

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: CORRECTIONAL SECURITY TRUST BENEFIT FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 08/01/1991
2a Plan sponsor's name (employer, if for a single-employer plan): CORRECTIONAL SECURITY TRUST BENEFIT FUND
2b Employer Identification Number (EIN): 14-1742942
2c Plan Sponsor's telephone number: 518-561-2937
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

|   |  |      |
|---|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |      |
|   | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 3034 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 3034 |
|   | <b>6a(2)</b>                               | 2906 |
|   | <b>6b</b>                                  |      |
|   | <b>6c</b>                                  |      |
|   | <b>6d</b>                                  | 2906 |
|   | <b>6e</b>                                  |      |
|   | <b>6f</b>                                  |      |
|   | <b>6g(1)</b>                               |      |
| <b>6g(2)</b>  |  |      |
| <b>6h</b>   |  |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |      |

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4B 4C 4F 4L

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

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

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|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>CORRECTIONAL SECURITY TRUST BENEFIT FUND</b>   | <b>B</b> Three-digit plan number (PN) ▶                            | <b>501</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CORRECTIONAL SECURITY TRUST BENEFIT FUND</b> | <b>D</b> Employer Identification Number (EIN)<br><b>14-1742942</b> |            |

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

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

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

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

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

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

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

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

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

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

BONADIO & CO., LLP

6 WEMBLEY COURT  
ALBANY, NY 12205

16-1131146

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | ACCOUNTANT  | 16105  | 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)

EASTERN TECHNICAL SERVICES INC

186 US OVAL  
PLATTSBURGH, NY 12903

14-1656330

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30                     | EMPLOYEE  | 14824  | 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)

PINNACLE PROPERTIES, LLC

PO BOX 983  
PLATTSBURGH, NY 12901

06-1766357

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99                     | LANDLORD  | 6732   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>         |  |
| <b>A</b> Name of plan<br><b>CORRECTIONAL SECURITY TRUST BENEFIT FUND</b>   | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CORRECTIONAL SECURITY TRUST BENEFIT FUND</b> | <b>D</b> Employer Identification Number (EIN)<br><b>14-1742942</b> |

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

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

| <b>Assets</b>  | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|--|------------------------------|------------------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b> 8194               | 7802                   |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                              |                        |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>                 |                        |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>                 |                        |
| <b>(3)</b> Other .....   | <b>1b(3)</b>                 |                        |
| <b>c</b> General investments:  |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b> 487859          | 512494                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>                 |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                              |                        |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b>              |                        |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b>              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                              |                        |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b>              |                        |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b>              |                        |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>                 |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>                 |                        |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>                 |                        |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>                 |                        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>                 |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>                |                        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>                |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>                |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b> 992419         | 1191300                |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>                |                        |
| <b>(15)</b> Other .....  | <b>1c(15)</b>                |                        |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 1488472               | 1711596         |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    |                       |                 |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 1488472               | 1711596         |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 173874     |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 173874    |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 926        |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 926       |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 16235      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 16235     |
| (3) Rents.....   | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | 98802      |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |        | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 83844     |
| <b>c</b> Other income .....   | 2c     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | 2d     |            | 373681    |

**Expenses**

|  |        |       |        |
|--|--------|-------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |        |       |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | 2e(1)  | 97684 |        |
| (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)  |       | 97684  |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f     |       |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g     |       |        |
| <b>h</b> Interest expense.....   | 2h     |       |        |
| <b>i</b> Administrative expenses:  |        |       |        |
| (1) Salaries and allowances .....  | 2i(1)  | 0     |        |
| (2) Contract administrator fees .....  | 2i(2)  |       |        |
| (3) Recordkeeping fees .....   | 2i(3)  |       |        |
| (4) IQPA audit fees .....  | 2i(4)  | 16105 |        |
| (5) Investment advisory and investment management fees .....                               | 2i(5)  |       |        |
| (6) Bank or trust company trustee/custodial fees .....                                     | 2i(6)  |       |        |
| (7) Actuarial fees .....   | 2i(7)  |       |        |
| (8) Legal fees .....   | 2i(8)  | 375   |        |
| (9) Valuation/appraisal fees .....   | 2i(9)  |       |        |
| (10) Other trustee fees and expenses .....   | 2i(10) |       |        |
| (11) Other expenses.....   | 2i(11) | 36393 |        |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                     | 2i(12) |       | 52873  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j     |       | 150557 |

**Net Income and Reconciliation**

|  |       |  |        |
|--|-------|--|--------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 223124 |
| <b>l</b> 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 |
|--|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 200000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     | X  |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

**CORRECTIONAL SECURITY TRUST  
BENEFIT FUND**

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

## **INDEPENDENT AUDITOR'S REPORT**

October 8, 2025

To the Trustees of  
Correctional Security Trust Benefit Fund:

### **Opinion**

We have audited the accompanying financial statements of Correctional Security Trust Benefit Fund (the Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Correctional Security Trust Benefit Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of 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.

