3.30%	01/15/2026	50,000	54,885	49,128	
SIMON PROPERTY GROUP	3.30%	01/15/2026	35,000	38,419	34,390	
INTEL CORP	4.88%	02/10/2026	20,000	20,000	19,970	
MCCORMICK & CO INC	0.90%	02/15/2026	65,000	64,864	61,566	
MCCORMICK & CO INC	0.90%	02/15/2026	45,000	44,898	42,618	
ORACLE CORP	1.65%	03/25/2026	75,000	76,322	71,608	
ORACLE CORP	1.65%	03/25/2026	35,000	35,617	33,417	
AMERICAN EXPRESS	6.34%	10/30/2026	60,000	60,000	61,018	
AMERICAN EXPRESS	6.34%	10/30/2026	25,000	25,000	25,424	
ENTERPRISE PRODU	4.60%	01/11/2027	60,000	59,938	60,489	
ENTERPRISE PRODU	4.60%	01/11/2027	30,000	29,969	30,245	
MORGAN STANLEY MTN	3.63%	01/20/2027	45,000	46,408	44,305	
MORGAN STANLEY MTN	3.63%	01/20/2027	25,000	25,744	24,614	
CITIGROUP INC	1.12%	01/28/2027	50,000	49,992	47,483	
CITIGROUP INC	1.12%	01/28/2027	25,000	24,994	23,741	
TRUIST FINL MTN	1.27%	03/02/2027	50,000	49,883	47,272	
TRUIST FINL MTN	1.27%	03/02/2027	25,000	24,941	23,636	
CVS HEALTH CORP	1.30%	08/21/2027	70,000	69,862	63,858	
CVS HEALTH CORP	1.30%	08/21/2027	35,000	34,962	31,929	
SOUTHERN CO	1.75%	03/15/2028	65,000	64,430	59,069	
SOUTHERN CO	1.75%	03/15/2028	35,000	34,709	31,806	
WELLS FARGO MTN	3.53%	03/24/2028	55,000	55,000	53,555	
WELLS FARGO MTN	3.53%	03/24/2028	15,000	15,000	14,606	
KEURIG DR PEPPER INC	4.60%	05/25/2028	60,000	57,368	60,271	
KEURIG DR PEPPER INC	4.60%	05/25/2028	30,000	28,684	30,136	
BANK NOVA SCOT CONV	5.25%	06/12/2028	75,000	74,544	77,152	
BANK NOVA SCOT CONV	5.25%	06/12/2028	35,000	34,787	36,005	
BANK OF AMER MTN	3.97%	03/05/2029	75,000	78,316	73,457	
BANK OF AMER MTN	3.97%	03/05/2029	40,000	42,169	39,177	
LOWE'S COS INC	3.65%	04/05/2029	55,000	60,218	53,160	
LOWE'S COS INC	3.65%	04/05/2029	40,000	43,644	38,662	
US BANCORP MTN	3.00%	07/30/2029	55,000	56,342	51,013	
US BANCORP MTN	3.00%	07/30/2029	30,000	31,037	27,825	
AMGEN INC	2.45%	02/21/2030	60,000	64,408	54,179	
AMGEN INC	2.45%	02/21/2030	30,000	32,241	27,090	
GENERAL MILLS IN	2.88%	04/15/2030	50,000	54,104	45,821	
GENERAL MILLS IN	2.88%	04/15/2030	30,000	32,529	27,493	
JPMORGAN CHASE	2.74%	10/15/2030	70,000	71,785	64,094	
WEC ENERGY GROUP INC	1.80%	10/15/2030	65,000	65,144	55,404	
JPMORGAN CHASE	2.74%	10/15/2030	35,000	35,893	32,047	
WEC ENERGY GROUP INC	1.80%	10/15/2030	35,000	35,033	29,833	
CIGNA CORP	2.38%	03/15/2031	55,000	55,088	47,809	
CIGNA CORP	2.38%	03/15/2031	35,000	35,067	30,424	
VERIZON COMM INC	2.55%	03/21/2031	37,000	36,953	32,546	
VERIZON COMM INC	2.55%	03/21/2031	36,000	33,547	31,667	

