

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>U.A. LOCAL 13 ANNUITY FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>U.A. LOCAL 13 ANNUITY FUND</u></p> <p><u>1850 MT. READ BLVD.</u> <u>ROCHESTER, NY 14615-3703</u></p>	<p>1c Effective date of plan <u>05/01/1974</u></p> <p>2b Employer Identification Number (EIN) <u>52-1041321</u></p> <p>2c Plan Sponsor's telephone number <u>585-338-2310</u></p> <p>2d Business code (see instructions) <u>238220</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2025	EDWARD HARRIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2025	MATTHEW ROSE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1392
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1050
	6a(2)	1119
	6b	
	6c	422
	6d	1541
	6e	24
	6f	1565
	6g(1)	1392
6g(2)	1410	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	48

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan U.A. LOCAL 13 ANNUITY FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 U.A. LOCAL 13 ANNUITY FUND</p>	<p>D Employer Identification Number (EIN) 52-1041321</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	523906-01	1565	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(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	

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	16870386
5	Current value of plan's interest under this contract in separate accounts at year end.....	24767771
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	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)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 20640416
c	Additions: (1) Contributions deposited during the year	7c(1) 232809
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 343807
	(4) Transferred from separate account	7c(4) 2685333
	(5) Other (specify below)..... ▶ LOAN REPAYMENTS, TRANSFERS IN	7c(5) 54173
	(6) Total additions	7c(6) 3316122
d	Total of balance and additions (add lines 7b and 7c(6))	7d 23956538
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 2084672
	(2) Administration charge made by carrier.....	7e(2) 127030
	(3) Transferred to separate account	7e(3) 4823917
	(4) Other (specify below)..... ▶ TRANSFERS OUT	7e(4) 50533
(5) Total deductions	7e(5) 7086152	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 16870386

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan U.A. LOCAL 13 ANNUITY FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 U.A. LOCAL 13 ANNUITY FUND	D Employer Identification Number (EIN) 52-1041321	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

U.A. LOCAL 13 EMPLOYERS GRP INS FUD

16-0766976

(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	RELATED PARTY/SHARED EXP.	162478	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)

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 51	NONE	66876	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ASHERKELLY

25800 NORTHWESTERN HIGHWAY, ST 1100
SOUTHFIELD, MI 48075

(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	47247	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)

SEGAL MARCO ADVISORS, INC.

13-2646110

(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 50	INVESTMENT ADVISOR	31785	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)

BONADIO & CO. LLP

16-1131146

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	NONE	27185	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)

U.A. LOCAL 13 BUILDING, INC.

23-7358299

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	RELATED PARTY/RENT	20000	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>U.A. LOCAL 13 ANNUITY FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>U.A. LOCAL 13 ANNUITY FUND</u>	D Employer Identification Number (EIN) <u>52-1041321</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP GROWTH/AMERICAN CENTURY</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INC.</u>		
c EIN-PN <u>06-1050034-253</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19199916</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP VALUE/KENNEDY CAPITAL</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INC.</u>		
c EIN-PN <u>06-1050034-257</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3415336</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>KETWEST CORE PLUS BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INC.</u>		
c EIN-PN <u>06-1050034-826</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2152529</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan U.A. LOCAL 13 ANNUITY FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 U.A. LOCAL 13 ANNUITY FUND	D Employer Identification Number (EIN) 52-1041321

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	543996	589482
(2) Participant contributions	1b(2)	152194	166982
(3) Other	1b(3)	121914	153049
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	740005	727635
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2669436	2592470
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	20416538	24767771
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	136020592	155563163
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	20640416	16870386
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	10295	4935
f Total assets (add all amounts in lines 1a through 1e).....	1f	181315386	201435873
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	39612	75064
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	39612	75064
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	181275774	201360809

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	7053788	
(B) Participants.....	2a(1)(B)	2117825	
(C) Others (including rollovers).....	2a(1)(C)	1011387	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10183000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	145875	
(F) Other.....	2b(1)(F)	381992	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		527867
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8395755	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8395755
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	332194	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3440048
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		9616193
c Other income	2c		300000
d Total income. Add all income amounts in column (b) and enter total	2d		32795057