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 Correctional Security Trust Benefit Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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(Continued)

## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

### **Responsibilities of Management for the Financial Statements (Continued)**

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Correctional Security Trust Benefit Fund'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 Correctional Security Trust Benefit Fund's ability to continue as a going concern for a reasonable period of time.

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

(Continued)

## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at Year End) as of December 31, 2024 and Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

# CORRECTIONAL SECURITY TRUST BENEFIT FUND

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

---

|                                   | <u>2024</u>         | <u>2023</u>         |
|-----------------------------------|---------------------|---------------------|
| <b>ASSETS</b>                     |                     |                     |
| CASH                              | \$ <u>7,802</u>     | \$ <u>8,194</u>     |
| INVESTMENTS, at fair value:       |                     |                     |
| Cash and cash equivalents         | 96,866              | 77,987              |
| Certificates of deposit           | 415,628             | 409,872             |
| Mutual funds                      | <u>1,191,300</u>    | <u>992,419</u>      |
| Investments, at fair value        | <u>1,703,794</u>    | <u>1,480,278</u>    |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 1,711,596</u> | <u>\$ 1,488,472</u> |

The accompanying notes are an integral part of these statements.

**CORRECTIONAL SECURITY TRUST BENEFIT FUND**

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

---

|   | <u>2024</u>         | <u>2023</u>         |
|---|---------------------|---------------------|
| ADDITIONS:  |                     |                     |
| Member contributions                                  | \$ 173,874          | \$ 175,510          |
| Interest and dividends                                | 17,161              | 27,227              |
| Net appreciation in fair value of investments         | <u>182,646</u>      | <u>148,977</u>      |
| <br>Total additions                                   | <br><u>373,681</u>  | <br><u>351,714</u>  |
| DEDUCTIONS:   |                     |                     |
| Benefits paid to members                              | 97,684              | 163,762             |
| Administrative expenses                               | <u>52,873</u>       | <u>56,147</u>       |
| <br>Total deductions                                  | <br><u>150,557</u>  | <br><u>219,909</u>  |
| <br>CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS       | <br>223,124         | <br>131,805         |
| NET ASSETS AVAILABLE FOR BENEFITS - beginning of year | <u>1,488,472</u>    | <u>1,356,667</u>    |
| NET ASSETS AVAILABLE FOR BENEFITS - end of year       | <u>\$ 1,711,596</u> | <u>\$ 1,488,472</u> |

The accompanying notes are an integral part of these statements.

# CORRECTIONAL SECURITY TRUST BENEFIT FUND

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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### 1. THE FUND

The following description of the Correctional Security Trust Benefit Fund (the Fund) provides only general information. Members should refer to the trust document for a more complete description of the Fund's provisions.

#### **General**

The Fund commenced operations on August 1, 1991. The purpose of the Fund is to provide benefits to members who are non-management employees of the Department of Corrections of New York State. The Fund provides supplemental benefits upon a member's suspension without pay, death benefits, and other benefits the trustees may deem appropriate.

#### **Contributions**

Members of the Fund make bi-weekly contributions through payroll deductions. The general contribution amount is uniform among all members and is set at two dollars per pay period for members who joined prior to July 31, 2018. The rate is set at four dollars per pay period for members who joined after August 1, 2018. Members who retire from the Department of Corrections of New York State who wish to continue their participation in the Fund after employment pay the annual contribution personally at the beginning of each year rather than through payroll deductions.

#### **Administration**

The Trustees of the Fund are responsible for administering the benefits and also are responsible for the management and control of the assets of the Fund.

#### **Participant Accounts**

Funds are not maintained in participant accounts and deposits are not member directed.