**THE AGMA HEALTH FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**AUGUST 31, 2024**

**EIN 13-2643045, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
TOR DOM BK MTN CONV	2.00%	09/10/2031	65,000	64,737	55,145
TOR DOM BK MTN CONV	2.00%	09/10/2031	35,000	34,858	29,694
			<u>\$ 2,618,000</u>	<u>\$ 2,658,270</u>	<u>\$ 2,491,507</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

THE AGMA HEALTH FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

AUGUST 31, 2024

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
BLACKROCK LIQUIDITY FEDFUND INST	225,906	\$ 225,906	\$ 225,906
BLACKROCK LIQUIDITY FEDFUND INST	800,343	800,343	800,343
CAUSEWAY INT'L VALUE FUND CL I	3,085	65,090	67,065
CAUSEWAY INT'L VALUE FUND CL I	6,474	136,600	140,743
HOOD RIVER SM CAP GROW-INST	277	12,008	19,884
HOOD RIVER SM CAP GROW-INST	546	23,314	39,245
ISHARES CORE MSCI EAFE ETF	756	43,812	58,356
ISHARES CORE MSCI EAFE ETF	1,755	106,742	135,468
ISHARES CORE MSCI EMERGING	381	20,412	20,749
ISHARES CORE MSCI EMERGING	797	41,779	43,405
ISHARES RUSSELL 1000 GROWTH ETF	537	101,671	196,252
ISHARES RUSSELL 1000 GROWTH ETF	1,294	256,932	472,905
ISHARES RUSSELL 1000 VALUE ETF	1,048	151,674	197,359
ISHARES RUSSELL 1000 VALUE ETF	2,234	327,606	420,707
ISHARES RUSSELL 2000 VALUE ETF	206	26,596	34,552
ISHARES RUSSELL 2000 VALUE ETF	414	49,627	69,440
VANGUARD S&P 500 ETF	383	91,806	198,409
VANGUARD S&P 500 ETF	869	218,660	450,177
VIRTUS KAR SMALL-CAP GROWTH I	465	17,467	16,326
VIRTUS KAR SMALL-CAP GROWTH I	950	35,975	33,347
WCM FOCUSED INT'L GR FR CL INSTL	2,427	61,666	64,359
WCM FOCUSED INT'L GR FR CL INSTL	2,113	53,700	56,049
		<u>\$ 2,869,386</u>	<u>\$ 3,761,046</u>

**THE AGMA HEALTH FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED AUGUST 31, 2024**

**EIN 13-2643045, PLAN NO. 501**

**FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR**

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
	BLACKROCK LIQUIDITY FEDFUND INST	\$ -	\$ 3,962,583	\$ -	\$ -	\$ 3,962,583	\$ 3,962,583	\$ -
	BLACKROCK LIQUIDITY FEDFUND INST	4,551,728	-	-	-	-	4,551,728	-

THE AGMA HEALTH FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED AUGUST 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Payroll	\$ 373,695	\$ 314,269
Payroll taxes	27,319	25,268
Employee benefits	102,026	97,348
Third party administration	15,596	27,863
Occupancy	65,347	39,980
Office	142,999	129,861
Legal	178,774	62,186
Accounting	45,000	47,053
Payroll audits	7,674	-
Consulting	161,880	141,100
Insurance	30,394	28,281
Conferences and meetings	4,347	9,931
Depreciation	<u>79,581</u>	<u>78,369</u>
Total administrative expenses	<u>\$ 1,234,632</u>	<u>\$ 1,001,509</u>