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11676706	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11676706
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		692607
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2850	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	27185	
(5) Investment advisory and investment management fees	2i(5)	31785	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	47247	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	231642	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		340709
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12710022

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20085035
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BONADIO & CO., LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

U.A. LOCAL 13 ANNUITY FUND

**Financial Statements and Supplemental Information
as of December 31, 2024 and 2023
Together With
Independent Auditor's Report**

INDEPENDENT AUDITOR'S REPORT

September 23, 2025

To the Board of Trustees of the
U.A. Local 13 Annuity Fund:

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

We have performed audits of the accompanying financial statements of the U.A. Local 13 Annuity Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years ended, stating that the certified information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion

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

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

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INDEPENDENT AUDITOR'S REPORT

(Continued)

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 International Brotherhood of Electrical Workers' Local No. 86 Annuity Fund and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audits evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

INDEPENDENT AUDITOR'S REPORT

(Continued)

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

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.

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

INDEPENDENT AUDITOR'S REPORT

(Continued)

Other Matter - Supplemental Schedule Required by ERISA (Continued)

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

In our opinion –

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

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Administrative Expenses for the years ended December 31, 2024 and 2023 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 included, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Bonadio & Co., LLP

U.A. LOCAL 13 ANNUITY FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
CASH	\$ 727,635	\$ 740,005
INVESTMENTS, at fair value:		
Mutual funds	155,563,163	136,020,592
Pooled separate accounts	<u>24,767,771</u>	<u>20,416,538</u>
Total investments, at fair value	180,330,934	156,437,130
INVESTMENTS, at contract value:		
Guaranteed insurance contracts	<u>16,870,386</u>	<u>20,640,416</u>
Total investments	<u>197,201,320</u>	<u>177,077,546</u>
RECEIVABLES:		
Notes receivable from participants	2,592,470	2,669,436
Employer contributions	544,650	497,894
Participant contributions	166,982	152,194
Reciprocal contributions	44,832	46,102
Due from depository	<u>151,524</u>	<u>120,318</u>
Total receivables	<u>3,500,458</u>	<u>3,485,944</u>
FURNITURE, EQUIPMENT AND LEASEHOLD IMPROVEMENTS, net	<u>4,935</u>	<u>10,295</u>
PREPAID EXPENSES	<u>1,525</u>	<u>1,596</u>
Total assets	<u>201,435,873</u>	<u>181,315,386</u>
LIABILITIES		
ACCOUNTS PAYABLE	62,624	39,612
DUE TO AFFILIATES	<u>12,440</u>	<u>-</u>
Total liabilities	<u>75,064</u>	<u>39,612</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 201,360,809</u>	<u>\$ 181,275,774</u>

The accompanying notes are an integral part of these statements.

U.A. LOCAL 13 ANNUITY FUND

STATEMENTS OF CHANGES NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Investment income -		
Net appreciation in fair value of investments	\$ 13,388,435	\$ 20,263,484
Interest	381,992	407,553
Dividends	<u>8,395,755</u>	<u>3,934,737</u>
Total investment income	<u>22,166,182</u>	<u>24,605,774</u>
Interest income on notes receivable from participants	<u>145,875</u>	<u>163,411</u>
Contributions -		
Employer and reciprocal, net	7,053,788	6,740,704
Participant contributions	2,117,825	2,012,660
Hour bank transfer contributions	885,360	852,213
Rollover contributions	<u>126,027</u>	<u>87,204</u>
Total contributions	<u>10,183,000</u>	<u>9,692,781</u>
Other income -		
Administrative fees and reimbursements	<u>300,000</u>	<u>300,000</u>
Total additions	<u>32,795,057</u>	<u>34,761,966</u>
DEDUCTIONS:		
Benefits paid to participants	11,676,706	12,681,250
Distributed and defaulted loans	692,607	236,764
Administrative expenses	<u>340,709</u>	<u>268,216</u>
Total deductions	<u>12,710,022</u>	<u>13,186,230</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	20,085,035	21,575,736
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>181,275,774</u>	<u>159,700,038</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 201,360,809</u>	<u>\$ 181,275,774</u>

The accompanying notes are an integral part of these statements.