#### **Benefits Paid to Members**

The Fund provides funds to members upon an individual's suspension from the Department of Corrections of New York State without pay. Upon a member's suspension from employment, and after the member has used all available accrued leave time, an eligible member is entitled to receive supplemental benefits in an amount based on the monthly cost of family health coverage under the Department of Corrections' health plan. These benefits are paid monthly while the individual is suspended without pay and continue until he or she returns to work, or employment is ceased.

A member's beneficiary may also receive death benefits payable upon a member's death while employed, or subsequent to employment if the retiree continued participation in the Fund.

#### **Administrative Expenses**

The Fund's administrative expenses are paid directly by the Fund. These include expenses for office rent, supplies, bank charges, and professional fees.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### **Basis of Accounting**

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

### **Use of Estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Fund administrator to make estimates and assumptions that affect the reported amount of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities during the reporting period. Actual results could differ from those estimates.

### **Risks and Uncertainties**

The Fund may invest in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

### **Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

### **Payment of Benefits**

Benefits to eligible members are recorded when paid.

### **Cash**

Cash includes bank demand deposit accounts. The Fund's cash balances may at times exceed federally insured limits. The Fund has not experienced any losses in these accounts and believes it is not exposed to any significant risk with respect to cash.

### **Financial Instruments Measured at Fair Value**

The Fund has financial instruments which are recorded at fair value in the accompanying statements of net assets available for benefits. The Fund makes estimates regarding the valuation of assets and liabilities measured at fair value in the financial statements.

### Fair Value Measurement - Definition and Hierarchy

The Fund uses various valuation techniques in determining fair value and classifies into a three level hierarchy based on the nature of the inputs. Level 1 valuations are based on quoted prices in active markets for identical assets or liabilities that the Fund has the ability to access. Level 2 valuations are based on inputs, other than quoted prices included within Level 1 that are observable either directly or indirectly. Level 3 valuations are based on inputs that are unobservable and significant to the overall fair value measurement. The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### **Financial Instruments Measured at Fair Value (Continued)**

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

*Cash, cash equivalents, and mutual funds:* Valued at the net asset value of shares held at year end based on quoted market prices.

*Certificates of deposit* are valued using Level 2 inputs based on amortized cost or original cost plus accrued interest that approximates fair value.

The method 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 Fund believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

### **Leases**

The Fund determines if an arrangement is a lease at inception. Right-of-use (“ROU”) assets represent the Fund’s right to use an underlying asset for the lease term and lease liabilities represent an obligation to make lease payments arising from the lease. Lease ROU assets and liabilities are recognized at commencement date based on the present value of lease payments over the lease term. The lease may include renewal and termination options, which are included in the lease term when the Fund is reasonably certain to exercise these options.

For all underlying classes of assets, the Fund has elected to not recognize ROU assets and lease liabilities for short-term leases that have a lease term of 12 months or less at lease commencement and do not include an option to purchase the underlying asset that the Fund is reasonably certain to exercise. The Fund recognizes fixed short-term lease cost on a straight-line basis over the lease term and variable lease cost in the period in which the obligation is incurred.

As of December 31, 2024 and 2023, the Funds leases office space for its administrative space, which is classified as a short-term lease. Short-term lease expense amounted to \$6,732 and \$6,495 for the years ended December 31, 2024 and 2023.

### 3. FAIR VALUE MEASUREMENTS

At December 31, 2024, the Fund's investments are measured at fair value on a recurring basis and are valued as follows:

|                           | <u>Level 1</u>      | <u>Level 2</u>    | <u>Level 3</u> | <u>Total</u>        |
|---------------------------|---------------------|-------------------|----------------|---------------------|
| Cash and cash equivalents | \$ 96,866           | \$ -              | \$ -           | \$ 96,866           |
| Certificates of deposit   | -                   | 415,628           | -              | 415,628             |
| Mutual funds              | <u>1,191,300</u>    | <u>-</u>          | <u>-</u>       | <u>1,191,300</u>    |
| Total                     | <u>\$ 1,288,166</u> | <u>\$ 415,628</u> | <u>\$ -</u>    | <u>\$ 1,703,794</u> |

At December 31, 2023, the Fund's investments are measured at fair value on a recurring basis and are valued as follows:

|                           | <u>Level 1</u>      | <u>Level 2</u>    | <u>Level 3</u> | <u>Total</u>        |
|---------------------------|---------------------|-------------------|----------------|---------------------|
| Cash and cash equivalents | \$ 77,987           | \$ -              | \$ -           | \$ 77,987           |
| Certificates of deposit   | -                   | 409,872           | -              | 409,872             |
| Mutual funds              | <u>992,419</u>      | <u>-</u>          | <u>-</u>       | <u>992,419</u>      |
| Total                     | <u>\$ 1,070,406</u> | <u>\$ 409,872</u> | <u>\$ -</u>    | <u>\$ 1,480,278</u> |

The Fund's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2024 and 2023, there were no transfers between Levels 1 and 2 and no transfers into or out of Level 3.