**THE AGMA HEALTH FUND**

**DETAILED SCHEDULE OF NET ASSETS AVAILABLE FOR BENEFITS**

**AUGUST 31, 2024**

	<b>Standard Plan</b>	<b>Reimb. Plan</b>	<b>Total</b>
<b>Assets</b>			
<b>Investments at fair value</b>			
U.S. government securities	\$ 2,960,149	\$ 1,663,428	\$ 4,623,577
Corporate debt instruments	2,087,696	1,153,402	3,241,098
Registered investment companies	<u>2,661,826</u>	<u>1,099,220</u>	<u>3,761,046</u>
<b>Total investments</b>	7,709,671	3,916,050	11,625,721
<b>Receivables</b>			
Participant contributions	29,000	-	29,000
Employers' contributions	515,000	33,000	548,000
Accrued interest/dividends	42,190	20,628	62,818
Related organizations	158,626	-	158,626
Prescription rebate receivable	101,470	-	101,470
Stop Loss receivable	179,000	-	179,000
<b>Cash</b>	871,377	190,129	1,061,506
<b>Other assets</b>	<u>75,240</u>	<u>22,934</u>	<u>98,174</u>
 <b>Total assets</b>	 <u>9,681,574</u>	 <u>4,182,741</u>	 <u>13,864,315</u>
 <b>Liabilities</b>			
<b>Accounts payable</b>	47,440	64,864	112,304
<b>Related organizations</b>	<u>-</u>	<u>88,296</u>	<u>88,296</u>
 <b>Total liabilities</b>	 <u>47,440</u>	 <u>153,160</u>	 <u>200,600</u>
 <b>Net assets available for benefits</b>	 <u>\$ 9,634,134</u>	 <u>\$ 4,029,581</u>	 <u>\$ 13,663,715</u>

**THE AGMA HEALTH FUND**

**DETAILED SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**YEAR ENDED AUGUST 31, 2024**

	<b>Standard Plan</b>	<b>Reimb. Plan</b>	<b>Total</b>
<b><i>Additions to net assets attributed to:</i></b>			
<b>Investment income</b>			
Net appreciation in fair value of investments	\$ 523,005	\$ 293,351	\$ 816,356
Interest/dividends	<u>202,114</u>	<u>99,137</u>	<u>301,251</u>
<b>Total investment income</b>	725,119	392,488	1,117,607
Less investment expenses	<u>(33,354)</u>	<u>(9,632)</u>	<u>(42,986)</u>
<b>Net investment income</b>	691,765	382,856	1,074,621
<b>Contributions</b>			
Participants'	796,507	-	796,507
Employers'	<u>10,995,530</u>	<u>394,720</u>	<u>11,390,250</u>
<b>Total additions</b>	<u>12,483,802</u>	<u>777,576</u>	<u>13,261,378</u>
 <b><i>Deductions from net assets attributed to:</i></b>			
<b>Benefits paid to or for participants</b>			
Health care	10,669,773	-	10,669,773
Group health insurance premiums	128,563	-	128,563
Stop loss insurance premiums	721,970	-	721,970
Personal account benefits	<u>-</u>	<u>403,855</u>	<u>403,855</u>
<b>Total benefits paid</b>	11,520,306	403,855	11,924,161
<b>Administrative expenses</b>	<u>896,216</u>	<u>338,416</u>	<u>1,234,632</u>
<b>Total deductions</b>	<u>12,416,522</u>	<u>742,271</u>	<u>13,158,793</u>
 <b>Net increase</b>	 67,280	 35,305	 102,585
<b>Net assets available for benefits</b>			
Beginning of year	9,488,776	4,072,354	13,561,130
Transfer of forfeited accounts	<u>78,078</u>	<u>(78,078)</u>	<u>-</u>
End of year	<u>\$ 9,634,134</u>	<u>\$ 4,029,581</u>	<u>\$ 13,663,715</u>