U.A. LOCAL 13 ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following description of U.A. Local 13 Annuity Fund (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a contributory multiemployer defined contribution pension plan that provides retirement benefits for all eligible employees covered by the collective bargaining agreement (CBA) between Local Union No. 13 of the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada (the "Local") and the employers signatory to the CBA (collectively, the "Bargaining Parties"). The jurisdiction is Rochester, New York, and the outlying vicinity. Officers and employees of both the Plan and the Local are also eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

An employee becomes a participant in the Plan once his or her employer has made contributions for 40 hours of covered employment in a 12-month period on his or her behalf.

Benefits

The amount of benefits payable is equal to the fair market value of the participant's account immediately following the interruption of their service, whether by death, retirement, disability, or termination before retirement. A participant can receive retirement benefits at age 50.

Participant Accounts

Each participant in the Plan has a separate account showing their share of the investment funds. Each participant's account is credited with contributions as received by the Plan and Plan earnings are credited daily in proportion to the total participant balances. The account is also reduced for participants' withdrawals. Participants may change their investment options at any time. Participants are immediately vested in all contributions made to their account. Participants may elect to rollover funds (except for individual retirement accounts) into their accounts from another qualified retirement plan.

Accounts may become inactive if there have not been contributions to the account for the previous three consecutive calendar years.

Contributions

The Plan receives contributions from employers pursuant to the CBA with the Local and other United Association's locals pursuant to reciprocal agreements. As a condition of participation, employers are required to contribute \$5.50 for each straight time hour that a journeyman works in covered employment. For apprentices, employers are required to contribute between \$0.83 to \$2.64, based on years of apprenticeship, for each straight time hour worked. These contributions are based on each hour a journeyman or apprentice is paid, and contribution rates increase respectively for any overtime and/or double time hours worked by a participant.

1. DESCRIPTION OF THE PLAN (Continued)

Contributions (Continued)

As of May 4, 2015, the Plan allows participants to defer contributions, on an after-tax basis, into a designated Roth account held by the Plan. Each year, participants may contribute up to 10.5 percent of after-tax compensation, as defined by the Plan. Contributions are received from other Locals at the lesser of the above amounts or the amounts collected pursuant to their CBA. Contributions are allocated among investment funds in accordance with each participant's current allocation.

As of May 1, 2020, the Bargaining Parties approved a memorandum of understanding which allows for the election of certain contributions to the Plan's related U.A. Local 13 Employer and Insurance Fund (the "Insurance Fund") to be transferred to the Plan. Effective May 1, 2020, an employee with a bank balance in the Insurance Fund between \$30,000 and \$59,999 as of the beginning of an eligibility quarter may elect to have the hourly contribution required to be made to the Insurance Fund on his/her behalf reduced by 30% and the corresponding dollar amount increased to the Plan's required contribution. Further, any employee with a bank balance in the Insurance Fund of \$60,000 or greater may have his/her hourly contribution to the Insurance Fund reduced by 60% with the corresponding dollar amount increased to the Plan's contribution. If after electing to participate, the value of the employee's bank balance is less than \$30,000 as of the beginning of an eligibility quarter, then the hourly contribution rates will revert to those of the CBA as if no election was made.

Notes Receivable from Participants

Participants are allowed to borrow funds from their respective account if the balance in their account is at least \$10,000, subject to certain provisions. Minimum loans are \$5,000 with a maximum of the lower of the following: (a) 50% of the value of the individual account; or (b) \$48,000 reduced by the highest outstanding loan balance during the 12 months prior to the date of the loan. Loans shall be for a period of up to five years and shall be repaid within said period. A \$25 administration fee is charged to a participant's account for each loan. If a participant defaults on repayment of a loan and has received a deemed distribution, the participant shall be disqualified from taking another loan until such deemed distribution and accrued interest thereon has been repaid to the participant's account. If a participant has an outstanding loan balance and subsequently receives any benefits from the Plan or is in default of such loans, these loans shall be deducted from, and are considered to be, a taxable distribution from the participant's account. For loans issued on or after January 1, 2004, the Plan charges interest at a rate of 6% per annum.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Estimates

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Cash

Cash consists of bank demand deposit accounts. At times, the balances in these accounts may exceed federally insured limits. At December 31, 2024 and 2023, cash balances of \$477,635 and \$490,005, respectively, were held in commercial banks and exceeded insured amounts by the Federal Deposit Insurance Corporation (FDIC). The Plan has not experienced any losses in these accounts and management does not believe that it is exposed to any significant credit risk with respect to cash.