### 4. FUND TERMINATION

Although it has not expressed any intent to do so, the Trustees have the right to terminate the Fund at any time, subject to the provisions set forth in the trust document. In the event of Fund termination, all outstanding obligations of the Fund shall be satisfied and any remaining surplus is to be distributed in a manner which will best effectuate the purpose of the Fund. No part of the benefits are to be used for purposes other than for the exclusive benefit of the members, their families, beneficiaries, or for the administrative expenses of the Fund.

### 5. TAX STATUS

The Correctional Security Trust Benefit Fund operates as a tax-exempt entity under Section 501(c)(9) of the Internal Revenue Code. The Fund obtained its latest determination letter on August 8, 2017, in which the Internal Revenue Service stated that the Fund, as designed, was in compliance with the applicable requirements of the Internal Revenue Code. 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. Therefore, no provision for income taxes has been included in the Fund's financial statements.

**6. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through October 8, 2025 which is the date the financial statements were available to be issued.

**CORRECTIONAL SECURITY TRUST BENEFIT FUND**  
**PLAN #501 EIN #14-1742942**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)**  
**DECEMBER 31, 2024**

Schedule I

| (a)  | (b)   | (c)                 | (d)                 | (e) |
|--|---|---------------------|---------------------|-----|
| Identity of issue, borrower,<br>lessor, or similar party | Description of investment, including<br>maturity date, rate of interest, collateral,<br>par or maturity value | Cost                | Current<br>Value    |     |
| <b>INVESTMENTS (at fair value):</b>                      |   |                     |                     |     |
| CASH AND CASH EQUIVALENTS:                               |   |                     |                     |     |
| Dannemora Federal Credit Union                           | Cash accounts. There are no maturity dates,<br>interest rates, collateral, or maturity values                 | \$ 96,866           | \$ 96,866           |     |
| CERTIFICATES OF DEPOSIT                                  |   |                     |                     |     |
| SeaComm Federal Credit Union                             | Five-year CDs; Mature March 2027; Interest rate 1.4%  | 400,000             | 415,628             |     |
| MUTUAL FUNDS:  |   |                     |                     |     |
| American Funds: The Investment Co. of America A          | Mutual fund; 7,737 shares   | 315,606             | 446,303             |     |
| American Funds: Washington Mutual Inv. Fund A            | Mutual fund; 7,036 shares   | 321,284             | 433,279             |     |
| American Funds: American Balanced Fund A                 | Mutual fund; 9,078 shares   | 242,569             | 311,718             |     |
| Total mutual funds                                       |   | 879,459             | 1,191,300           |     |
| <b>TOTAL INVESTMENTS</b>                                 |   | <b>\$ 1,376,325</b> | <b>\$ 1,703,794</b> |     |

The accompanying notes are an integral part of this schedule.

**CORRECTIONAL SECURITY TRUST BENEFIT FUND**  
**PLAN #501 EIN #14-1742942**  
**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

Schedule II

| (a)  | (b)                          | (c)               | (d)              | (e)             | (f)  | (g)              | (h)   | (i)                   |
|--|------------------------------|-------------------|------------------|-----------------|--|------------------|---|-----------------------|
| Identity<br>of Party Involved  | Description<br>of Investment | Purchase<br>Price | Selling<br>Price | Lease<br>Rental | Expense<br>Incurred<br>With<br>Transaction | Cost of<br>Asset | Current Value<br>of Asset on<br>Transaction<br>Date | Net Gain<br>or (Loss) |
| I. <u>Individual 5% Transactions</u>   |                              |                   |                  |                 |  |                  |   |                       |
| None   |                              |                   |                  |                 |  |                  |   |                       |
| II. <u>Series of Transactions Not Involving Securities, With the Same Person</u> |                              |                   |                  |                 |  |                  |   |                       |
| None   |                              |                   |                  |                 |  |                  |   |                       |
| III. <u>Series of Transactions Involving Securities of the Same Issue</u>        |                              |                   |                  |                 |  |                  |   |                       |
| Dannemora Federal Credit Union   | Savings Account              | \$ 172,919        | \$ -             | \$ -            | \$ -                                       | \$ 172,919       | \$ 172,919  | \$ -                  |
| Dannemora Federal Credit Union   | Savings Account              | \$ -              | \$ 154,132       | \$ -            | \$ -                                       | \$ 154,132       | \$ 154,132  | \$ -                  |
| IV. <u>Series of Transactions Involving Securities, With a Single Person</u>     |                              |                   |                  |                 |  |                  |   |                       |
| None   |                              |                   |                  |                 |  |                  |   |                       |