**THE AGMA HEALTH FUND**

**DETAILED SCHEDULE OF ADMINISTRATIVE EXPENSES**

**YEAR ENDED AUGUST 31, 2024**

	<u>Standard Plan</u>	<u>Reimb. Plan</u>	<u>Total</u>
Payroll	\$ 245,046	\$ 128,649	\$ 373,695
Payroll taxes	18,057	9,262	27,319
Employee benefits	66,857	35,169	102,026
Third party administration	10,451	5,145	15,596
Occupancy	44,382	20,965	65,347
Office	106,720	36,279	142,999
Legal	118,569	60,205	178,774
Accounting	30,000	15,000	45,000
Payroll audits	5,032	2,642	7,674
Consulting	161,880	-	161,880
Insurance	25,527	4,867	30,394
Conferences and meetings	3,257	1,090	4,347
Depreciation	<u>60,438</u>	<u>19,143</u>	<u>79,581</u>
Total administrative expenses	<u>\$ 896,216</u>	<u>\$ 338,416</u>	<u>\$ 1,234,632</u>

THE AGMA HEALTH FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

AUGUST 31, 2024

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
U.S. TREASURY NOTES	2.00%	02/15/2025	\$ 20,000	\$ 19,831	\$ 19,747
U.S. TREASURY NOTES	2.00%	02/15/2025	15,000	14,855	14,810
U.S. TREASURY NOTES	1.13%	02/28/2025	50,000	51,078	49,116
U.S. TREASURY NOTES	1.13%	02/28/2025	50,000	51,122	49,116
FEDERAL NATIONAL MORTGAGE ASSOCIATION	0.50%	06/17/2025	15,000	14,990	14,533
U.S. TREASURY NOTES	3.13%	08/15/2025	90,000	89,192	88,923
U.S. TREASURY NOTES	3.13%	08/15/2025	25,000	24,775	24,701
FEDERAL NATIONAL MORTGAGE ASSOCIATION	0.38%	08/25/2025	45,000	44,903	43,290
U.S. TREASURY NOTES	0.25%	10/31/2025	75,000	73,607	71,611
U.S. TREASURY NOTES	0.25%	10/31/2025	50,000	49,643	47,741
FEDERAL NATIONAL MORTGAGE ASSOCIATION	0.50%	11/07/2025	40,000	39,576	38,280
U.S. TREASURY NOTES	2.63%	01/31/2026	65,000	67,818	63,655
U.S. TREASURY NOTES	2.63%	01/31/2026	30,000	31,122	29,379
U.S. TREASURY NOTES	1.63%	02/15/2026	85,000	80,330	82,025
U.S. TREASURY NOTES	1.63%	02/15/2026	45,000	42,259	43,425
U.S. TREASURY NOTES	1.63%	05/15/2026	80,000	75,523	76,862
U.S. TREASURY NOTES	1.63%	05/15/2026	45,000	42,256	43,235
U.S. TREASURY NOTES	1.50%	08/15/2026	85,000	80,052	81,128
U.S. TREASURY NOTES	1.50%	08/15/2026	45,000	42,405	42,950