Investments

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

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully-benefit responsive investment contracts, which are required to be reported at contract value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Fair Value Measurements

Accounting Standards Codification (ASC) 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lower priority to unobservable inputs (Level 3 measurements).

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

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2024 and 2023.

Mutual funds: Valued using Level 1 inputs at the quoted closing price reported on the active market on which the individual securities are traded.

Pooled separate accounts: Valued at the quoted net asset value (NAV) of each fund, which is based on the value of the underlying portfolio investments at the valuation date.

Large Cap Growth/American Century Fund invests in an aggressive mix of stocks. The fund follows a fundamental, bottom-up, risk-aware approach to security selection. The investment strategy is based on the belief that stock prices follow the underlying growth in corporate earnings, and that business improvement will be rewarded over time. The fund's objective is long-term capital growth.

Small Cap Value/Kennedy Capital Fund invests in an aggressive mix of stocks. The fund is managed pursuant to its extended small-cap value investment strategy, investing primarily in the common stock of U.S. small capitalization companies that are viewed by the fund as overlooked by the marketplace. The fund seeks to outperform other funds over a typical market cycle by investing in fundamentally strong, small capitalization companies with low institutional ownership and low analyst coverage.

MetWest Core Plus Bond Fund invests in an aggressive mix of stocks. The fund is managed pursuant to its Core Plus Bond investment strategy looking to maximize long term total return by maintaining and average portfolio duration between two and eight years. Investments can include government and corporate debt securities, mortgage and asset-backed securities, money market instruments, and derivatives. The fund's strategy seeks to outperform the benchmark over full cycles while maintaining volatility in line with that of the index.

Guaranteed Insurance Contracts: Valued at contract value, which approximates fair value, as reported to the Plan by Empower Annuity Insurance Company (EAICA). Contract value represents contributions made under the contracts, plus earnings and reduced for withdrawals and administrative expenses and an estimate of the surrender charges if the Plan were terminated.

The Empower Guaranteed Income Fund invests in a conservative mix of stocks, bonds, cash, and other securities. The fund is designed to provide safety of principal, liquidity, and a competitive rate of return by offering stability of crediting rate, guaranteed protection of principal and accumulated interest from market volatility, and intermediate-term fixed income returns.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

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

Guaranteed Insurance Contract

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Empower Retirement (“Empower”) totaling \$16,870,386 and \$20,640,416 as of December 31, 2024 and 2023, respectively. Empower maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 2.10 percent. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

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

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

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Delinquent notes receivable from participants are reclassified as deemed distributions based upon the terms of the Plan document.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Employer, Participant, and Reciprocal Contributions Receivable

Employer and reciprocal contributions receivable represent contributions from employers and other locals pursuant to reciprocal agreements based on hours worked but not received at year-end. Employer contributions receivable have been collected in full by the Plan subsequent to the year-end. Management monitors outstanding balances and estimates uncollectibility based on specific economic conditions. Upon management's determination of uncollectibility, the specific balance of such account is written off through the allowance for expected credit losses for potentially uncollectible employer contributions. No allowance for uncollectible receivables was considered necessary at December 31, 2024 nor 2023.

Furniture, Equipment and Leasehold Improvements, Net

Furniture, equipment, and leasehold improvements are stated at cost. Depreciation and amortization are provided using straight-line and accelerated methods over the shorter of estimated useful lives of the related assets, ranging from three to five years, or, for leasehold improvements, the remaining lease term. The Plan capitalizes additions that exceed \$1,000 and have useful lives greater than one year.

Leases

The Plan leases office space from a related party. See Note 8. The Plan determines if an arrangement is a lease at inception.

Benefit Payments

Benefits are recorded as expenses when paid.

Administrative Expenses

Administrative expenses are paid by the Plan.

Reclassifications

Certain amounts from the 2023 financial statements have been reclassified to conform to 2024 presentation. Such reclassifications had no impact on the reported change in net assets for the year ended December 31, 2023.

3. INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan sponsor by a letter dated February 3, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

4. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The classification of change in net assets available for benefits for the years ended December 31, 2024 and 2023 differs between the financial statements and Form 5500. However, the total change in net assets available for benefits for the years then ended agrees between those financial statements and Form 5500.

5. FURNITURE, EQUIPMENT AND LEASEHOLD IMPROVEMENTS, NET

Furniture, equipment, and leasehold improvements consisted of the following as of December 31:

	<u>2024</u>	<u>2023</u>
Furniture and equipment	\$ 35,549	\$ 35,549
Leasehold improvements	<u>27,158</u>	<u>27,158</u>
	62,707	62,707
Less: Accumulated depreciation and amortization	<u>(57,772)</u>	<u>(52,412)</u>
	<u>\$ 4,935</u>	<u>\$ 10,295</u>

Depreciation and amortization expense for the years ended December 31, 2024 and 2023 was \$5,360 and \$6,069, respectively.

6. INVESTMENTS

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 155,563,163</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 155,563,163
Investments valued at NAV (a)				<u>24,767,771</u>
Total investments at fair value				<u>\$ 180,330,934</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 136,020,592</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 136,020,592
Investments valued at NAV (a)				<u>20,416,538</u>
Total investments at fair value				<u>\$ 156,437,130</u>

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

6. INVESTMENTS (Continued)

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

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	Redemption Frequency (if Currency Eligible)
Large Cap Growth/American Century Fund	\$ 19,199,916	\$ -	[1]
Small Cap Value/Kennedy Capital Fund	2,152,529	-	[1]
MetWest Core Plus Bond Fund	<u>3,415,326</u>	<u>-</u>	[1]
	<u>\$ 24,767,771</u>	<u>\$ -</u>	

The Plan has the following investments whose fair value is based on net asset value as of December 31, 2023:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	Redemption Frequency (if Currency Eligible)
Large Cap Growth/American Century Fund	\$ 14,793,042	\$ -	[1]
Small Cap Value/Kennedy Capital Fund	3,549,145	-	[1]
MetWest Core Plus Bond Fund	<u>2,074,351</u>	<u>-</u>	[1]
	<u>\$ 20,416,538</u>	<u>\$ -</u>	

[1] The investments in the pooled separate accounts are liquid. There are no restrictions on redemption.

7. PLAN TERMINATION

Although it has expressed no intent to do so, the Plan's administrator, the Board of Trustees, has the right to discontinue or terminate the Plan at any time. In the event of termination, the interest of the affected participants in the Plan will remain fully vested and non-forfeitable. The Board of Trustees shall determine the value of each participant's and beneficiary's account based on current valuation and the amount shall be promptly distributed to him or her.

8. RELATED PARTY TRANSACTIONS

In 2014 the Plan renewed its lease agreement with U.A. Local 13 Building, Inc. (the "Corporation"), an entity related through common membership, to lease office space for its building. The rent is \$20,000, payable annually. The current lease is for a period of five years effective January 1, 2021 through December 31, 2025, and cancellable by either party at any time without penalty. Total rent paid to Corporation was \$20,000 for both of the years ended December 31, 2024 and 2023. Future minimum lease payments to be paid under this agreement are \$20,000 for the year ending December 31, 2025.

8. RELATED PARTY TRANSACTIONS (Continued)

The Plan has an agreement with the Insurance Fund and other affiliates to share administrative wages, office expenses and other related expenses. The Plan and other affiliates are related by common management and membership. The Plan pays monthly reimbursements to the Insurance Fund according to an administrative expense-sharing agreement. Total reimbursements from the Plan for the years ended December 31, 2024 and 2023 were \$162,478 and \$143,306, respectively. These reimbursements are recorded as "shared administrative expenses" in the financial statements. As of December 31, 2024, the Plan owed the Insurance Fund \$12,066 for the reimbursement of expenses paid by the Insurance Fund on the Plan's behalf and is included in "due to affiliates" in the financial statements.