The accompanying notes are an integral part of these schedules.

**CORRECTIONAL SECURITY TRUST BENEFIT FUND**  
**PLAN #501 EIN #14-1742942**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)**  
**DECEMBER 31, 2024**

Schedule I

| (a)  | (b)   | (c)                 | (d)                 | (e) |
|--|---|---------------------|---------------------|-----|
| Identity of issue, borrower,<br>lessor, or similar party | Description of investment, including<br>maturity date, rate of interest, collateral,<br>par or maturity value | Cost                | Current<br>Value    |     |
| <b>INVESTMENTS (at fair value):</b>                      |   |                     |                     |     |
| CASH AND CASH EQUIVALENTS:                               |   |                     |                     |     |
| Dannemora Federal Credit Union                           | Cash accounts. There are no maturity dates,<br>interest rates, collateral, or maturity values                 | \$ 96,866           | \$ 96,866           |     |
| CERTIFICATES OF DEPOSIT                                  |   |                     |                     |     |
| SeaComm Federal Credit Union                             | Five-year CDs; Mature March 2027; Interest rate 1.4%  | 400,000             | 415,628             |     |
| MUTUAL FUNDS:  |   |                     |                     |     |
| American Funds: The Investment Co. of America A          | Mutual fund; 7,737 shares   | 315,606             | 446,303             |     |
| American Funds: Washington Mutual Inv. Fund A            | Mutual fund; 7,036 shares   | 321,284             | 433,279             |     |
| American Funds: American Balanced Fund A                 | Mutual fund; 9,078 shares   | 242,569             | 311,718             |     |
| Total mutual funds                                       |   | 879,459             | 1,191,300           |     |
| <b>TOTAL INVESTMENTS</b>                                 |   | <b>\$ 1,376,325</b> | <b>\$ 1,703,794</b> |     |

The accompanying notes are an integral part of this schedule.

**CORRECTIONAL SECURITY TRUST BENEFIT FUND**  
**PLAN #501 EIN #14-1742942**  
**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

Schedule II

| (a)  | (b)                          | (c)               | (d)              | (e)             | (f)  | (g)              | (h)   | (i)                   |
|--|------------------------------|-------------------|------------------|-----------------|--|------------------|---|-----------------------|
| Identity<br>of Party Involved  | Description<br>of Investment | Purchase<br>Price | Selling<br>Price | Lease<br>Rental | Expense<br>Incurred<br>With<br>Transaction | Cost of<br>Asset | Current Value<br>of Asset on<br>Transaction<br>Date | Net Gain<br>or (Loss) |
| I. <u>Individual 5% Transactions</u>   |                              |                   |                  |                 |  |                  |   |                       |
| None   |                              |                   |                  |                 |  |                  |   |                       |
| II. <u>Series of Transactions Not Involving Securities, With the Same Person</u> |                              |                   |                  |                 |  |                  |   |                       |
| None   |                              |                   |                  |                 |  |                  |   |                       |
| III. <u>Series of Transactions Involving Securities of the Same Issue</u>        |                              |                   |                  |                 |  |                  |   |                       |
| Dannemora Federal Credit Union   | Savings Account              | \$ 172,919        | \$ -             | \$ -            | \$ -                                       | \$ 172,919       | \$ 172,919  | \$ -                  |
| Dannemora Federal Credit Union   | Savings Account              | \$ -              | \$ 154,132       | \$ -            | \$ -                                       | \$ 154,132       | \$ 154,132  | \$ -                  |
| IV. <u>Series of Transactions Involving Securities, With a Single Person</u>     |                              |                   |                  |                 |  |                  |   |                       |
| None   |                              |                   |                  |                 |  |                  |   |                       |

The accompanying notes are an integral part of these schedules.