U.S. TREASURY NOTES	2.00%	11/15/2026	95,000	92,241	91,248
U.S. TREASURY NOTES	2.00%	11/15/2026	50,000	48,492	48,026
U.S. TREASURY NOTES	2.25%	02/15/2027	60,000	60,147	57,757
U.S. TREASURY NOTES	2.25%	02/15/2027	45,000	45,211	43,318
U.S. TREASURY NOTES	2.75%	04/30/2027	90,000	89,329	87,578
U.S. TREASURY NOTES	2.75%	04/30/2027	50,000	49,627	48,655
U.S. TREASURY NOTES	2.38%	05/15/2027	80,000	80,641	77,016
U.S. TREASURY NOTES	2.38%	05/15/2027	40,000	40,953	38,508
U.S. TREASURY NOTES	3.75%	08/15/2027	75,000	74,874	74,918
U.S. TREASURY NOTES	3.75%	08/15/2027	40,000	39,933	39,956
U.S. TREASURY NOTES	2.25%	11/15/2027	90,000	82,452	85,841
U.S. TREASURY NOTES	2.25%	11/15/2027	55,000	50,387	52,458
U.S. TREASURY NOTES	3.88%	12/31/2027	70,000	69,809	70,224
U.S. TREASURY NOTES	2.75%	02/15/2028	80,000	80,356	77,318
U.S. TREASURY NOTES	2.75%	02/15/2028	45,000	44,789	43,492
U.S. TREASURY NOTES	4.00%	02/29/2028	85,000	84,147	85,624
U.S. TREASURY NOTES	4.00%	02/29/2028	40,000	39,599	40,294
U.S. TREASURY NOTES	1.25%	03/31/2028	85,000	75,198	77,865
U.S. TREASURY NOTES	1.25%	03/31/2028	50,000	44,224	45,803
U.S. TREASURY NOTES	2.88%	05/15/2028	75,000	75,550	72,680
U.S. TREASURY NOTES	2.88%	05/15/2028	50,000	49,928	48,451
U.S. TREASURY NOTES	1.13%	08/31/2028	75,000	75,132	67,732
U.S. TREASURY NOTES	1.13%	08/31/2028	45,000	45,079	40,639
U.S. TREASURY NOTES	3.13%	11/15/2028	80,000	84,835	78,003
U.S. TREASURY NOTES	3.13%	11/15/2028	45,000	47,679	43,877
U.S. TREASURY NOTES	1.50%	11/30/2028	90,000	86,501	82,101
U.S. TREASURY NOTES	1.50%	11/30/2028	55,000	53,006	50,173
U.S. TREASURY NOTES	1.88%	02/28/2029	70,000	70,577	64,614
U.S. TREASURY NOTES	1.88%	02/28/2029	40,000	40,330	36,922
U.S. TREASURY NOTES	2.88%	04/30/2029	70,000	69,729	67,378
U.S. TREASURY NOTES	2.88%	04/30/2029	50,000	49,815	48,127
U.S. TREASURY NOTES	2.75%	05/31/2029	65,000	64,644	62,182
U.S. TREASURY NOTES	2.75%	05/31/2029	35,000	34,762	33,482
U.S. TREASURY NOTES	4.00%	07/31/2029	70,000	71,004	70,826
U.S. TREASURY NOTES	4.00%	07/31/2029	40,000	40,574	40,472
U.S. TREASURY NOTES	1.63%	08/15/2029	90,000	90,652	81,535