The Plan receives its proportionate share of employer and reciprocal contributions monthly from the Insurance Fund as the Insurance Fund maintains a depository account which receives, deposits, and distributes the majority of all contributions through consolidated checks and ACH's issued by most employers. The Plan's share of employer and reciprocal contribution income received by the Insurance Fund for the years ended December 31, 2024 and 2023 was \$7,314,324 and \$6,897,436, respectively, and is included in "employer and reciprocal contributions, net" in the financial statements. These represent the gross receipts from the Insurance Fund and is presented net of the reciprocal payments totaling \$261,359 and \$156,732 for the years ended December 31, 2024 and 2023, respectively to other locals. The Plan's share of participant contributions for the years ended December 31, 2024 and 2023 was \$2,117,825 and \$2,012,660, respectively, and is included in "participant contributions" in the financial statements. The Insurance Fund also collects employer contributions that participants may elect to transfer to the Plan. Contributions for this election totaled \$885,360 and \$852,213 for the years ended December 31, 2024 and 2023, respectively, and are included in "hour bank transfer contributions" in the financial statements. The amount due from the Insurance Fund at December 31, 2024 and 2023 was \$151,524 and \$120,318, respectively, and is included in "due from depository account" in the financial statements.

9. PARTY-IN-INTEREST TRANSACTIONS

The Plan has holdings in various pooled separate accounts managed by Empower. Empower also provides administrative and investment management services to the Plan during the years ended December 31, 2024 and 2023. The Plan currently offers the Empower Guaranteed Income Fund as an investment option as detailed in Note 2. The Plan did not pay direct fees to Empower during the years ended December 31, 2024 and 2023 as fees are paid directly from the investment fund.

Certain plan assets consist of notes receivables from participants, which qualify as party-in-interest transactions.

10. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included in the financial statements and supplementary schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian, Empower Annuity Insurance Company, as of December 31:

	<u>2024</u>	<u>2023</u>
Investments:		
Mutual funds, at fair value	<u>\$ 155,563,163</u>	
Pooled separate accounts, at fair value	<u>\$ 24,767,771</u>	<u>\$ 20,416,538</u>
Guaranteed insurance contracts, at contract value	<u>\$ 16,870,386</u>	<u>\$ 20,640,416</u>
Notes receivable from participants	<u>\$ 2,592,470</u>	
Net appreciation in fair value of investments	<u>\$ 13,388,435</u>	<u>\$ 4,957,630</u>
Interest	<u>\$ 381,992</u>	<u>\$ 407,553</u>
Dividends	<u>\$ 8,395,755</u>	
Schedule of Assets (Held at End of Year)		Schedule II

11. PLAN AMENDMENTS

Adopted and effective November 21, 2024, the Plan was amended to adopt a threshold for mandatory distributions including rollovers and lump sum termination benefits for participants whose account balances are below \$7,000.

Adopted and effective November 16, 2023, the Plan was amended to adopt the "alumni rule" for the purpose of defining a CBA under the Internal Revenue Code.

Adopted and effective August 24, 2023, the Plan was amended relating to the claims and appeal procedures.

Adopted May 25, 2024, and effective July 10, 2023, the Plan was amended relating to the expiration of the COVID-19 National Emergency.

Adopted February 23, 2023, and effective January 1, 2023, the Plan was amended relating to participant's surviving spouse qualification and the required beginning date.

Adopted November 10, 2022, and effective January 1, 2023, the Plan was amended relating to in-service distributions.

12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 23, 2025, which is the date the financial statements were available to be issued.

U.A. LOCAL 13 ANNUITY FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

SCHEDULE I

	<u>2024</u>	<u>2023</u>
Shared administrative costs	\$ 162,478	\$ 143,306
Legal	47,247	39,032
Conventions and meetings	37,517	4,438
Investment advisor	31,785	30,000
Audit and accounting services	27,185	19,685
Rent	20,000	20,000
Office supplies and expense	6,287	3,486
Depreciation and amortization	5,360	6,069
Administrative fees	<u>2,850</u>	<u>2,200</u>
	<u>\$ 340,709</u>	<u>\$ 268,216</u>

The accompanying notes are an integral part of these schedules.

U.A. LOCAL 13 ANNUITY FUND

EMPLOYER IDENTIFICATION NUMBER 52-1041321

PLAN NUMBER 002

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

DECEMBER 31, 2024

SCHEDULE II

(a)	(b)	(c)	(d)	(e)
<u>(a)</u>	<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment including maturity date, rate of interest, par, or maturity value</u>	<u>Cost</u>	<u>Current Value</u>
MUTUAL FUNDS				
	American Funds 2010 Target Date Retirement Fund	Mutual Fund	\$ 5,201,560	\$ 5,337,251
	American Funds 2015 Target Date Retirement Fund	Mutual Fund	4,833,269	4,961,992
	American Funds 2020 Target Date Retirement Fund	Mutual Fund	13,554,388	13,971,519
	American Funds 2025 Target Date Retirement Fund	Mutual Fund	17,470,713	18,594,768
	American Funds 2030 Target Date Retirement Fund	Mutual Fund	14,669,220	16,371,210
	American Funds 2035 Target Date Retirement Fund	Mutual Fund	12,915,670	14,921,278
	American Funds 2040 Target Date Retirement Fund	Mutual Fund	10,523,618	12,609,150
	American Funds 2045 Target Date Retirement Fund	Mutual Fund	9,356,938	11,166,081
	American Funds 2050 Target Date Retirement Fund	Mutual Fund	7,940,015	9,247,784
	American Funds 2055 Target Date Retirement Fund	Mutual Fund	4,663,766	5,309,955
	American Funds 2060 Target Date Retirement Fund	Mutual Fund	847,689	933,702
	Conestoga Small Cap Institutional	Mutual Fund	943,846	1,041,957
	Dodge & Cox Stock X	Mutual Fund	6,524,734	7,226,647
	Harbor International Retirement	Mutual Fund	2,549,286	2,768,790
	PIMCO Global Bond Opps (USD-Hedged) Institutional	Mutual Fund	627,043	621,167
	Vanguard GNMA Fund Admiral	Mutual Fund	1,850,632	1,727,221
	Vanguard Institutional Index Fund Institutional	Mutual Fund	6,537,400	8,053,414
	Vanguard Mid Cap Index Fund Admiral	Mutual Fund	3,805,870	5,697,158
	Vanguard Total Institutional Stock Index Fund Admiral	Mutual Fund	2,229,591	2,321,370
	Vanguard Total Stock Market Index Fund Institutional	Mutual Fund	<u>9,770,966</u>	<u>12,680,749</u>
			<u>136,816,214</u>	<u>155,563,163</u>
POOLED SEPARATE ACCOUNTS				
	Large Cap Growth/American Century Fund	Pooled Separate Account	8,797,022	19,199,916
	Small Cap Value/Kennedy Capital Fund	Pooled Separate Account	1,908,455	3,415,326
	MetWest Core Plus Bond	Pooled Separate Account	<u>2,171,560</u>	<u>2,152,529</u>
			<u>12,877,037</u>	<u>24,767,771</u>
GUARANTEED INSURANCE CONTRACT				
*	Empower Guaranteed Income Fund	Guaranteed Insurance Contract	<u>14,460,836</u>	<u>16,870,386</u>
*	NOTES RECEIVABLE FROM PARTICIPANTS	6.00%	<u>2,591,125</u>	<u>2,592,470</u>
TOTAL ASSETS HELD			<u>\$ 166,745,212</u>	<u>\$ 199,793,790</u>