**THE AGMA HEALTH FUND**

**SCHEDULE OF U.S. GOVERNMENT SECURITIES**

**AUGUST 31, 2024**

**EIN 13-2643045, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	U.S. GOVERNMENT SECURITIES				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
U.S. TREASURY NOTES	1.63%	08/15/2029	50,000	50,392	45,297
U.S. TREASURY NOTES	0.63%	05/15/2030	70,000	66,947	58,789
U.S. TREASURY NOTES	0.63%	05/15/2030	40,000	38,676	33,594
U.S. TREASURY NOTES	0.63%	08/15/2030	45,000	44,532	37,498
U.S. TREASURY NOTES	0.63%	08/15/2030	40,000	35,790	33,331
U.S. TREASURY NOTES	0.88%	11/15/2030	55,000	54,336	46,241
U.S. TREASURY NOTES	0.88%	11/15/2030	45,000	42,654	37,833
U.S. TREASURY NOTES	1.13%	02/15/2031	75,000	67,889	63,767
U.S. TREASURY NOTES	1.13%	02/15/2031	50,000	44,953	42,512
U.S. TREASURY NOTES	4.25%	02/28/2031	70,000	70,312	71,781
U.S. TREASURY NOTES	1.63%	05/15/2031	80,000	69,506	69,731
U.S. TREASURY NOTES	1.63%	05/15/2031	50,000	43,272	43,582
U.S. TREASURY NOTES	1.38%	11/15/2031	75,000	67,279	63,498
U.S. TREASURY NOTES	1.38%	11/15/2031	45,000	40,167	38,099
U.S. TREASURY NOTES	2.88%	05/15/2032	75,000	72,017	70,166
U.S. TREASURY NOTES	2.88%	05/15/2032	45,000	43,567	42,100
U.S. TREASURY NOTES	2.75%	08/15/2032	75,000	67,756	69,361
U.S. TREASURY NOTES	2.75%	08/15/2032	45,000	40,612	41,616
U.S. TREASURY NOTES	4.13%	11/15/2032	65,000	66,833	66,216
U.S. TREASURY NOTES	3.50%	02/15/2033	65,000	64,546	63,233
U.S. TREASURY NOTES	3.50%	02/15/2033	40,000	39,720	38,912
U.S. TREASURY NOTES	3.38%	05/15/2033	75,000	71,003	72,170
U.S. TREASURY NOTES	3.38%	05/15/2033	45,000	41,808	43,302
U.S. TREASURY NOTES	3.88%	08/15/2033	75,000	72,190	74,833
U.S. TREASURY NOTES	3.88%	08/15/2033	45,000	42,399	44,900
U.S. TREASURY NOTES	4.50%	11/15/2033	65,000	66,030	67,953
U.S. TREASURY NOTES	4.50%	11/15/2033	40,000	40,518	41,817
U.S. TREASURY NOTES	4.00%	02/15/2034	35,000	33,827	35,219
U.S. TREASURY NOTES	4.00%	02/15/2034	25,000	24,113	25,156
U.S. TREASURY NOTES	4.38%	05/15/2034	25,000	25,103	25,906
U.S. TREASURY NOTES	4.38%	05/15/2034	15,000	15,062	15,544
			\$ 4,870,000	\$ 4,741,352	\$ 4,623,577

**THE AGMA HEALTH FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED**

**AUGUST 31, 2024**

**EIN 13-2643045, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
FLORIDA POWER &	4.45%	05/15/2026	\$ 5,000	\$ 4,998	\$ 5,010
GENERAL DYNAMICS	1.15%	06/01/2026	70,000	69,890	66,405
GENERAL DYNAMICS	1.15%	06/01/2026	50,000	49,922	47,432
UNITEDHEALTH GRP INC	4.75%	07/15/2026	35,000	34,941	35,351
UNITEDHEALTH GRP INC	4.75%	07/15/2026	20,000	19,966	20,201
TARGET CORP	1.95%	01/15/2027	25,000	24,958	23,872
TARGET CORP	1.95%	01/15/2027	55,000	54,907	52,518
PACCAR FINANCIAL COR	5.00%	05/13/2027	50,000	49,962	51,120
PACCAR FINANCIAL COR	5.00%	05/13/2027	25,000	24,981	25,560
HOME DEPOT INC	4.88%	06/25/2027	50,000	49,835	50,967
MERCK & CO INC	4.05%	05/17/2028	45,000	44,964	44,992
MERCK & CO INC	4.05%	05/17/2028	20,000	19,984	19,996
ROYAL BK CA MTN CONV	5.20%	08/01/2028	35,000	34,984	36,115
ROYAL BK CA MTN CONV	5.20%	08/01/2028	55,000	54,975	56,752
NORTHERN TRUST CORP	1.95%	05/01/2030	20,000	19,924	17,648
NORTHERN TRUST CORP	1.95%	05/01/2030	40,000	39,848	35,295
CISCO SYSTEMS	4.96%	02/26/2031	40,000	39,920	41,363
CISCO SYSTEMS	4.95%	02/26/2031	25,000	24,950	25,852
BRISTOL-MYERS	5.20%	02/22/2034	25,000	25,153	25,932
BRISTOL-MYERS	5.20%	02/22/2034	10,000	9,998	10,373
JOHN DEERE CAP MTN	5.10%	04/11/2034	25,000	24,985	25,835
JOHN DEERE CAP MTN	5.10%	04/11/2034	30,000	29,981	31,002
			<u>\$ 755,000</u>	<u>\$ 754,026</u>	<u>\$ 749,591</u>