* Party-in-Interest

U.A. LOCAL 13 ANNUITY FUND

EMPLOYER IDENTIFICATION NUMBER 52-1041321

PLAN NUMBER 002

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

DECEMBER 31, 2024

SCHEDULE II

(a)	(b)	(c)	(d)	(e)
<u>(a)</u>	<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment including maturity date, rate of interest, par, or maturity value</u>	<u>Cost</u>	<u>Current Value</u>
MUTUAL FUNDS				
	American Funds 2010 Target Date Retirement Fund	Mutual Fund	\$ 5,201,560	\$ 5,337,251
	American Funds 2015 Target Date Retirement Fund	Mutual Fund	4,833,269	4,961,992
	American Funds 2020 Target Date Retirement Fund	Mutual Fund	13,554,388	13,971,519
	American Funds 2025 Target Date Retirement Fund	Mutual Fund	17,470,713	18,594,768
	American Funds 2030 Target Date Retirement Fund	Mutual Fund	14,669,220	16,371,210
	American Funds 2035 Target Date Retirement Fund	Mutual Fund	12,915,670	14,921,278
	American Funds 2040 Target Date Retirement Fund	Mutual Fund	10,523,618	12,609,150
	American Funds 2045 Target Date Retirement Fund	Mutual Fund	9,356,938	11,166,081
	American Funds 2050 Target Date Retirement Fund	Mutual Fund	7,940,015	9,247,784
	American Funds 2055 Target Date Retirement Fund	Mutual Fund	4,663,766	5,309,955
	American Funds 2060 Target Date Retirement Fund	Mutual Fund	847,689	933,702
	Conestoga Small Cap Institutional	Mutual Fund	943,846	1,041,957
	Dodge & Cox Stock X	Mutual Fund	6,524,734	7,226,647
	Harbor International Retirement	Mutual Fund	2,549,286	2,768,790
	PIMCO Global Bond Opps (USD-Hedged) Institutional	Mutual Fund	627,043	621,167
	Vanguard GNMA Fund Admiral	Mutual Fund	1,850,632	1,727,221
	Vanguard Institutional Index Fund Institutional	Mutual Fund	6,537,400	8,053,414
	Vanguard Mid Cap Index Fund Admiral	Mutual Fund	3,805,870	5,697,158
	Vanguard Total Institutional Stock Index Fund Admiral	Mutual Fund	2,229,591	2,321,370
	Vanguard Total Stock Market Index Fund Institutional	Mutual Fund	<u>9,770,966</u>	<u>12,680,749</u>
			<u>136,816,214</u>	<u>155,563,163</u>
POOLED SEPARATE ACCOUNTS				
	Large Cap Growth/American Century Fund	Pooled Separate Account	8,797,022	19,199,916
	Small Cap Value/Kennedy Capital Fund	Pooled Separate Account	1,908,455	3,415,326
	MetWest Core Plus Bond	Pooled Separate Account	<u>2,171,560</u>	<u>2,152,529</u>
			<u>12,877,037</u>	<u>24,767,771</u>
GUARANTEED INSURANCE CONTRACT				
*	Empower Guaranteed Income Fund	Guaranteed Insurance Contract	<u>14,460,836</u>	<u>16,870,386</u>
*	NOTES RECEIVABLE FROM PARTICIPANTS	6.00%	<u>2,591,125</u>	<u>2,592,470</u>
TOTAL ASSETS HELD			<u>\$ 166,745,212</u>	<u>\$ 199,793,790</u>

* Party-in-Interest

5500 EFILE AUTHORIZATION

PLAN NAME: U.A. Local 13 Annuity Fund

PLAN NUMBER: 001

PLAN YEAR: 12/31/2024

PLAN ADMINISTRATOR: Edward Harris

PLAN SPONSOR: Scott Wild

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

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

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

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


SIGNATURE (PLAN ADMINISTRATOR)

09/23/2025
DATE


SIGNATURE (PLAN SPONSOR)

09/24/2025
DATE

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 <hr/> 2024 <hr/> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is:	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____
		<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
		<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>	
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension
		<input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>	

Part II	Basic Plan Information - enter all requested information		
1a	Name of plan U.A. LOCAL 13 ANNUITY FUND	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 05/01/1974
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) U.A. LOCAL 13 ANNUITY FUND 1850 MT. READ BLVD. ROCHESTER NY 14615-3703	2b	Employer Identification Number (EIN) 52-1041321
		2c	Plan Sponsor's telephone number (585) 338-2310
		2d	Business code (see instructions) 238220

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<i>Edward Harris</i> Signature of plan administrator	09/23/2025 Date	EDWARD HARRIS Enter name of individual signing as plan administrator
SIGN HERE	<i>Scott Wild</i> Signature of employer/plan sponsor	09/24/2025 Date	SCOTT WILD Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	1,392
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	1,050
a(2) Total number of active participants at the end of the plan year	6a(2)	1,119
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	422
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1,541
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	24
f Total. Add lines 6d and 6e	6f	1,565
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	1,392
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	1,410
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	48

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

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

9a Plan funding arrangement (check all that apply) (1) <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	9b 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

Receipt Confirmation Code _____