THE AGMA HEALTH FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

AUGUST 31, 2024

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
CANADIAN IMP BK CONV	1.00%	10/18/2024	\$ 45,000	\$ 44,991	\$ 44,760
CANADIAN IMP BK CONV	1.00%	10/18/2024	20,000	19,996	19,893
AMERICAN HONDA MTN	1.00%	09/10/2025	75,000	74,784	72,343
AMERICAN HONDA MTN	1.00%	09/10/2025	40,000	39,885	38,583
BANK MONT MTN CONV	5.92%	09/25/2025	75,000	75,000	75,936
BANK MONT MTN CONV	5.92%	09/25/2025	35,000	35,000	35,437
GOLDMAN SACHS	3.27%	09/29/2025	50,000	50,853	49,899
GOLDMAN SACHS	3.27%	09/29/2025	35,000	35,501	34,929
DOMINION RESOURCES	3.90%	10/01/2025	80,000	81,603	79,218
DOMINION RESOURCES	3.90%	10/01/2025	35,000	36,324	34,658
SIMON PROPERTY GROUP	3.30%	01/15/2026	50,000	54,885	49,128
SIMON PROPERTY GROUP	3.30%	01/15/2026	35,000	38,419	34,390
INTEL CORP	4.88%	02/10/2026	20,000	20,000	19,970
MCCORMICK & CO INC	0.90%	02/15/2026	65,000	64,864	61,566
MCCORMICK & CO INC	0.90%	02/15/2026	45,000	44,898	42,618
ORACLE CORP	1.65%	03/25/2026	75,000	76,322	71,608
ORACLE CORP	1.65%	03/25/2026	35,000	35,617	33,417
AMERICAN EXPRESS	6.34%	10/30/2026	60,000	60,000	61,018
AMERICAN EXPRESS	6.34%	10/30/2026	25,000	25,000	25,424
ENTERPRISE PRODU	4.60%	01/11/2027	60,000	59,938	60,489
ENTERPRISE PRODU	4.60%	01/11/2027	30,000	29,969	30,245
MORGAN STANLEY MTN	3.63%	01/20/2027	45,000	46,408	44,305
MORGAN STANLEY MTN	3.63%	01/20/2027	25,000	25,744	24,614
CITIGROUP INC	1.12%	01/28/2027	50,000	49,992	47,483
CITIGROUP INC	1.12%	01/28/2027	25,000	24,994	23,741
TRUIST FINL MTN	1.27%	03/02/2027	50,000	49,883	47,272
TRUIST FINL MTN	1.27%	03/02/2027	25,000	24,941	23,636
CVS HEALTH CORP	1.30%	08/21/2027	70,000	69,862	63,858
CVS HEALTH CORP	1.30%	08/21/2027	35,000	34,962	31,929
SOUTHERN CO	1.75%	03/15/2028	65,000	64,430	59,069
SOUTHERN CO	1.75%	03/15/2028	35,000	34,709	31,806
WELLS FARGO MTN	3.53%	03/24/2028	55,000	55,000	53,555
WELLS FARGO MTN	3.53%	03/24/2028	15,000	15,000	14,606
KEURIG DR PEPPER INC	4.60%	05/25/2028	60,000	57,368	60,271
KEURIG DR PEPPER INC	4.60%	05/25/2028	30,000	28,684	30,136
BANK NOVA SCOT CONV	5.25%	06/12/2028	75,000	74,544	77,152
BANK NOVA SCOT CONV	5.25%	06/12/2028	35,000	34,787	36,005
BANK OF AMER MTN	3.97%	03/05/2029	75,000	78,316	73,457
BANK OF AMER MTN	3.97%	03/05/2029	40,000	42,169	39,177
LOWE'S COS INC	3.65%	04/05/2029	55,000	60,218	53,160
LOWE'S COS INC	3.65%	04/05/2029	40,000	43,644	38,662
US BANCORP MTN	3.00%	07/30/2029	55,000	56,342	51,013
US BANCORP MTN	3.00%	07/30/2029	30,000	31,037	27,825
AMGEN INC	2.45%	02/21/2030	60,000	64,408	54,179
AMGEN INC	2.45%	02/21/2030	30,000	32,241	27,090
GENERAL MILLS IN	2.88%	04/15/2030	50,000	54,104	45,821
GENERAL MILLS IN	2.88%	04/15/2030	30,000	32,529	27,493
JPMORGAN CHASE	2.74%	10/15/2030	70,000	71,785	64,094
WEC ENERGY GROUP INC	1.80%	10/15/2030	65,000	65,144	55,404
JPMORGAN CHASE	2.74%	10/15/2030	35,000	35,893	32,047
WEC ENERGY GROUP INC	1.80%	10/15/2030	35,000	35,033	29,833
CIGNA CORP	2.38%	03/15/2031	55,000	55,088	47,809
CIGNA CORP	2.38%	03/15/2031	35,000	35,067	30,424
VERIZON COMM INC	2.55%	03/21/2031	37,000	36,953	32,546
VERIZON COMM INC	2.55%	03/21/2031	36,000	33,547	31,667

**THE AGMA HEALTH FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**AUGUST 31, 2024**

**EIN 13-2643045, PLAN NO. 501**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
TOR DOM BK MTN CONV	2.00%	09/10/2031	65,000	64,737	55,145
TOR DOM BK MTN CONV	2.00%	09/10/2031	35,000	34,858	29,694
			\$ 2,618,000	\$ 2,658,270	\$ 2,491,507

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

THE AGMA HEALTH FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

AUGUST 31, 2024

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
BLACKROCK LIQUIDITY FEDFUND INST	225,906	\$ 225,906	\$ 225,906
BLACKROCK LIQUIDITY FEDFUND INST	800,343	800,343	800,343
CAUSEWAY INT'L VALUE FUND CL I	3,085	65,090	67,065
CAUSEWAY INT'L VALUE FUND CL I	6,474	136,600	140,743
HOOD RIVER SM CAP GROW-INST	277	12,008	19,884
HOOD RIVER SM CAP GROW-INST	546	23,314	39,245
ISHARES CORE MSCI EAFE ETF	756	43,812	58,356
ISHARES CORE MSCI EAFE ETF	1,755	106,742	135,468
ISHARES CORE MSCI EMERGING	381	20,412	20,749
ISHARES CORE MSCI EMERGING	797	41,779	43,405
ISHARES RUSSELL 1000 GROWTH ETF	537	101,671	196,252
ISHARES RUSSELL 1000 GROWTH ETF	1,294	256,932	472,905
ISHARES RUSSELL 1000 VALUE ETF	1,048	151,674	197,359
ISHARES RUSSELL 1000 VALUE ETF	2,234	327,606	420,707
ISHARES RUSSELL 2000 VALUE ETF	206	26,596	34,552
ISHARES RUSSELL 2000 VALUE ETF	414	49,627	69,440
VANGUARD S&P 500 ETF	383	91,806	198,409
VANGUARD S&P 500 ETF	869	218,660	450,177
VIRTUS KAR SMALL-CAP GROWTH I	465	17,467	16,326
VIRTUS KAR SMALL-CAP GROWTH I	950	35,975	33,347
WCM FOCUSED INT'L GR FR CL INSTL	2,427	61,666	64,359
WCM FOCUSED INT'L GR FR CL INSTL	2,113	53,700	56,049
		<u>\$ 2,869,386</u>	<u>\$ 3,761,046</u>

**THE AGMA HEALTH FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED AUGUST 31, 2024**

**EIN 13-2643045, PLAN NO. 501**

**FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR**

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
	BLACKROCK LIQUIDITY FEDFUND INST	\$ -	\$ 3,962,583	\$ -	\$ -	\$ 3,962,583	\$ 3,962,583	\$ -
	BLACKROCK LIQUIDITY FEDFUND INST	4,551,728	-	-	-	-	4,551,728	-